

**Raleigh Youth Well-Being  
Wake County**

**An Action-Oriented Community Diagnosis:  
Findings and Next Steps of Action**

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**Jennifer Gilchrist, Danielle Haley, Betsy Havens, Sara Massie,  
Douglas Rupert, and Laura Sally**

**Preceptors:**

**Adam Robinson, M.A., CSAPC, Wake AHEC  
and**

**Fiorella Horna-Guerra, MPH, North Carolina Farmworkers Health Program**

**Instructors: Geni Eng, DrPH and Kate Shirah, MPH**

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**Department of Health Behavior and Health Education  
School of Public Health  
University of North Carolina at Chapel Hill**

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## EXECUTIVE SUMMARY

The Wake County Mental Health Association (MHA) is the local affiliate of the National Mental Health Association (NMHA), an organization that works to improve the mental health of all Americans, especially the 54 million individuals with mental disorders, through advocacy, education, research and service. The Wake County MHA invited a team of six students from the UNC School of Public Health in Chapel Hill, NC to conduct an Action-Oriented Community Diagnosis (AOCD) to investigate the underlying factors that contribute to the well-being of middle school students in Raleigh. This approach was chosen to meet the needs of a broad range of stakeholders with an interest in the well-being of middle school youth in Raleigh—for example, while the MHA was interested in gaining insight into mental wellness services and programs desired by students and parents, our team also investigated the broader challenges related to general youth well being (i.e., parent-teen communication and peer pressure), in order to inform the efforts of a more diverse range of community organizations in Raleigh.

The goal of an AOCD project is to investigate the strengths and challenges of a particular community by immersing oneself in the community and by speaking with key informants both inside the community (i.e., parents and students) and outside, yet linked to the community (i.e., service providers). The AOCD process culminates with a community forum in which community members and service providers discuss the project findings in order to develop action steps which address challenges. The forum also provides the team a formal venue in which to turn ownership of the project over to the community. Accordingly, with support and guidance from two MHA-affiliated community preceptors and a teaching team comprised of UNC faculty, our team entered the middle school community in October 2004, and held a community forum at Carnage Middle School in April 2005.

Our team identified the strengths and challenges of middle school students by conducting interviews and focus groups with three sets of key informants—service providers, parents, and middle school students. Overall the team conducted a total of 18 interviews and 9 focus groups, making contact with a total of 60 individuals. Following a thorough review and comprehensive analysis of all interview transcripts, our team identified 13 key strengths and challenges of middle school students in Raleigh. Community members and service providers on a planning committee narrowed those themes down to the six issues they viewed as most important and most changeable. These included (1) mentoring and positive role models, (2) engaging in after school programs, (3) positive and negative peer pressure, (4) communication between teens and adults, (5) access to information about sex, and (6) parental involvement.

Guided by a community-based planning committee, our team organized a community forum entitled “Celebrating the Middle School Community,” held on April 26<sup>th</sup> from 5:30 – 8:00 pm at Carnage Middle School in southeast Raleigh. Sixty-eight community members and service providers attended the forum. Following the introduction of the AOCD process and findings, attendees joined small group discussions surrounding each theme, which generated action steps for future initiatives. The main body of this document identifies all action steps and related discussion in great detail.

This AOCD document is intended to serve as a resource to stakeholders in Raleigh’s middle school community, including students, parents, and service providers. It is our team’s hope that the resources presented within will contribute to the existing knowledge that impacts the well being of middle school youth, through both formal and informal structures in the community. It has been the team’s privilege to interact with so many impressive youth, parents, and service providers in Raleigh, and to observe first hand their commitment and passion for promoting environments in which youth can thrive through the middle school years. We hope that those who are interested in addressing some of the challenges that impede youth well being will find this document a useful starting point and a catalyst for new action.

**Table of Contents**

**Acknowledgements.....i**  
**Executive Summary.....ii**  
**Table of Contents.....iii**  
**List of Tables.....iv**  
**List Appendixes.....v**  
**Introduction and Project Overview.....1**  
    AOCD Overview.....1  
    Raleigh Youth Well-Being Team.....2  
    Community Identification.....2  
    Purpose of the Document.....3  
**Community Description and Secondary Data.....3**  
    Geography and Demographics.....4  
    Wake County Public School System.....5  
    Services Available to Middle School Youth.....7  
    Financing and Accessibility of Services.....8  
    Health System Challenges.....9  
    Student and Parent Attitudes.....9  
**Student, Parent, and Service Provider Perspectives.....9**  
    Mentoring and Positive Role Models.....10  
    Engaging in After School Programs.....12  
    Positive and Negative Peer Pressure.....14  
    Communication between Middle School Students and Adults.....16  
    Access to Information about Sex.....18  
    Parental Involvement.....20  
**Community Forum.....22**  
    Forum Background.....22  
    Forum Planning.....23  
    Forum Promotion.....24  
    Forum Activities.....25  
    Forum Breakout Sessions.....26  
**Methodology and Preparation.....30**  
    Secondary Data.....30  
    Reaching Service Providers and Outsiders.....31  
    Reaching Community Members and Insiders.....32  
    Identifying Events.....33  
    Development of Interview/Focus Group Guides.....34  
    IRB Approval and Informed Consent Process.....35  
    Conducting Interview and Focus Groups.....35  
    Analysis and Coding.....36  
**Project Strengths and Limitations.....37**  
    Project Strengths.....37  
    Project Limitations.....39  
**Conclusions and Recommendations.....40**  
**References.....41**  
**Appendixes.....43**

## **List of Tables**

**Table 1.** Breakout Session Themes and Facilitation Techniques

## List of Appendixes

### **Appendix A: Interview and Focus Group Guides and Fact Sheets**

- A1. Interview Guide: Service Providers
- A2. Interview Guide: Parents of Middle School Students
- A3. Interview Guide: Middle School Student Brief Form
- A4. Focus Group Guide: Service Providers
- A5. Focus Group Guide: Parents of Middle School Students
- A6. Focus Group Guide: Middle School Students
- A7. Interview Fact Sheet: Service Providers and Community Members
- A8. Interview Fact Sheet: Parents of Middle School Students
- A9. Interview Fact Sheet: Middle School Student Brief Form
- A10. Focus Group Fact Sheet: Service Providers and Parents of Middle School Students
- A11. Focus Group Fact Sheet: Informed Parental Consent for Minor Participation
- A12. Focus Group Fact Sheet: Informed Assent for Minors
- A13. Focus Group Confidentiality Statement

### **Appendix B: List of Interviewees**

### **Appendix C: Secondary Data**

- C1. List of Secondary Data Sources
- C2. School Profiles and Demographics
- C3. Map of Raleigh Area Middle Schools
- C4. Event/Windshield tour list
- C5. Parent/Student Survey Results
- C6. Wake County Trends in Child Well-Being

### **Appendix D: Community Forum Materials**

- D1. Forum Flyer
- D2. Forum Program
- D3. Resource Guide
- D4. Evaluation Form
- D5. PowerPoint Presentation
- D6. SHOWED and ORID Facilitation Techniques

### **Appendix E: IRB Application and Approval Letter**

- E1. IRB Application Letter
- E2. IRB Approval Letter
- E3. IRB Modification Letter
- E4. IRB Modification Approval

### **Appendix F: Comprehensive List of Themes Identified from Primary Data Analysis**

## **INTRODUCTION AND PROJECT OVERVIEW**

Between October 2004 and May 2005, the Raleigh Youth Well-Being Team completed an Action-Oriented Community Diagnosis (AOCD) of middle school students living in Raleigh, North Carolina. This document is the culmination of our project; it describes the AOCD process and distills our findings for middle school students, parents, and service providers who are invested in strengthening this community.

### **AOCD Overview**

The goal of an AOCD is to investigate the strengths and challenges of a particular community by immersing oneself in the community and by speaking with both outsiders (such as service providers) and insiders (such as parents and students). As part of the AOCD process, a community forum is held to discuss the identified strengths and challenges with community members, to help them develop action steps for addressing these challenges, and to turn ownership of the project over to the community.

We identified the strengths and challenges of middle school students by conducting interviews and focus groups with three sets of key informants—service providers, parents, and middle school students. Once we completed the interviews and focus groups, we compiled and analyzed participants' responses, looking for trends and consistencies in the data.

We presented these trends—or themes—to our forum planning committee, a group of community members and service providers who helped organize and plan the forum. The committee selected the most relevant themes (based on importance and changeability), and our team presented these findings to providers, parents, and students for discussion at our community forum. Community members developed steps for addressing the challenges we uncovered, and providers, parents, and students have joined together to take action on these steps.

The methodology behind our AOCD - including the interview/focus group protocol and process of identifying prospective interviewees - is detailed in Methodology and Preparation (see p. 30). Individuals who are unfamiliar with the middle school community or who simply desire a more thorough understanding of our process may find it helpful to read the methodology section first.

### **Raleigh Youth Well-Being Team**

The Raleigh Youth Well-Being Team consisted of six graduate students from the University of North Carolina-Chapel Hill School of Public Health (UNC-CH SPH) who were interested in adolescent health and well-being. Our team was guided by two community preceptors from the Wake County Mental Health Association (MHA) and by a teaching team in the Department of Health Behavior and Health Education at the UNC-CH SPH. In addition to providing guidance and direction on the project, our preceptors introduced us to some of the service providers and community members who participated in interviews and focus groups and helped coordinate the community forum.

### **Community Identification**

Our team, along with our community preceptors and teaching team, identified middle school students in Raleigh as a community who could benefit from an AOCD. However, narrowing our focus to this community was a process that evolved over the course of the project. As members of the Wake MHA, our preceptors were originally interested in identifying the strengths and needs of middle school students with mental health and support needs in Wake County. As we spoke with providers and community members, however, our team realized that singling out students who needed support would be both difficult and potentially harmful to



students. At the same time, our team recognized that the size of Wake County would make reaching a representative sample of providers, parents, and students extremely difficult.

After discussing these concerns with our preceptors and teaching team, we jointly agreed to focus on the strengths and challenges of all middle school students in Raleigh. Our team felt that this approach would provide insight into the services and programs that students desired (an interest of the MHA), while also investigating challenges that were not explicitly related to programs and services, such as communicating with adults and peer pressure.

### **Purpose of the Document**

As mentioned earlier, this document is a culmination of our team's work. It presents (a) relevant background information that informed our investigation, (b) findings from our interviews and focus groups with students, parents, and providers, (c) an overview of the community forum where community members developed action steps for change and took ownership of the project, and (d) a detailed description of our team's AOCD project. We hope this document will be a resource for anyone who is interested in learning about - and perhaps addressing - the needs of middle school students in Raleigh.

### **COMMUNITY DESCRIPTION AND SECONDARY DATA**

In order to learn about middle school students' experiences, strengths, and challenges, we first had to learn about their environment. To do so, we examined the major factors that would influence a middle school student's life: (a) geographic location and area demographics, (b) the school system, (c) availability and accessibility of youth programs, and (d) student and parent attitudes. The following subsections delineate these factors and provide information about Raleigh middle schools and youth services.

## **Geography and Demographics**

Raleigh is the capital of North Carolina and is located roughly in the center of Wake County. The area of Raleigh is 127 square miles, whereas Wake County is 830 square miles. The city and county are located in North Carolina's piedmont region, resting midway between the Blue Ridge Mountains to the west and the Atlantic coast to the east.

Raleigh is one of the most diverse and populous cities in both Wake County and the state. According to the 2000 Census, Wake County is home to 628,000 residents, with 276,000 of those living within Raleigh city limits; the population density in Raleigh is considerably higher than in the county as a whole (2,409 persons per square mile vs. 755 persons per square mile). The racial/ethnic composition of Raleigh is 63.3% white, 27.8% black, 7% Hispanic, 3.4% Asian, and 0.4% American Indian/Alaskan Native. (Note: 3% reported some other race, and 1.9% reported more than one race). This is more diverse than Wake County overall, where the breakdown is 72.4% white, 19.7% black, 5.4% Hispanic, 3.4% Asian, and 0.3% American Indian/Alaskan Native.

The 2000 Census reports that, in comparison to Wake County, Raleigh has a lower median household income (\$46,612 vs. \$54,988), higher unemployment rate (5.3% vs. 4.7%), and larger percentage of individuals living below the poverty line (11.5% vs. 7.8%). The 2000 Census also provides a breakdown of the population according to level of educational attainment. Of individuals 25 years and older, 88.5% have obtained a high school degree, 44.9% a bachelor's degree, and 14.4% a graduate or professional degree.

For data on child well-being in Wake County, we turned to the NC Children's Index (2004). Some statistics that are particularly relevant to middle school youth include (a) 8.9% of children are in poverty, (b) 27.9% of children are enrolled in free/reduced price school meals,

and (c) 20.8% are enrolled in Medicaid. The rate of pregnancies to teens ages 15-17 is 22.8 per 1,000 teens. The rate of children in DSS Custody is 3.22 per 1,000 children. To view more statistics on child well-being in Wake County, see Appendix C6. A comprehensive list of child well-being statistics for each county in N.C. is available at the NC Child Advocacy Institute's website: <http://www.ncchild.org>.

### **Wake County Public School System**

Raleigh middle schools are officially part of the Wake County Public School System (WCPSS), the second largest school system in North Carolina. WCPSS has 134 schools - 84 elementary, 28 middle, 17 high, and 5 special/optional - and, during the 2004-2005 academic year, had approximately 114,100 students (WCPSS 2004a). Raleigh has roughly 13,500 students enrolled in 14 middle schools. Appendix C provides an overview of the racial/ethnic composition for public middle schools in Raleigh.

The defining characteristic of WCPSS is its districting and transportation system. This system began when the predominantly minority urban school district in Raleigh merged with the predominantly non-minority rural WCPSS district in 1976. In 1982, the new district implemented a magnet school program in 13 schools as part of a voluntary desegregation plan. The magnet program grew quickly, and in 2004-2005, 50 magnet schools were operational (U.S. Department of Education 2005). This rapid growth can be linked to very high growth in the entire district, which has been growing by 3,000 – 4,000 students every year and is projected to have a student population of 160,000 by 2020 (WCPSS 2004a).

Magnet and year-round schools in Raleigh are typically constructed in historically non-white or disadvantaged neighborhoods and offer specialized programs to attract students and parents. The eight magnet and year-round schools in Raleigh serve approximately 60% of area

middle school students. Along with academically gifted programs, for which students must qualify through testing, magnet and year-round schools offer gifted and talented programs and course work in the arts, math and science, technology, service and community, international studies, and other topic areas.

Magnet schools tend to attract non-minority and higher-income students to traditionally minority schools and areas. While magnet programs are open to all students in Raleigh, there is an application process and limited space. Though the base schools in Raleigh are comparable to the magnet schools in terms of academic performance and standardized test results, magnet schools are in high demand because they typically offer more resources and curriculum diversity for students.

Ultimately, demand for and attraction to magnet schools promotes integration because certain base and magnet programs are available only to students within specific regions, which helps schools enroll students from both the inner city and the suburbs. To maintain integration in a city where race and socio-economic status divide the inner city from suburbia, the county operates an elaborate districting and transportation system. In other words, to maintain racial, ethnic, and economic diversity, students do not always attend the school closest to their residence and instead are bused to a school located in a different part of the city.

There is a widely publicized debate among community members as to whether or not busing is beneficial for the community. Some argue that the elaborate districting and transportation plan has drawbacks for students, such as long bus rides (up to an hour each way), the formation of peer groups that are not neighborhood-based, and the commitment of valuable resources to transportation costs. Indeed, WCPSS spends more money on transportation (\$42.6

million) than either school supplies (\$35.9 million) or student nutrition (\$33.5 million) (WCPSS 2004a).

### **Services Available to Middle School Youth**

In general, support and wellness programs for adolescents in Raleigh fall under three categories: (a) school-based programs, (b) community-based programs, and (c) state/county programs. School-based programs often focus on educational achievement (e.g., the Accelerated Learning Program), but some also address broader life and social skills. Such programs include the Bridges Program (for children with behavioral and emotional problems) and Helping Hands (for underachieving, black male youth).

Community-based programs include those at the YMCA, Boys & Girls Clubs, and 4-H as well as programs at area churches. In contrast to school-based programs, community-based services are less focused on academics and tend to emphasize life skills and peer relationships. State and county programs, such as those offered by the Wake County Department of Health and Human Services, provide services that directly address healthcare and well-being. These include home-based counseling, foster care/group homes, case management, respite care, vocational programs, inpatient services, and residential treatment centers (NCDHHS Division of Mental Health, Developmental Disabilities, and Substance Abuse, 2004). For a list of community programs available to middle school students in Raleigh, see Appendix D3.

Services available to middle school students are diverse in terms of both topics and sponsoring agencies. While this might mean that programs are more likely to reach students in need of support, it also indicates that services do not operate through one central agency, making it potentially difficult for middle school students and their parents to find appropriate programs and services.

## **Financing and Accessibility of Services**

Secondary data indicate that access to services is a key issue for middle school students and their parents living in Raleigh. Because both public and private health insurance plays an important role in financing health care costs in the U.S., access issues are very closely tied to insurance structures. Lack of insurance and limited coverage, in particular, are major problems for families in North Carolina. For instance, an estimated 13% of children in North Carolina do not have any health insurance, and more than 55% of Medicaid recipients are believed to be children (NCDHHS Division of Public Health, 2005). In order to assist low-income families who do not qualify for Medicaid yet cannot afford private insurance, North Carolina provides the North Carolina Health Choice, a program designed to cover some medical expenses, to more than 100,000 children (NCDHHS Division of Public Health, 2005).

Even when insurance is present, the limitations of the system can make it difficult for adolescents to access services. As one of the most common insurance options, managed care appears to play an enormous role in adolescents' access to health services in Raleigh. While managed care generally increases access to preventive services (e.g., case management and counseling) and has documented performance and accountability standards, many managed care plans have increased co-payments, limited the number of specialty visits, and restricted spending on services such as mental health.

In addition to issues of financing services for adolescents are issues of coordinating access to services. One study of services in North Carolina concluded that "...the treatment of children and adolescents is complicated by competing departmental responsibilities and resource concerns. Since the needs of children and adolescents often cross departmental boundaries, coordination and cooperation are crucial" (Campbell, 2001, p 94).

## **Health System Challenges**

Despite the number and variety of services and programs available to adolescents in North Carolina, the system in Raleigh faces several challenges. The Child Mental Health Plan (CMHP) (2004), a review prepared by the NC Department of Health and Human Services, highlights the gaps in the current health system. The plan shows that the current system in North Carolina has (a) a limited capacity for in-home services, (b) a lack of child psychiatrists statewide, (c) inadequate crises management, (d) poor crises management response time, and (e) inadequate community resources to enable a quality assessment of adolescents before services are initiated.

## **Student and Parent Attitudes**

WCPSS (2004b) has conducted surveys on parent and child attitudes toward their middle schools. A complete overview of key findings from the school systems' parent and student surveys for 2002-2003 is located in Appendix C5. The results show that parents feel that their children's school is a safe place to learn (92%) and that schools provide quality curricula (88%). In addition, most students indicate that their school provides ways to help them learn (84%) and that their school is a safe place to learn (81%).

These survey results from students and their parents are echoed in the next section on student, parent, and provider perspectives. This section presents our findings from interviews with providers and community members as well as our observations at middle schools and provider events in Raleigh.

## **STUDENT, PARENT, AND SERVICE PROVIDER PERSPECTIVES**

As described in the methodology section (see p. 30), our team interviewed a variety of service providers, community members, parents and students. Because students often access an

array of services - from formal case management to club activities and youth programs – we interviewed a range of service providers to understand the challenges, strengths, and audiences of each service. In the end, we reached 31 middle school students, 11 parents, and 34 service providers through a combination of personal interviews and focus groups.

Through analysis of these interviews and focus groups, 13 themes emerged. We report the complete set of themes in Appendix F. The following section details the six main themes that became the focal point of our community forum: (1) mentoring and positive role models, (2) engaging in after school programs, (3) positive and negative peer pressure, (4) communication between middle school students and adults, (5) access to information about sex, and (6) parental involvement. Below each theme is a synopsis of the students', parents', and providers' perspectives as well as an “interspersive” comparison. We also added our team’s observations about the theme from attending community events and touring provider facilities.

### **Theme 1: Mentoring and Positive Role Models**

Mentors and positive role models play a crucial role in teens’ lives by encouraging open communication and influencing self-confidence, educational attainment, and strong peer networks.

#### *Middle School Student Perspective*

*“Some people, they’ll go to a counselor at your school...to try to get yourself back together. Or people might have mentors, go to their mentor, and talk with their mentor...that mentor will help motivate them and give them more confidence.” –Middle School Student*

Most middle school students expressed their willingness to talk to a trusted adult (e.g., older siblings, teachers, guidance counselors) about the subjects that they would feel uncomfortable broaching with their parents. Many students said that an adult had influenced their perception that education would help them earn a living in the future and that encouragement from adults helped them to achieve academically.



### Parent/Community Member Perspective

*“Many children don’t have the type of relationship with their mothers—or other adults—where they can talk about anything.” - Parent of a Middle School Student*

Parents and community members noted that children need - and that parents want them to have - positive role models. Parents and community members said that role models helped to broaden students’ experiences, challenge them sufficiently academically, and give them a foundation to be successful in high school and beyond. They also noted that having a mentor who believes in a student and can advocate for her/him strengthens a teen’s ability to navigate the challenges he/she faces.

### Service Provider Perspective

*“It’s a wellness support any time you have a big brother/ big sister relationship or mentorship; what it boils down to is mental health, at least in my mind. That kind of support is not just about helping a kid at math. It has to do with self-esteem and fitting in and having someone to talk to.” – Service Provider*

Service providers felt that more mentoring programs are needed to support middle school students as they build the skills needed for adulthood and to help students deal with the stresses of adolescence. Service providers indicated that these programs help build students’ confidence and increase their mastery of the practical and social skills needed in adulthood. Finally, many providers observed mentors are especially critical for students with unstable family situations or for students without positive male role models.

### Interperspective Comparison

Middle school students, parents, and service providers all noted the value of mentors and mentoring programs in students’ lives. While middle school students saw mentors as someone to confide in and seek advice from, parents and service providers also saw mentors as role models and positive influences to help students navigate the middle school years and the transition to adulthood.

### Team Observations

Our team noted that mentors seem to have the ability to connect personally with students, listen attentively to students, and express interest in the issues that students consider important. While watching teens interact with charismatic mentors at after school programs and at our community forum, our team members were struck by how quickly and intently the students modeled the mentors' leadership.

### Theme 2: Engaging in After School Programs

After school programs provide important benefits to the middle school community, allowing students to socialize, develop peer networks, and explore opportunities for personal development in a safe environment during the critical hours after school. Unfortunately, designing programs that meet these needs and maintain student interest can be challenging.

#### Middle School Student Perspective

*"Most people go [to after school programs] to stay out of trouble. Most of the people go there because their mom or dad want them to have an activity when they get out of school so they can stay out of trouble." - Middle School Student*

While middle school students never spoke about access to services, per se, many said that they would like to choose from more diverse after school programs. Several girls, for instance, said they would like more programs specifically geared towards female students, and youth of both genders repeatedly brought up their desire to have more community service and volunteer programs available.

#### Parent/Community Member Perspective

*"The problem the family faces is child care. [If] the child comes home and there is no parent support, it becomes a safety, development, education issue. Lots of issues stem from economics, and lots of parents are both working outside of the home. If they're not working, there is no health care, no insurance, no development or enrichment opportunities for child because of a lack of money."— Community Member*

Parents and community members who were aware of after school programs noted their

importance due to parental work schedules. They also expressed concern that work schedules can limit parental involvement in students' lives and in school activities. Some parents said that it was difficult to afford after school services (e.g., student programs and clubs) and that parents were not always able to negotiate school or social service systems to secure appropriate services for their children.

### *Service Provider Perspective*

*"Parents of middle school students who have been coughing up money for child care feel a little bit relieved because their child can go home and stay at home for a couple hours after school ... [i]t's not always that simple. What they gain in having a few extra dollars in their family budget, they lose in terms of too much independence and just bad choices on the part of these kids at that age who are left alone for the first time."*—Service Provider

Service providers expressed the need for more after school programs that both provide students with a safe and positive place to go while parents are working and also incorporate middle school students' interests in order to ensure enthusiasm and continued participation. Many providers also said that the after school programs that incorporate mentors are extremely effective with middle school students. Service providers felt that access to these programs was often limited by a lack of awareness as well as by affordability; parent/teen difficulty in negotiating the school or social service system; lack of parental support (i.e., parents do not encourage or enforce student attendance); student fear of stigmatization; lack of transportation; and language, cultural, and literacy barriers.

### *Interperspective Comparison*

All groups noted the critical role that after school programs play. While students complained that few programs are fun and engaging, parents highlighted accessibility barriers, such as cost and transportation. Meanwhile, service providers reflected a global perspective on after school programs, emphasizing the need for programs that both engage youth and are affordable and accessible for families. Service providers also emphasized the need for parental

support of after school programs as a way to ensure students engage in the services. Finally, during interviews and focus groups, our team asked participants about services and programs they would like to see or create; this wish list is included in Appendix D2.

### **Team Observations**

The after school programs our team observed reflected the challenges that parents and teens discussed. For instance, parents were the primary means of transportation to and from school/programs for students. Successful programs appeared to incorporate activities that students enjoyed and appeared to emphasize mentoring as well as student respect for staff members.

### **Theme 3: Positive and Negative Peer Pressure**

Peer pressure is a major influence in the lives of middle school students today. Peer pressure can result in positive outcomes—such as focusing on school, grades, sports, and extracurricular activities—or negative outcomes—such as gang membership, drug/alcohol use, and sex at an early age.

#### **Middle School Student Perspective**

*“There are some popular people who have you wrapped around their finger and then they keep bending your finger. And say, go open my locker, get my book, go do this, go do that. You really want to be popular but you can’t ... if you don’t do what people want you to, then you can’t be popular.” – Middle School Student*

Middle school students cited peer pressure and fitting in with peers as a major concern, and all students were extremely conscious of the different social groups in existence at their schools. Boys usually cited drinking, smoking, drugs, sex, and fighting as concerns related to peer pressure, while girls more often cited dressing in style, talking about/being mean to others, and dating/boyfriends as the major concerns related to peer pressure. Teasing, fighting, and negative interactions with peers were seen as major consequences of not fitting in. Awareness of

gangs emerged in all student interviews, and gang-related concerns seemed connected with peer pressure. Several teens specifically noted that students join gangs to get attention or to feel protected.

#### *Parent/Community Member Perspective*

*“Peer pressure is very great. Unless you have a strong support system at home, you might give in and try to be like the rest. [Middle school students] need a strong value system to stand up for yourself and get through that.”—Parent of a Middle School Student*

Parents and community members talked at length about social groups and fitting in and about how these pressures affected students in middle school. Parents were acutely aware of social groups and the ways in which those groups impact students’ self image and anxieties. While most parents remembered their experiences with peer pressure as teens, they also seemed to sense that today’s students face more pressure, and more severe outcomes as a result of peer pressure, than when parents were growing up.

#### *Service Provider Perspective*

*“Socialization has a lot to do with [the problems facing middle school students]... when something happens socially in those 5 minutes [between class], that impacts the student emotionally when she or he goes to class ... As a provider, you have to take all of those things into account. You don’t know how a student is going to come in. You may see them 1st period and then something transpires and when you see them again at 4th period, they are a totally different person. It is a roller coaster.” – Service Provider*

Service providers recognized that middle school students face a great deal of peer pressure. They stated that self-esteem was an important factor in middle school students’ overall emotional well-being and a determining factor in whether or not peer pressure would lead students to adopt negative behaviors in order to be accepted.

#### *Interperspective Comparison*

Middle school students, parents, and service providers all recognized the importance of peer pressure and peer relationships in influencing students’ well-being. Not surprisingly, students spoke about peer pressure in the context of everyday life and did not discuss how to

moderate peer pressure in their lives. Meanwhile, parents and service providers focused more on peer pressure's influence on a student's adjustment through adulthood, and repeatedly talked about strong social support systems as a way to overcome peer pressure.

### **Team Observations**

Our team noticed that middle school students may have been influenced by others during interviews and focus groups. For example, during our focus groups, students seemed easily swayed by the dominant individual in the group and often restated or reinforced points that this individual made.

### **Theme 4: Communication between Middle School Students and Adults**

Open communication helps teens negotiate the pressures they face during the middle school years and helps them make positive, well-informed choices that can affect their well-being. Although interviews and focus groups made it clear that communication between middle school students and adults can be challenging, all groups seemed to recognize the inherent value of open communication between adults and teens.

### **Middle School Student Perspective**

*“My mom always wants me to stay out of trouble but it is hard because there are so many people and so many things going on and different situations. She doesn't understand. When she went to middle school it is way different than now. She thinks that my grades are good, but the way that I act is bad. I get in trouble a lot—she disapproves of the people I hang out with.”—Middle School Student*

Middle school students varied in their willingness to communicate openly with parents or adults; some feel comfortable doing so and others do not. Even so, students frequently mentioned their reluctance to communicate with parents when facing serious or embarrassing problems or when their parents place too much pressure or too many restrictions upon them. Some indicated that students will not talk to anyone when they face problems. Finally, middle school students noted that they want to gain recognition for their positive accomplishments, both academic and

extracurricular, and that they appreciated when adults recognized and talked to them about these achievements.

### **Parent/Community Member Perspective**

*“Kids deal with a lot of issues we don’t know they are dealing with.” -- Parent of a Middle School Student.*

Parents and community members indicated that it can sometimes be difficult to talk to and listen to middle school students because they are pushing for more independence and are often reluctant to have open conversations. At the same time, parents also acknowledged that times have changed since they were in middle school and that different language and more intense pressures make it hard for parents to relate to their children’s lives.

### **Service Provider Perspective**

*“[I]f [middle school students] can’t talk to their parents and share their feelings and to be open and talk to them even when they know they are in the wrong or they aren’t sure about something, then they are going to have a very difficult time as a teenager in terms of being able to work with authority, recognize what they are supposed to do when they are in the wrong or when they are approached to do something that they know is not exactly right. They need to be able to go to the parent and talk to the parent about it.” – Service Provider*

Service providers repeatedly identified a link between open parent/teen communication and positive behavioral outcomes for young teens. Service provider perceptions seemed to mirror parents’ in that they recognized middle school students’ desire for more independence at this stage; however, providers more strongly voiced the continuing need for guidance and positive adult figures to help students transition into high school. Finally, many providers commented on the fact that students want adults to listen to them, noting the success of mentor programs and importance of student input in creating programs in which students are engaged.

### **Interperspective Comparison**

Students, parents, and service providers all agreed the middle school years can be a particularly difficult time for communication between teens and adults. Parents and service

providers saw the ability of students and parents to relate to one another as a key to ensuring open communication. Students echoed this sentiment through their desire for more respect and non-judgmental interactions with the adults in their lives.

### **Team Observations**

While our team could not observe communication between parents and students at home, we did note an absence of community-based venues to enable open communication between parents and teens. We observed one PTSA meeting where a student council representative reported back to the parents, most events and organizations seemed to draw either parents or teens but not both. Our team believes that the lack of community venues where parents and teens can simply be together could contribute to a culture that discourages open communication between teens and adults.

### **Theme 5: Access to Information about Sex**

Middle school students expressed that they feel uncomfortable talking to their parents about sex, so they often turn to other sources of information. Sometimes students ask service providers questions about sex, but service providers cannot always answer them. When middle school students cannot get information from parents or providers, they often turn to less reliable sources of information, including peers or the Internet.

### **Middle School Student Perspective**

*“Kids have more knowledge [about sex] than what our parents expect us to have, so when we come at them they act so surprised. It is hard to talk to them because of that.”—Middle School Student*

Middle school students had different opinions on what they think is appropriate regarding dating and sex, but when asked about what issues they would not discuss with their parents, students consistently indicated that they felt uncomfortable talking to parents about the subject. In addition, middle school students frequently mentioned peer pressure to have sex or date.



### **Parent/Community Member Perspective**

*“It is hard to [k]now when to let them step out from the innocence into the teen life. We want them to be prepared, but at the same time, we don’t want to tip the hand too soon. We have to balance presenting them with what they need to know as opposed to waiting for them to ask questions ... but then you realize that in the middle school years, they aren’t going to ask.”—Parent of a Middle School Student*

Parents largely perceived that students are uninformed about sex. They noted that students’ actions are sometimes sexual in nature (e.g., the way they dance) due to media influence, but that students do not really understand what they are seeing or doing. Most parents we spoke with said that sex is linked to peer pressure and is something in which unsupervised teens are more likely to engage.

### **Service Provider Perspective**

*“One thing I’ve learned from working with middle schoolers is that they think they know more [about sex] than what they know. A lot of times they’re getting access to things from the Internet or access to stuff from friends and it’s not always correct. They are not getting the information at home. We can only talk about so much stuff—all about abstinence, but they will ask all kinds of questions that we can’t answer. It is important to tell kids the truth about participating in that kind of behavior—and linking consequences that could be long term.”—Service Provider*

Service providers perceived that middle school students face a great deal of peer pressure to have sex and date. They also perceived that many students are having oral sex. They expressed frustration regarding the “abstinence only” regulations that exclude comprehensive sex education from middle schools. As a result, providers felt that middle school students are getting information about sex from the Internet or friends because they are too embarrassed to talk to their parents about sex.

### **Interperspective Comparison**

There were some stark differences between middle school students’ and parents’ perceptions of youth knowledge about sex. While parents perceived that students do not know about sex, students indicated that they do know about sex and expressed curiosity to know more. Service providers who discussed this topic recognized the discrepancy between student and

parent perspectives and expressed frustration about the challenges in providing students with accurate and reliable information.

### **Team Observations**

During our time in the community, we often overheard middle school students talking about sex to their peers. At the community forum, when we announced that one of the breakout sessions would be on Access to Information about Sex, the students in the audience became excited and began talking and whispering to one another. The discussion session ended up being the largest of the six, with one male and about 20 female middle school students in attendance. However, only one service provider and no parents attended this session.

### **Theme 6: Parental Involvement**

Individuals recognize a need for greater levels of parental involvement, both inside and outside of school. Many factors seem to influence the perceived deficiency in parental involvement, including teens' desire for more independence, parents' difficulty in navigating school bureaucracy, more parents who work, and fewer opportunities for parent involvement in school compared to the elementary years.

#### **Middle School Student Perspective**

*"[Kids join gangs] because no one loves them at home, and they just don't care so you join a gang."—Middle School Student*

Middle school students expressed different opinions on the amount of involvement they wanted parents to have in their lives. For middle school students, parental involvement seemed to manifest as feeling pressure from parents to do well in school, which sometimes caused ambivalent feelings about parental involvement. Nevertheless, most students agreed that parental support at home influenced their life choices and the choices they observed among peers.

### Parent/Community Member Perspective

*“The idea for me would be a home that places great value on education. If you place great value on education, then [you] can be sure that your child is taught. Because not every child who goes to school is taught. If you get teased or labeled and you are a disruption, [teachers] can put you in the corner and not have to deal with you too much. So the child needs an advocate.” –Parent of a Middle School Student*

Parents commonly expressed the belief that involvement in students’ lives, both socially and academically, could help them make a more successful transition through middle school. At the same time, parents saw themselves and other parents struggle to find an appropriate level of involvement both because students start to push for more independence and because more parents go back to work when their children enter middle school. Some parents and community members saw parental involvement as a way to help students diffuse the many social pressures they face during middle school. Others saw parental involvement as a means to help students successfully navigate the school system, noting that students with advocates within the school system are typically more successful than students without advocates. In general, parents’ perception that the school system was intimidating appeared to be associated with social class, with lower income families expressing more difficulty negotiating the school system.

### Service Provider Perspective

*“There are several different groups [of parents]. You’ve got some that are going to come to everything that’s ever offered, every meeting; you’ve got some that just don’t have the time; you’ve got some that make an effort but there are just other distractions. There are all different kinds.” – Service provider*

Service providers indicated that parental involvement is a key factor in a student’s involvement in youth programs. Providers also noted a lack of family education programs addressing severe behavioral problems and parenting skills. Some service providers, but not all, noted that parents can be uncooperative in programs because they feel that the program stigmatizes them and labels them as bad parents. Service providers also shared the belief that parents cannot always negotiate the school system and that teachers are not always proactive

when students experience difficulty in school. Providers saw this as something that alienated parents from the school and further perpetuated their lack of involvement.

### **Interperspective Comparison**

Middle school students, parents, and service providers all emphasized the importance of positive parental support in students' healthy development and well-being. While middle school students spoke about the importance of having support at home, they also seemed ambivalent about parental involvement because it might lead to school-related stress and pressure.

Meanwhile, parents seemed to sense this ambivalence and reflected on barriers to involvement. Service providers, who often see the impact of parental absence, expressed frustration with the difficulty in getting some parents involved in school and services.

### **Team Observations**

Perhaps our most telling theme observation was the lack of parents who attended the community forum. Despite extensive coordination with several Parent Teacher Associations (PTAs) as well as with the entire Wake County PTA organization, no more than a handful of parents attended. It was possible that parents were not able to attend because of schedule conflicts; however, the absence of parents definitely created a lack of parental perspective in some of the forum discussion sessions.

## **DESCRIPTION OF THE COMMUNITY FORUM**

### **Forum Background**

The community forum was the culminating event of the AOCD project, allowing the team to present the major themes and issues in the primary research back to the community. Moreover, the forum brought community members together and provided an opportunity for

middle school students, parents, and service providers to discuss the community's strengths and challenges and to develop action steps for change.

To accomplish this goal, the forum agenda included an overview of the AOCD process, a summary of the results of the research, a description of the six major domains that emerged from community interviews, and small group discussions intended to generate clear action steps for change. The purpose of generating action steps is to assist a transfer of ownership into the hands of the community, so that they may be accountable for building on existing strengths or creating new avenues for community improvement (Braithwaite, Ronald, Murphy, et al., 1989; Eng & Blanchard, 1991).

### **Forum Planning**

Our team began planning for the forum in March. At each interview and focus group that was held over the course of the school year, our team encouraged participants to become members of our community forum planning committee. While eight community members and service providers discussed a desire to assist planning the event, three individuals ultimately composed our planning committee. The members included two service providers and one parent/service provider. Three others (two service providers and one parent) were unable to attend the meetings but gave input via phone calls and email.

The community forum planning committee met twice—April 8 and April 18. The first planning committee meeting introduced the committee to the AOCD process and addressed forum logistics, including location, time, agenda, donations, and promotion. At the second meeting, the community forum planning committee members reviewed the list of 13 themes that emerged from our interviews and focus groups. Each theme was presented to the committee with an overview of the student, parent, and service provider perspectives on that issue. The planning

committee ultimately narrowed the domains to six major themes, based on each theme's perceived importance and changeability: (1) mentoring and positive role models, (2) engaging in after school programs, (3) positive and negative peer pressure, (4) communication between middle school students and adults, (5) access to information about sex, and (6) parental involvement.

### **Forum Promotion**

Our team employed several strategies to promote the forum. First, our Wake AHEC preceptor assisted with the design and title for the advertisement flyer, making the language relevant to service providers who might attend but also keeping in mind the need to attract middle school families (see Appendix D1). We posted flyers at key community locations and personally handed flyers to students at Carnage Middle School the day before the forum. Our community preceptor also assisted in distributing the flyers to the Mental Health Association of Raleigh.

In addition to flyer advertisement, our team sent personalized thank you letters and invitations to all community members and service providers who participated in interviews and focus groups. Our team also sent invitations to providers we had not interviewed and followed up with personal phone calls. To reach parents of middle school students, we worked with PTA contacts that had been established earlier in the year. Two of the PTA presidents agreed to publicize the forum by sending an announcement out to their extensive email listservs. In addition, to reach PTAs with whom we had not personally met, we asked the president of the Wake County PTA to distribute an email notice to all Raleigh PTA presidents, encouraging them to publicize the event to parents throughout their individual schools. Finally, the principal at one

middle school agreed to send a voice mail announcement to all parents in order to encourage forum attendance.

### **Forum Activities**

The forum took place on Tuesday, April 26, 2005, at Carnage Middle School in Raleigh. When guests arrived, they signed in and received a nametag, raffle ticket, and forum program, which included an agenda, overview of the project, list of donors, and the discussion trigger for each of the six breakout sessions. Based on the sign-in sheet, there were 68 guests. In addition, our team estimated that there were ten to twenty additional participants who did not sign in. Students made up the majority off attendees. Guests were invited to peruse health resource tables (staffed by Raleigh-based service providers) in the foyer before being ushered into the auditorium for the forum introduction.

The forum began with opening remarks by Bonnye Hur, President of the Carnage Middle School PTSA. After she introduced each of our team members by name, we discussed the AOCD process, including an overview of the methodology used in the data collection, detail about our team's timeline, and an explanation of the forum's purpose. Our team provided an overview of the community's self-identified areas for improvement, with each of our members giving a short synopsis on the breakout session that we would be leading. Participants were then invited to attend one of the breakout sessions.

The breakout sessions lasted forty minutes, with each of our team members facilitating a separate domain discussion topic. After the small groups ended, a light dinner was provided, and guests were invited to revisit the provider booths in the foyer. Participants reconvened in the auditorium, and several participants from each breakout group reported back on the action steps generated in each of the six discussions. A raffle and prize giveaway followed, along with

performances by the East Millbrook Step Team and the Dance Ensemble of Carnegie Middle School - entertainment that not only showcased successful youth programs but also helped recruit forum attendees. We team closed the forum by thanking donors and participants.

**Forum Breakout Sessions**

The breakout sessions provided forum participants with an opportunity to come together, reflect on our findings, and develop strategies for action or change. We began each session by presenting a trigger – or discussion starter – that was reflective of the theme. We then used either SHOWED or ORID facilitation techniques to guide the ensuing discussion. For more information about SHOWED and ORID, see Appendix D6. Table 1 shows facilitation technique used in each small group session.

Table 1. Breakout Session Themes and Facilitation Techniques

Mentoring and Positive Role Models	ORID
Engaging in After School Programs	ORID
Positive and Negative Peer Pressure	SHOWED
Communication between Middle School Students and Adults	SHOWED
Access to Information about Sex	ORID
Parental Involvement	SHOWED

The following section provides detail on each breakout session, including a description of the trigger, key discussion points, and community commitments.

**Theme 1: Mentoring and Positive Role Models**

**Trigger:** Quotes from a provider, a parent, and a student about the importance of positive role models in teens' lives.

**Key Discussion Points:** Group discussed their experiences and challenges when serving as mentors, identified key barriers to providing positive role models in teens' lives, identified the changes needed to address these barriers, and developed the action steps that could spark these



changes.

**Community Commitment:** The group outlined several action steps to take, both individually and as a community group. Key steps included: (a) encouraging and training other adults and students to serve as mentors; (b) sharing mentoring experiences with potential mentors in order to encourage involvement; (c) being honest and upfront with students when serving as a mentor in order to build trust; and (d) approaching at least one business, school, university, or church about instituting a mentoring program that would be run by employees, students, or members.

Group members agreed to take action individually and to discuss major action steps via an e-mail listserv.

### **Theme 2: Engaging in After School Programs**

**Trigger:** A dialogue between two parents of middle school students designed to highlight problems associated with after school activities.

**Key Discussion Points:** The group recognized many problems related to engaging in after school programs, including: accessibility of programs (awareness, cost and transportation); lack of collaboration between providers; availability of age-appropriate, interesting programs; and lack of parental involvement.

**Community Commitment:** The group focused on what they could do as service providers in order to more effectively collaborate and provide appropriate services to students who need them. They suggested using existing networks, like the Eastern Wake Service Provider Network, to bring area providers together to discuss services and facilitate collaboration. They agreed that while bringing providers together is important, it is equally important to incorporate community organizations other than after school programs (such as schools and churches) into their effort and find the "megaphone" in the community to raise awareness.

### **Theme 3: Positive and Negative Peer Pressure**

**Trigger:** A cartoon depicting positive and negative peer pressure among a group of students.

**Key Discussion Points:** The group analyzed positive and negative peer pressure in the lives of middle school students.

**Community Commitment:** At the end of the session, the group decided on two sets of action steps—personal and community. The group committed to each of the following: Think before you speak; Talk to homeroom class about positive and negative peer pressure; Have patience and breathe; Give people compliments; Ask for help from adults you trust. As part of a greater community level commitment, the group agreed to form a group/club at a local middle school that will focus on resisting negative peer pressure and promoting positive peer pressure. This group will meet weekly for the rest of the year (and start up again in the fall), produce newspapers, spread the word about Project Youth Citizen, get rid of gangs, and will be facilitated by a program director at a local after school community organization who also participated in the group.

### **Theme 4: Communication between Middle School Students and Adults**

**Trigger:** Quote from a middle school student living in Raleigh.

**Key Discussion Points:** The group discussed how a lack of open teen/parent communication often happens if parents and teens do not know each other and do not understand where the other is coming from. Additionally, parents also saw problems arising when they (parents) did not get to know their children's friends. The group discussed the following steps as a way to open the lines of communication between teens and parents: (a) parents and teens should get to know each other, (b) parents should get to know their teens' friends, and (c) schools should hold group discussions with teens and parents.

**Community Commitment:** One participant will raise the idea for a PTA-sponsored "Date Night" at the first PTA meeting in the fall. She will disseminate any successes to other PTAs in Raleigh. One parent is already working on a "Date Night" project at his church and is committed to that project. Another parent will ask her Homeowners' Association to sponsor a party/event with a special teen/parent focus where teens and parents can "hang out" together. This could encourage parents and teens to get to know one another and could help parents to get to know their teens' friends. The parents who committed to this action step will inform the group of any success by email.

#### **Theme 5: Access to Information about Sex**

**Trigger:** Quotes from a parent, middle school students, and a service provider about where students are getting information about sex.

**Key Discussion Points:** Teens said they get most of their information about sex from peers, television, and magazines. The teens were worried that some of what they hear might not always be accurate, which may lead to unhealthy consequences. Because of this, they asked many questions to get the facts straight. The group also discussed the need for more comprehensive sex education courses in school.

**Community Commitment:** The group members developed a list of changes they would like to see regarding access to information about sex. Some of those changes include (a) more readily available information about places to get accurate information about sex (i.e., clinics); (b) better access to clinics; (c) more sex education classes in school (particularly in 7th and 8th grade); (d) more comprehensive sex information in school (not just abstinence); (e) parents talking to their children about sex more; and (f) parents talking about the consequences of having sex, then trusting the teen to make the right decision.

### **Theme 6: Parental Involvement**

**Trigger:** Short story depicting a mother's struggle to be involved in her child's life.

**Key Discussion Points:** Parental involvement is a key factor in a student's success. Many parents do not know how to parent, so they cannot teach their children the necessary study skills. Many parents do not realize the time and effort it takes to supplement the school curriculum in order to help students get ahead. Also, there is not a feeling of openness for parents to constructively criticize the school system.

**Community Commitment:** The group developed these suggestions to pass on to others at the forum: (a) help students feel comfortable and less shy to talk with their parents; (b) have one open week each quarter when parents can drop by the classroom or shadow their child; (c) have a social gathering for parents to build own support system; (d) form mentorship relationships; and (e) make a reading list for parents on study skills before school starts.

## **METHODOLOGY AND PREPARATION**

In order to conduct the most effective AOCD possible—identifying the right informants, crafting the best interview guides, protecting community member confidentiality, and more—our team invested considerable time in developing the methods used to investigate and empower our community. The following section details those methods and provides insight into the purposeful nature of the project.

### **Secondary Data**

While the focus of any AOCD process is often primary data collection, secondary data played a considerable role in our project, especially in providing essential background about our community. Beyond learning more about adolescents and well-being issues, however, the secondary data we collected was essential for developing the interview and focus group guides,

identifying potential service provider contacts and agencies, and probing interviewees for additional information on specific subjects. Some of the sources we found (e.g., after school programs for students) were provided to community members during interviews and focus groups. Most importantly, the secondary data was essential in placing our primary findings within a larger context and understanding how different views might shape, or be shaped by, the current environment of middle school students, parents, and providers.

Our team located secondary data through a variety of sources. First, we looked to the specific references and topics recommended by our preceptors, such as comparable health statistics for Raleigh, North Carolina, and the U.S. Other data leads arose from interviews with service providers, literature reviews on health topics, recent health-related legislation in the state, and organizational performance reviews (e.g., NC Department of Human Services). All sources are listed in the references section at the end of the document.

### **Reaching Service Providers and Outsiders**

Our team's first hurdle in identifying service providers was deciding who exactly service providers were. Unlike some communities where the line between service provider and community member is clearly drawn, middle school students and their parents are served by an undeniably large range of individuals and organizations. Some, such as case managers or counselors, are clearly outsiders. However, others, such as teachers or program leaders, might be members of the community themselves and, despite their position of authority, have an insider's perspective. Ultimately, our team defined service providers as health professionals and those who had connections to students only through health/support services (e.g., case managers, program directors, agency directors, and school counselors).

Because community members are not always self-identified and can need support in multiple areas, our team had to consider the breath of providers that would serve the community. Consequently, we looked to a variety of support services, such as those for explicit health issues (case managers, court-mandated counseling), for general support issues (school counselors, program directors), and for student socialization (church programs, clubs). By including less formal services, our team felt confident that we would be reaching programs designed for students needing general support.

Our team identified key service providers through multiple routes. At first, we primarily relied on our preceptors, who recommended and connected us with leaders of area services. As we began interviewing providers, though, most referred us to colleagues or organizations, whom we contacted and interviewed. Additionally, by attending provider-focused events and meeting professionals, we connected with potential interviewees. These provider events were identified through preceptor recommendation, event schedules from health organizations, and recommendations from providers.

### **Reaching Community Members and Insiders**

Because of the open-ended nature of the AOCD process, identifying community members was more difficult. Whereas service providers had offices and served the community through their jobs (e.g., case advisor), most community members—especially the students themselves—were not as accessible. Based on our refined definition of service providers, our team defined community members as the students themselves, parents, and those who have personal as well as professional contact with students outside of a health/support context (e.g., church leaders and PTA leaders). Even if reaching the desired students and parents proved

difficult, these other insiders could provide valuable perspectives on the strengths and needs of the community.

Our team began reaching out to these key informants—individuals who have insight into a community and can speak for members of the community besides themselves—through middle schools. Rather than trying to contact all middle schools in Raleigh, our team decided to focus our efforts and select three target schools. We selected the target schools by considering the (a) proportion of minority students, (b) number of students at the school, (c) percentage of students on the free/reduced lunch program, and (d) geographic spread around Raleigh in order to reach different groups of students. Based on these criteria, we selected Carnage, Carroll, and East Millbrook middle schools. However, our team did not restrict data collection to these schools, and community members from other areas were also interviewed. See Appendix C2 for demographics at each school and Appendix C3 for a map of Raleigh schools illustrating geographic spread

Through the middle schools, our team began contacting PTA members and attending PTA events. This connected us with several parent leaders and helped us establish rapport with the schools.

### **Identification of Events**

Our team made an effort to attend and observe school-related and provider-related activities. In addition to the activities, our team members conducted several “windshield tours” of school and provider areas. The purpose of a windshield tour is to observe a community area and community members without outside interaction by team members. We identified these opportunities primarily through our preceptors and key informants, who recommended areas to tour or events to attend.

During these events and tours, our team members captured field notes—observations of community member environments, activities, and interactions—using a template that provided space for comments, reflections, and theme identification. When compiling data, these field notes were then reviewed for trends and interesting observations that would provide insight into the community. A complete list of events attended and windshield tours conducted can be found in Appendix C4.

### **Development of Interview/Focus Group Guides**

When designing our interview and focus group guides, our team had many specific questions in mind: What services do middle school students and parents currently utilize? Which services are needed but non-existent? How do students/parents conceptualize well-being? What do service providers see as the barriers to providing effective services? How might services be enhanced? These questions—and many others—drove the design of our interview and focus groups guides.

Because our team was looking for different types of information from insiders and outsiders, we designed separate guides for community members, students, and service providers. For example, we planned to ask service providers about the barriers of working with schools and ask community members about their conceptualization of well-being—questions that would be inappropriate for the other audience to answer. In addition to being split by audience, the guides also varied depending on whether we were conducting an interview or a focus group. In particular, our team felt that focus groups provided the opportunity to play on group dynamics, and the focus group guides reflect this intention.

Once the guides were developed, we pre-tested them with our preceptors and revised the questions/organization based on their suggestions. These revisions helped finalize our guides,



which were then submitted to the School of Public Health Institutional Review Board (IRB) for final approval.

### **IRB Approval and Informed Consent Process**

In addition to the focus group and interview guides, the team submitted informed consent forms, confidentiality forms, and project fact sheets to the IRB for approval. Minor revisions were suggested by the IRB, the revisions were made by the team, and all materials were given final approval by the IRB. The IRB application and approval letters are available in Appendix E.

When conducting interviews or focus groups, team members reviewed the AOCD project with participants (including the potential benefits, potential risks, and rights of participants) and always obtained informed consent before proceeding. When participants had specific questions about the project or risks/benefits, team members answered these questions before proceeding with the interview.

### **Conducting Interviews and Focus Groups**

Our team conducted all interviews and focus groups in pairs, with one individual serving as the facilitator/interviewer and the other individual serving as the note taker. In many cases, the interviewer/facilitator also took notes; however, the note taker was primarily responsible for capturing answers, comments, and quotes. As mentioned above, interviews and focus groups always began with a review of the informed consent form and fact sheet in order to explain the AOCD process and the participant's rights/benefits. When conducting a focus group, team members also collected signed confidentiality statements in which participants promised not to disclose the comments others made during the session.

In order to more accurately capture comments, team members obtained permission from participants to record all interviews and focus groups. Recording the interviews was useful for

(a) accurately capturing as much data as possible, (b) supplementing notes with additional information not captured by the note taker, and (c) providing quotes to exemplify specific themes and trends in responses. On average, interviews lasted 60 minutes, and focus groups lasted one and one half hours.

The interviews and focus groups were semi-structured, in that facilitators followed the interview/focus group guides initially but often probed participants based on responses. Thus, the specific questions asked in any given interview and focus group depended on the initial responses of the participants. Moreover, after our team had completed the initial interviews, we adjusted several probing questions on the guides to ensure that emerging issues were addressed.

At the end of each interview and focus group, our team asked participants for referrals to other providers or community members who could provide useful information. If a participant suggested a particular individual, our team either (a) asked that the participant contact this individual to determine if he/she was interested or (b) asked for the individual's contact information so that our team could connect with him/her (as long as that person was a publicly listed service provider). Finally, team members inquired if the participant would be interested in attending the community forum and serving on the forum planning committee. Several individuals indicated interest in serving on the committee, and almost all participants suggested ideas for promoting the forum to community members and service providers.

### **Analysis and Coding**

At the completion of each interview/focus group, both the facilitator and the note taker would type up their notes from the session. Traditionally, the note taker compiled these versions together and supplemented the hand notes with information obtained from the session's

recording. The notes, as well as any contextual information, were provided to the analysis and coding team (two team members).

Using the Grounded Theory methodology of Glaser and Strauss (1967), data analysis began while interviews/focus groups were still being conducted. Moreover, data from the interviews/focus groups were coded using Grounded Theory methodology and text analysis techniques, which consisted of identifying codes for specific statements, integrating codes into relevant major themes, and identifying and exploring links among codes. Because our team was collecting and analyzing qualitative data, we chose to analyze the information Atlas TI. In order to ensure the trustworthiness of the data, our analysis team members coded and compared all interviews and focus groups and inter-coder reliability was monitored throughout the analysis phase of the project.

## **PROJECT STRENGTHS AND LIMITATIONS**

Throughout the process and at its completion, our team took note of a number of aspects of the program that lead to its success, in addition to challenges. While it is impossible to account for all of the attributes of a project that either lead to its successful implementation or cause roadblock throughout the process, our team has identified key strengths and limitations of the “Celebrating Middle School Students” process. These strengths and limitations are organized under secondary and primary data below:

### **Project Strengths**

#### **Secondary Data**

In collecting secondary data sources, our team was able to compile accurate and extremely useful description of the WCPSS (and its history) both by collecting attitudinal data on middle school students and parents (especially data on perceived safety and peer interaction) and

by analyzing statistical data on specific schools as well the entire WCPSS. In particular, these sources allowed us to compare school environments on both a macro- and micro-level and to go above and beyond the usual statistics and provides insight into students' daily lives. This overall understanding allowed us to frame our understanding of the lives of middle school students and the process overall.

### **Primary Data**

In interviewing and conducting focus groups, our team obtained a breadth of service provider, community member and middle school youth perspectives, to include case managers, agency directions, program funders, program directions, school-based programs, PTA/PTSA leaders, church leaders, and students themselves. These interviews and focus groups were information rich and provided timely and relevant perspectives on the lives of middle school students and the strengths and challenges that both they and their family face. In an effort to ensure a depth and quality of data, our team took care both to select service providers who had significant experience in their field and were qualified to provide insight on the community and services and to include individuals who play dual roles (e.g., service provider and parent of middle school student). In addition, our team had IRB-approval to interview students without parents or other adults present, thus creating a safe environment for youth to voice their issues. Overall, these aspects lead to an inclusion of many perspectives and ensured that the process and forum represented not one specific group, but the community as a whole.

The forum was a success largely due to strong support from community members both at the Forum and throughout the process, such as the Carnegie PTSA and Wake County PTA. Also, the Forum generated realistic action steps and community members have stepped up to address

these steps, thus exhibiting strong and real commitment to the well-being of middle school students and their families.

## **Project Limitations**

### **Secondary Data**

As discussed above, our project had many strengths which lead to its success, however, there were also a number of challenges which affected the process and should be considered in the design of future programs with this demographic. Of greatest importance is the fact that we were working with a “community” that does not self-identify and that has a very wide range of possible issues (i.e., everything from sex and drugs to parental communication and accessing services). This made it difficult to find and include all the relevant data on middle school students. In addition, while the additional data from the WCPSS surveys provide invaluable insight, it is difficult to assess how reflective these results are of the experiences of the average middle school student and/or parent.

### **Primary Data**

Challenges in the collection of data echo challenges in the synthesis of secondary data. The expansive nature of our “community” and time limitations made it difficult to contact the breadth of providers and community members who were applicable to this project. Also within this sentiment, it was also challenging to know whether we were truly reaching the right community members, or if our sample was biased by parents and community members that were already actively involved in the community. Although time restraints made it impossible for our team to reach more individuals or groups, in order to ensure a truly universal perspective, future efforts should also include additional perspectives, such as Latino-focused organizations, other minorities in Raleigh, such as the Latino and Asian communities, additional schools beyond our

target focus and corrections officers. In addition, it is important to note, the lack of parent attendance at forum - and thus lack of parental buy-in to community action steps - might mean that parents are less likely to get involved in the action steps developed at our forum. This may be the result of forum advertising or representative of parents “missed” in interviews or focus groups. However, since the well-being of middle school students is very important, future efforts should not only identify the causes of this involvement gap, but also the means to remedy it.

### **CONCLUSIONS AND RECOMMENDATIONS**

The goal of our AOCD project was to identify the strengths and challenges facing middle school students living in Raleigh. Our team investigated how environmental influences impact the well-being of students and how these influences are perceived by students and community members. In addition, our team discovered how different groups--parents, providers, and students themselves--perceive the challenges. We hope this awareness will provide a critical first step in motivating and helping key individuals take action.

Ultimately, our team presented our findings to providers, parents, and students at our community forum, facilitating the development of action steps for change and community mobilization. Our team gained a firm belief that stakeholders in the middle school community possess the collective power and energy needed to follow through on these action steps and continue to address the challenges beyond the action steps developed. For stakeholders and individuals interested in addressing these challenges, our team recommends continuing the dialogue between the diverse individuals and organizations that influence students' lives. It has been our team's privilege to work among the community and ideally serve as a catalyst for positive change.

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# Appendix A1: Interview Guide: Service Providers

## Service Provider Interview Guide

Introduction: Hello, my name is \_\_\_\_\_ I'm going to be leading our interview today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We'll be here about 60 minutes to talk to you about what role your group or organization has in the community, and about your opinions concerning the strengths of the community and the challenges it faces. Your insights and opinions on this subject are important, so please say what's on your mind and what you think. There are no right or wrong answers.

### General Information about the Service Provider

1. What is your title and occupation? How long have you worked in this agency? Why did you choose to work here?
2. What services does your agency provide? What is your source of funding?
3. What is your geographical service area? In what type of setting do you provide services?

### Roles and Responsibilities of Service Provider

4. What do you see is your role in the community? What responsibilities do you feel you have to the community? (What about in your agency?)
5. Who uses your services? Who in the community is in the most need for your agency's services?
6. How do you make people aware of your services?
7. What means of transportation do people use to access your services? What are barriers or benefits to using this type of transportation?
8. What are your biggest barriers/challenges for providing services?
9. Who are other providers that you collaborate with? How do you know about these providers?

### Focus on Middle School Students and Parents

10. What do you think are the major issues/problems parents of middle school students face (income, insurance, transportation, safety, housing, and health)?
11. What do you think are the major issues/problems middle school students face? (violence, self-esteem, body image, stress, drugs, alcohol, pregnancy, mental health, mood)
12. What kinds of community services do you see that relate to teens? (low income, minority, faith-based, gender)

### Needs of the Middle School Students and Parents

13. How would you explain the success or lack of success of these services for teens?
14. What are some barriers to access to these services? (insurance, transportation, economic status, language barriers)
15. What are some barriers to use of these services? (stigma, mistrust, language barriers, cultural differences)
16. If you could create any service for teens, what would it be? (How would the service be helpful?)
17. Whom would you try to involve in creating this service?

### Recommended Individuals to Interview

18. Are there people or organizations with which you think we should speak that you would be willing to gain permission for our team to contact?
  - a. Describe the specific person or organization.
  - b. Why would you think their opinions and views would be helpful for us to hear?

### Recommendations for Community Forum

19. We plan to conduct a forum this spring to share the information we have gathered with the community. Would you be interested in helping us plan this event?
20. Do you have any ideas regarding how to get people to attend (time, place, and publicity)?
21. Who else do you think should help us coordinate this forum?

### Additional Information

22. Is there anything else you would like to share?

Thank you again for your participation

## Appendix A2: Interview Guide: Parents of Middle School Students

### Parents of Middle School Students Interview Guide

Introduction: Hello, my name is \_\_\_\_\_. I'm going to be leading our interview today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk to you about living in your community and your opinions concerning the strengths of your community and the challenges it faces. We are particularly interested in your experience as the parent of a middle school student. Your insights and opinions on these subjects are important, so please say what's on your mind and what you think. There are no right or wrong answers.

#### General Information

1. Do you feel you are part of a community? What community is that?
2. What kind of community would you like to be a part of?
3. What do people in the area do for a living? (What is their source of income?)
4. How do people of different races (ethnicities/backgrounds) interact within the area?
5. How involved are churches in the lives of people in the community? (attend church, participate in church groups)
6. How do people from the area get around? How does your child get to school? (How long does it take? What means of transportation?)

#### Focus on Middle School Students and Parents

7. What do middle school students do for fun? (recreational activities, social activities, participation in organizations)
8. What kinds of activities do parents do with their middle schoolers?
9. How are parents involved with the school? (PTA, school board meetings, sports)
10. Do you feel connected to other parents of middle school students? Is that important to you? School activities?
11. What do you think are the major issues/problems parents of middle school students face (income, insurance, transportation, safety, housing, and health)?
12. What do you think are the major issues/needs of middle school students? (violence, self-esteem, body image, stress, drugs, alcohol, pregnancy, mental health, mood)
13. What services/programs do middle school students use?
14. What services/programs do parents of middle school students use? As a parent, what services are important to you?
15. How would you explain the success or lack of success of these services for middle school students and parents?
16. What are some barriers to access to these services? (insurance, transportation, economic status, language barriers)
17. What are some barriers to use of these services? (stigma, mistrust, language barriers, cultural differences)
18. If you could create any service for teens, what would it be? (How would the service be helpful?)
19. Whom would you try to involve in creating this service?

#### Recommended Individuals to Interview

20. Is there anyone else whom we should speak with about the community? (service providers, residents) Are you willing to get permission for us to contact them?
  - Describe the specific person or organization
  - Why do you think their opinions and views would be helpful for us to hear?

#### Recommendations for Community Forum

21. We plan to conduct a forum this spring to share the information we have gathered with the community. Would you be interested in helping us plan this event?
22. Do you have any ideas regarding how to get people to attend? (time, place, publicity)
23. Who else do you think should help us coordinate this forum?

#### Additional Information

24. Is there anything else you would like to share about the community?

Thank you again for your participation.

## Appendix A3: Interview Guide: Middle School Student Brief Form

### Brief Interview Guide: Middle School Students

Introduction:

Hello, my name is \_\_\_\_\_, and this is \_\_\_\_\_. We are students at the UNC-Chapel Hill School of Public Health. We are interested in your opinions concerning the positives and negatives of life for middle school students. Are you currently a middle school student? (If yes, continue. If no, thank them and discontinue). We would like to ask you a few questions about this topic. It will take about 5-10 minutes. I will ask the questions and \_\_\_\_\_ will be taking notes. Your thoughts and opinions are important, so please say what's on your mind and what you think.

(Administer informed consent). Please remember that you do not have to answer any questions that you are uncomfortable with and that there are no right or wrong answers.

1. What is it like to be a student at your school? *Probe: access to guidance counselors, after school activities, relationships with peers, teachers, administrators*
2. What are the strengths of people your age? *Probe: Ability to cope, independence, relationships*
3. What kinds of problems do students have at your school? *Probe: bullying, self-esteem, body image, stress, drugs, alcohol, pregnancy*
4. When students have these kinds of problems in school or at home, who do they talk to? *Probe: friends, guidance counselors, parents, teachers, other adults*
5. What resources are available inside and outside of school to teens in Raleigh? *Probe: YMCA, girl/boy scouts, teen help lines, big buddy programs*
6. We are going to be conducting a school meeting where we will talk about what is important to middle school students and how to meet their needs. First, we want to give you our card. You can email if you have questions about this meeting or if you would like to attend. Also, do you have any suggestions? *Probe: place, day of the week, time of day, format, who to invite, how to publicize, who should serve on planning group.*

We are telling all students about the phone number "211." 211 is run by the United Way, and is an easy to remember telephone number that can connect people with health services they might need. If you ever find yourself in a tough situation where you need someone to talk to and are not sure where to go, remember that 211 is a resource for anyone in the community, including teens your age.

## Appendix A4: Focus Group Guide: Service Providers

### Focus Group Guide: Service Providers

#### Introduction:

Hello, my name is \_\_\_\_\_. I'm going to be leading our focus group today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk with you about providing services in Raleigh. We are interested in your opinions concerning the strengths of the community as well as the challenges it faces. Your insights and opinions on this subject are important, so please say what's on your mind and what you think.

We ask that you do not discuss what you have heard in this room after the focus group is over. Please remember that you do not have to answer any questions that you are uncomfortable with and that there are no right or wrong answers. At this time, we will hand out a focus group confidentiality statement. If you agree with the statement, please sign the form.

1. *Start with icebreaker.* Let's go around the room and please tell us about your agency and what services it provides.
2. How do your services incorporate middle school children? and their parents?
3. How would you describe the people who utilize your services? (gender, age, race, socioeconomic status)
4. What kinds of problems do you see middle school students in the area facing? *Probe: mood, self-esteem, bullying, body image, stress, drugs, alcohol, violence, sex, mental health*
5. Which of these problems do you think are the most common? Most severe?
6. What problems are girls facing in middle school? What problems are boys facing in middle school? Are these problems for boys and girls the same or different, and why?
7. In your opinion, are any of these problems related to mental health? (If so, which ones? And how are they related?)
8. What does mental health mean to you? *Probe: Stress? Behavior problems?*
9. When students have these kinds of problems in school or at home, who do you think they talk to? *Probe: friends, guidance counselors, parents, teachers, coaches, other adults*
10. What do you think are the best places and people for parents to go when their middle school child needs help? *Probe: Why?* What places are not as helpful for parents to go? *Probe: Why?*
11. What barriers do people face when trying to access services? Why? Are there groups that tend to be difficult for your agency to reach? *Probe: geographic, transportation, cultural, language*
12. What do you do to ensure that those who may need your services are identified? *Probe: outreach, collaboration with schools/other agencies*
13. If you were in charge of community services for middle school children (and/or their parents), what would you do? *Probe: What services would you offer? What programs would you change or cancel?*
14. Have I/we forgotten anything? Is there anything else you would like to say?
15. We are going to be conducting a community meeting where we will present our findings and discuss them with the community. Do you have any suggestions? *Probe: place, day of the week, time of day, format, who to invite, how to publicize, who should serve on planning group.*

Thank you again for your participation.

## Appendix A5: Focus Group Guide: Parents of Middle School Students

### Focus Group Guide: Parents of Middle School Students

Introduction: Hello, my name is \_\_\_\_\_. I'm going to be leading our focus group today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk with you about what it is like to be a parent of a middle school student living in this area. We are interested in your opinions concerning the challenges and \_\_\_\_\_ that you face as the parent of a middle school student. Your thoughts and opinions are important, so please say what's on your mind and what you think.

We ask that you do not discuss what you have heard in this room after the focus group is over. Please remember that you do not have to answer any questions that you are uncomfortable with and that there are no right or wrong answers. At this time, we will hand out a focus group confidentiality statement. If you agree with the statement, please sign the form.

7. *Start with icebreaker.*

We're really interested in your experience as parents of middle school children. I'd just like to take a minute for everyone to reflect -- What's it like to raise a middle school child? (give 30 s – 1 m)

8. In general, what are some of the joys and challenges parents of middle school students have?
9. The middle school years can be hard for people. What kinds of problems have you heard that students in middle schools in the area face? *Probe: mood, self-esteem, bullying, body image, stress, drugs, alcohol, violence, sex, mental health*
10. Which of these problems do you think are the most common? Which of these problems are the most severe?
11. What problems are girls facing in middle school? What problems are boys facing in middle school?
12. Why are these problems for boys and girls the same/different?
13. In your opinion, are any of these problems related to mental health? (If so, which ones? And how are they related?)
14. What does mental health mean to you? (Probe: Stress? Behavior problems?)
15. When students have these kinds of problems in school or at home, who do you think they talk to? *Probe: friends, guidance counselors, parents, teachers, coaches, other adults*
16. What support services are available at your child's school? How do they help? *Probe: guidance counselors, teachers, administrators, other parents*
17. What services are available outside of school to middle schoolers in Raleigh? *Probe: YMCA, girl/boy scouts, teen help lines, big buddy programs* How do they help?
18. What are the best places and people for parents to go when their middle school child needs help? *Probe: Why do they use these services?*
19. What are the places and people that parents definitely wouldn't go to when their middle school child needs help? *Probe: Why wouldn't they use these services?*
20. Is there anything else that you want to tell us about?
21. We are going to be conducting a community meeting where we will talk about what is important to middle school students and how to meet their needs. Do you have any suggestions? *Probe: place, day of the week, time of day, format, who to invite, how to publicize, who should serve on planning group.*

Thank you again for your participation.

## Appendix A6: Focus Group Guide: Middle School Students

### Focus Group Guide: Middle School Students

Introduction:

Hello, my name is \_\_\_\_\_. I'm going to be leading our focus group today. This is \_\_\_\_\_, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk with you about what it is like to be a middle school student living in this area. We are interested in your opinions concerning the positives and negatives of life in middle school student. Your thoughts and opinions are important, so please say what's on your mind and what you think.

We ask that you do not discuss what you have heard in this room after the focus group is over. Please remember that you do not have to answer any questions that you are uncomfortable with and that there are no right or wrong answers. At this time, we will hand out a focus group confidentiality statement. If you agree with the statement, please sign the form.

22. *Start with icebreaker.*
23. What is it like to be a student at your school? *Probe: access to guidance counselors, after school activities, relationships with peers, teachers, administrators*
24. What are the strengths of people your age? *Probe: Ability to cope, independence, relationships*
25. What kinds of problems do students have at your school? *Probe: bullying, self-esteem, body image, stress, drugs, alcohol, pregnancy*
26. When students have these kinds of problems in school or at home, who do they talk to? *Probe: friends, guidance counselors, parents, teachers, other adults*
27. What are the guidance counselors like in your school? *Probe: attitude, approachfulness, how do they help you?*
28. What resources are available inside and outside of school to teens in Raleigh? *Probe: YMCA, girl/boy scouts, teen help lines, big buddy programs*
29. Which of these resources do students in your school use? *Probe: Why do you use these services?*
30. Which of these resources do students in your school not use? *Probe: Why don't you use these services?*
31. Is there anything else that you want to tell us about?
32. Are there people in the school who you think it is important for us to talk to about the things we discussed today?
33. We are going to be conducting a school meeting where we will talk about what is important to middle school students and how to meet their needs. Do you have any suggestions? *Probe: place, day of the week, time of day, format, who to invite, how to publicize, who should serve on planning group.*

Thank you again for your participation.

## **Appendix A7: Interview Fact Sheet: Service Providers and Community Members**

### **WHAT IS AOCD?**

AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, economic, and health experiences of individuals, including middle school students who live in your community. The purpose is to better understand the experiences of members of your community.

### **WHY ARE YOU PARTICIPATING IN AOCD?**

You are invited to participate because we want your ideas on your community's strengths and needs. Someone in your community identified you as a person who can talk about the views of your community as a whole.

### **WHAT WILL YOU BE ASKED TO DO?**

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. The interview is made up of a series of questions about life in your community. An example of a general question is, "What is it like living in your community?" There are no wrong answers or bad ideas, just different opinions. The interview will be one-time only and will take about 60 minutes of your time. If you agree to participate in the interview we will be recording your response on a piece of paper. Also, if you do not object we would like to tape record the discussion to make sure we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at any time. If you decide to participate in this interview, you will be asked to sign an "informed consent" form. Signing the form means that you understand the purpose of the AOCD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time you want to.

### **WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?**

You will have the opportunity to share your thoughts about the future of the community that you serve. There are no costs for participating in the study other than your time spent during this interview.

### **PAYMENTS AND INCENTIVES**

You will not be paid to participate in an interview.

### **WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?**

The team will summarize the information gathered from interviews and focus groups (small groups assembled to identify and discuss key issues in the community) and present it both written and verbally to the community.

### **YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.**

To protect your privacy, any information you provide will remain confidential. All of the information you provide will be stored only with an identification number, not with your name. Though your name and address may be collected, it will not be used in any way in the research study or linked to your responses. It will only be used to invite you to attend the community forum. Information such as age and sex may be gathered during the interview. When we report the data, all identifying information will be removed so your responses and comments will not be linked to you. The only people with access to all data are the members of the student team and the faculty advisors. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2005 at the conclusion of the study. Every effort will be taken to protect the identity of the participants in the study. However, there is no guarantee that the information cannot be obtained by legal process or court order.

### **CAN YOU REFUSE OR STOP PARTICIPATION?**

Yes. If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the interview you may ask that the recording be stopped at any time.

### **WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT?**

There are minimal physical, psychological, or social risks associated with participating in this study. However one potential risk may be that if you say any bad things about the community or the services you provide in the community and that information is divulged, you may be at risk for losing your job. Such information could also affect any political career you may choose to have. We will do the best we can to protect you from this risk by keeping all data in a locked file cabinet at the School of Public Health. In addition, your name will never be attached to anything you say. Although you may not experience any direct benefits, your participation may be beneficial to community improvement efforts. Your participation will provide useful information that can be used by the community to plan and improve services available for its residents. After conducting these sessions, we will summarize our findings and present this summary both written and verbally to the community.

### **WHO IS IN CHARGE OF THIS PROJECT? HOW CAN I CALL THEM?**

This is a student project under the direction of faculty advisor, Dr. Geni Eng. The student principal investigator is Jennifer Gilchrist. You can call Jen, collect if you wish, at her office at the UNC – School of Public Health. The number is 919-966-5542. You may also call Geni, at 919-966-3909. If you ever have questions about this project, please call Jennifer or Geni.

If you wish to know more about the IRB process or you have questions about your rights, you can write the Public Health Institutional Review Board, Office of Human Research Ethics: School of Public Health, CB#7400, UNC Chapel Hill, Chapel Hill NC 27599-7400 or call, collect if necessary, 919-966-3012. If you are interested in participating in an interview, please read the following agreement statement very carefully. Then please sign and date this form and give it to one of the interviewers. You will get a copy of the form for your own records. This project has been approved by the UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics.

### **Agreement Statement:**

By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

## Appendix A8: Interview Fact Sheet: Parents of Middle School Students

### WHAT IS AOCD?

AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, and health experiences of members in your community, including middle school students. The purpose is to better understand the experiences of members of your community.

### WHY ARE YOU PARTICIPATING IN AOCD?

You are invited to participate because we want your ideas on your community's strengths and needs. Someone in your community identified you as a person who can talk about the views of your community as a whole.

### WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. An example of a general question for parents is, "What is it like to be a parent of a middle school child?" There are no wrong answers or bad ideas, just different opinions. The interview will be one-time only and will take about 60 minutes of your time. If you agree to participate, we will record your responses on a piece of paper. Also, if you do not object, we would like to tape record the discussions to make we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at anytime. If you decide to participate in this process, you will be asked to sign an "informed consent" form. Signing the forms means that you and your child understand the purpose of the AOCD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time you want to.

### WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of your community. There are no costs for participating in the study other than your time spent during this interview.

### PAYMENTS AND INCENTIVES

You will not be paid to participate in an interview.

### WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

The team will summarize the information gathered from interviews and focus groups (small groups assembled to identify and discuss key issues in the community) and present it both written and verbally to your community.

### YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

Any information that you provide will remain confidential. Though your name and address may be collected, it will not be used in any way in the research study or linked to your responses. It will only be used to invite you to attend the community forum. To protect your privacy, all of the information you provide will be stored only with an identification number, not with your name. Every effort will be taken to protect the identity of the participants in this study. However, there is no guarantee that the information cannot be gotten by legal process or court order. To ensure "confidentiality," you can pick a made up name, if you wish, to use during the project so that nobody will see your real name connected with the study. Information such as age and sex may be gathered during the interview. These descriptive characteristics are collected only to help summarize our data. When we report the data, all identifying information will be removed. Your responses and comments will not be linked to you. The only people with access to all data are the members of the student team and the faculty advisors. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2005 when the study is over.

### CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the interview you may ask that the recording be stopped at any time.

### WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT?

There are minimal physical, psychological, or social risks associated with participating in this study. If you discover that you are in need of services, we will have information available about services that people can access. Although you may not experience any direct benefits, your participation may help to make things better in your community over time. Your decision to take part in this study will not influence any of the services you receive or might receive. You can say yes or no to our request.

### WHO IS IN CHARGE OF THIS PROJECT? HOW CAN I CALL THEM?

This is a student project under the direction of faculty advisor, Dr. Geni Eng. The student principal investigator is Jennifer Gilchrist. You can call Jen, collect if you wish, at her office at the UNC – School of Public Health. The number is 919-966-5542. You may also call Geni, at 919-966-3909. If you ever have questions about this project, please call Jennifer or Geni.

If you wish to know more about the IRB process or you have questions about your rights, you can write the:

UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics: School of Public Health, CB#7400, UNC Chapel Hill, Chapel Hill NC 27599-7400 or call, collect if necessary, 919-966-3012.

If you are interested in participating in an interview, please read the following agreement statement very carefully. Then please sign and date this form and give it to one of the interviewers. You will get a copy of the form for your own records. This project has been approved by the UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics.

### Agreement Statement:

By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.



## **Appendix A9: Interview Fact Sheet: Middle School Student Brief Form**

### **WHAT IS AOCD?**

AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, economic, and health experiences of individuals who live in your community.

### **WHAT WILL YOU BE ASKED TO DO?**

If you decide to participate, you will be asked to participate in a 10-15 minute interview, or discussion. We want to learn about your opinions and thoughts about general experiences of people your age. There are no wrong answers. Your participation is limited to this one interview, and you will not be contacted for further sessions.

### **WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?**

A written and verbal summary of the issues that are discussed in the focus groups and in individual interviews will be made available to community members, leaders and service providers who are interested. We hope that this information will help people to better understand and improve health in their communities.

### **PAYMENTS AND INCENTIVES**

You will not be paid to participate in this interview. However, refreshments will be provided as compensation for your participation in the study.

### **WHAT WILL YOU RISK BY BEING IN THIS PROJECT?**

The risk to you for participating is minimal. However, talking about life issues can sometimes be uncomfortable.

### **WILL THERE BE ANY COSTS TO YOU?**

The only costs for participating in this interview are the time spent during the discussion.

### **YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL**

Participation is entirely voluntary, and you are not required to give your name or reveal any personal information. You may use a fictitious name if you wish.

Information from this interview discussion will remain anonymous because no names will be collected. Identifying information, such as age, sex, ethnicity, and number of years residing in your community, will only be used to describe the group and will not be linked to any particular thing that you or others say during the group discussion.

All notes and audiotapes containing your interview responses will be stored in a locked cabinet and will be destroyed in May 2005 at the conclusion of the study.

### **CAN YOU REFUSE OR STOP PARTICIPATION?**

Taking part in this project is up to you. You can choose not to answer any question or stop taking part in the interview at any time.

### **NOTE-TAKING**

It is important to accurately record the information shared during these discussions. With your permission, a member of our research team will write down what you say. You have the right to ask us not to write down something you say at any time. Your responses will be recorded only by a note-taker. We will not use a tape recorder to record your answers.

### **WHO ARE THE PEOPLE RUNNING THIS PROJECT? HOW CAN I CALL THEM?**

This is a student project under the direction of faculty advisor, Dr. Geni Eng. The student principal investigator is Jennifer Gilchrist. You can call Jennifer, collect if you wish, at her office at the UNC – School of Public Health. The number is 919-966-5542. You may also call Geni, at 919-966-3909. If you ever have questions about this project, please call Jennifer or Geni.

This study has been reviewed and approved by the UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics, a group that makes sure that study participants are treated fairly and protected from harm.

If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact -- anonymously, if you wish -- the Public Health Institutional Review Board, Office of Human Research Ethics: University of North Carolina at Chapel Hill, CB # 7400, Chapel Hill, NC 27599-7400, or by phone, collect if necessary, (919)966.9347.

### **AGREEMENT STATEMENT**

By signing this assent form, I give permission to the University of North Carolina at Chapel Hill to use information from this interview for the Action-Oriented Community Diagnosis.

## **Appendix A10: Focus Group Fact Sheet: Service Providers and Parents of Middle School Students**

### **WHAT IS AOCD?**

AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, economic, and health experiences of individuals who live in your community.

### **WHAT WILL YOU BE ASKED TO DO?**

If you decide to participate, you will be asked to participate in a 90 minute focus group, or discussion. We want to learn about your opinions and thoughts about the strengths and challenges of living in your community. There are no wrong answers. Your participation is limited to this one focus group, and you will not be contacted for further sessions.

### **WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?**

Although you may not experience any direct benefits, your participation may be beneficial to community improvement efforts. In addition, a written and verbal summary of the issues that are discussed in these focus groups and in individual interviews will be made available to community members, leaders and service providers who are interested. We hope that this information will help improve the health status of your community.

### **PAYMENTS AND INCENTIVES**

You will not be paid to participate in this focus group, however, refreshments will be provided as compensation for the study.

### **WHAT WILL YOU RISK BY BEING IN THIS PROJECT?**

The risk to you for participating is minimal. However one potential risk may be that if you say any bad things about the community or the services you provide in the community and that information is divulged, you may be at risk for losing your job. Such information could also affect any political career you may choose to have. We will do the best we can to protect you from this risk by keeping all data in a locked file cabinet at the School of Public Health. In addition, your name will never be attached to anything you say.

### **WILL THERE BE ANY COSTS TO YOU?**

The only costs for participating in this focus group are the time and expense for traveling to and from the discussion group and the time spent during the discussion group.

### **YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL**

Participation is entirely voluntary, and you are not required to give your name or reveal any personal information. You may use a fictitious name if you wish. To respect your confidentiality and that of others, we will ask participants not to discuss the information shared in the focus group. Information from this focus group discussion will remain anonymous because no names will be collected. Identifying information, such as age, sex, ethnicity, and number of years residing in your community, will only be used to describe the group and will not be linked to any particular thing that you or others say during the group discussion. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2005 at the conclusion of the study.

### **CAN YOU REFUSE OR STOP PARTICIPATION?**

Taking part in this project is up to you. You can choose not to answer any question or stop taking part in the focus group at any time.

### **TAPE-RECORDING**

It is important to accurately record the information shared during these discussions. With your permission, I will tape-record the focus group. You have the right to stop the tape-recording at any time. The tapes will be recycled or destroyed after their use for this project is complete.

### **WHO ARE THE PEOPLE RUNNING THIS PROJECT? HOW CAN I CALL THEM?**

This is a student project under the direction of faculty advisor, Dr. Geni Eng. The student principal investigator is Jennifer Gilchrist. You can call Jennifer, collect if you wish, at her office at the UNC – School of Public Health. The number is 919-966-5542. You may also call Geni, at 919-966-3909. If you ever have questions about this project, please call Jennifer or Geni. This study has been reviewed and approved by the Public Health Institutional Review Board, Office of Human Research Ethics, a group that makes sure that study participants are treated fairly and protected from harm. If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact -- anonymously, if you wish -- the Public Health Institutional Review Board, Office of Human Research Ethics: University of North Carolina at Chapel Hill, CB # 7400, Chapel Hill, NC 27599-7400, or by phone, collect if necessary, (919)966.3012.

### **AGREEMENT STATEMENT**

By participating, you agree to: (1) keep everything that is shared in the focus group confidential and not share it with anyone outside of this focus group; AND (2) have the focus group tape recorded with the ability to stop the tape recording at any time.

By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use information from this focus group for the Action-Oriented Community Diagnosis.

## Appendix A11: Focus Group Fact Sheet: Informed Parental Consent for Minor Participation

**WHAT IS AOCD?** AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, and health experiences of members in your community, including middle school students. The purpose is to better understand the experiences of members of your community.

**WHY ARE YOU PARTICIPATING IN AOCD?** You and your child are invited to participate because we want your ideas on your community's strengths and needs. Someone in your community identified you as a person who can talk about the views of your community as a whole.

**WHAT WILL YOU BE ASKED TO DO?** You and your child will be asked to participate in separate focus groups, or discussions, led by two team members from the UNC School of Public Health. An example of a general question for parents is, "What is it like to be a parent of a middle school child?" An example question for students is, "What is it like to be a student in your school?" There are no wrong answers or bad ideas, just different opinions. The focus groups will be one-time only and will take about 90 minutes of your time. If you agree to participate and allow your child to participate, we will record your responses on a piece of paper. Also, if you do not object, we would like to tape record the discussions to make we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at anytime. If you decide to participate and allow your child to participate in this process, you will be asked to sign an "informed consent" form on behalf of both yourself and your child. Your child will be asked to sign an "informed assent" form. Signing the forms means that you and your child understand the purpose of the AOCD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time you want to.

**WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?** You will have the opportunity to share your thoughts about the future of your community. There are no costs for participating in the study other than your time spent during this focus group.

**PAYMENTS AND INCENTIVES** You will not be paid to participate in an interview. If you and/or your child participate in a focus group, refreshments will be provided as compensation for the study.

**WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?** The team will summarize the information gathered from interviews and focus groups and present it both written and verbally to your community.

**YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.** Any information that you provide will remain confidential. Though your name and address may be collected, it will not be used in any way in the research study or linked to your responses. It will only be used to invite you to attend the community forum.

To protect your privacy, all of the information you provide will be stored only with an identification number, not with your name. Every effort will be taken to protect the identity of the participants in this study. However, there is no guarantee that the information cannot be gotten by legal process or court order. To ensure "confidentiality," you can pick a made up name, if you wish, to use during the project so that nobody will see your real name connected with the study. Information such as age and sex may be gathered during the interview. These descriptive characteristics are collected only to help summarize our data. When we report the data, all identifying information will be removed. Your responses and comments will not be linked to you. The only people with access to all data are the members of the student team and the faculty advisors. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2005 when the study is over.

**CAN YOU REFUSE OR STOP PARTICIPATION?** Yes. If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the interview you may ask that the recording be stopped at any time.

**WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT?** There are minimal physical, psychological, or social risks associated with participating in this study. If you or your child discovers that you are in need of services, we will have information available about services that people can access. Although you may not experience any direct benefits, your participation may help to make things better in your community over time. Your decision to take part in this study will not influence any of the services you receive or might receive. You can say yes or no to our request.

**WHO IS IN CHARGE OF THIS PROJECT? HOW CAN I CALL THEM?** This is a student project under the direction of faculty advisor, Dr. Geni Eng. The student principal investigator is Jennifer Gilchrist. You can call Jennifer, collect if you wish, at her office at the UNC – School of Public Health. The number is 919-966-5542. You may also call Geni, at 919-966-3909. If you ever have questions about this project, please call Jennifer or Geni. If you wish to know more about the IRB process or you have questions about your rights, you can write the UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics: School of Public Health, CB#7400, UNC Chapel Hill, Chapel Hill NC 27599-7400. Or call, collect if necessary, 919-966-3012. If you are interested in participating in an interview, **please read the following agreement statement very carefully.** Then please sign and date this form and give it to one of the interviewers. You will get a copy of the form for your own records.

This project has been approved by the UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics.

### **Agreement Statement:**

By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

By signing in the space below, I give permission to allow my child to participate in a focus group and for the University of North Carolina at Chapel Hill to use focus group information for the Action-Oriented Community Diagnosis.

## **Appendix A12: Focus Group Fact Sheet: Informed Assent for Middle School Students**

### **WHAT IS AOCD?**

AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, economic, and health experiences of individuals who live in your community.

### **WHAT WILL YOU BE ASKED TO DO?**

If you decide to participate, you will be asked to participate in a 90 minute focus group, or discussion. We want to learn about your opinions and thoughts about general experiences of people your age. There are no wrong answers. Your participation is limited to this one focus group, and you will not be contacted for further sessions.

### **WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?**

A written and verbal summary of the issues that are discussed in these focus groups and in individual interviews will be made available to community members, leaders and service providers who are interested. We hope that this information will help people to better understand and improve health in their communities.

### **PAYMENTS AND INCENTIVES**

You will not be paid to participate in this focus group. However, refreshments will be provided as compensation for your participation in the study.

### **WHAT WILL YOU RISK BY BEING IN THIS PROJECT?**

The risk to you for participating is minimal. However, talking about life issues can sometimes be uncomfortable.

### **WILL THERE BE ANY COSTS TO YOU?**

The only costs for participating in this focus group are the time and expense for traveling to and from the discussion group and the time spent during the discussion group.

### **YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL**

Participation is entirely voluntary, and you are not required to give your name or reveal any personal information. You may use a fictitious name if you wish. To respect your confidentiality and that of others, we will ask participants not to discuss the information shared in the focus group.

Information from this focus group discussion will remain anonymous because no names will be collected. Identifying information, such as age, sex, ethnicity, and number of years residing in your community, will only be used to describe the group and will not be linked to any particular thing that you or others say during the group discussion.

All notes and audiotapes containing your interview responses will be stored in a locked cabinet and will be destroyed in May 2005 at the conclusion of the study.

### **CAN YOU REFUSE OR STOP PARTICIPATION?**

Taking part in this project is up to you. You can choose not to answer any question or stop taking part in the focus group at any time.

### **TAPE-RECORDING**

It is important to accurately record the information shared during these discussions. With your permission, we will tape-record the focus group. You have the right to stop the tape-recording at any time. The tapes will be recycled or destroyed after their use for this project is complete.

### **WHO ARE THE PEOPLE RUNNING THIS PROJECT? HOW CAN I CALL THEM?**

This is a student project under the direction of faculty advisor, Dr. Geni Eng. The student principal investigator is Jennifer Gilchrist. You can call Jennifer, collect if you wish, at her office at the UNC – School of Public Health. The number is 919-966-5542. You may also call Geni, at 919-966-3909. If you ever have questions about this project, please call Jennifer or Geni.

This study has been reviewed and approved by the UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics, a group that makes sure that study participants are treated fairly and protected from harm.

If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact -- anonymously, if you wish -- the Public Health Institutional Review Board, Office of Human Research Ethics: University of North Carolina at Chapel Hill, CB # 7400, Chapel Hill, NC 27599-7400, or by phone, collect if necessary, (919)966.3012.

### **AGREEMENT STATEMENT**

By participating, you agree to:

- (1) keep everything that is shared in the focus group confidential and not share it with anyone outside of this focus group; AND
- (2) have the focus group tape recorded with the ability to stop the tape recording at any time.

By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use information from this focus group for the Action-Oriented Community Diagnosis.

# Action-Oriented Community Diagnosis (AOCD)

It is important for us to make sure that all of the information shared by each participant during this discussion is confidential.

By signing below, you are agreeing to keep everything that is said in this focus group discussion confidential and not share it with anyone outside of this focus group.

---

Signature

---

Date

---

Printed name

## Appendix B: List of Interviewees

<i>Service Provider Contacts</i>	
Interviews*	15
Focus Group Participants	19
Total*	<b>34</b>
<i>Parent Contacts</i>	
Interviews	4
Focus Group Participants	4
Total	<b>8</b>
<i>Community Member Contacts</i>	
Interviews*	3
Focus Group Participants	0
Total*	<b>3</b>
<i>Middle School Youth Contacts</i>	
Focus Groups	23
Brief Interviews	8
Total	<b>31</b>
*3 individuals were considered both service providers and community members. They have been counted in each category.	

## **Appendix C1. Secondary Data Sources**

- Data collected by local agencies, including United Way, Wake TEEN, Strengthening the Black Family, Teens Against AIDS, Planned Parenthood, Interact, Support Our Students, and the North Carolina Child Advocacy Institution
- National Mental Health Association documents and reports
- North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
- Past UNC-CH community diagnosis documents (2004, 2003, 2002)
- Raleigh middle school PTA/PTSA meetings
- Tours of Raleigh middle schools and neighborhoods, Wake County service provider facilities, and Wake Medical Center
- US Census Bureau summary reports (US Census Bureau, 2000)
- Wake Area Health Education Center (AHEC) observation, including Wake AHEC Training: Helping Students Cope with Disruptive Behavior
- Wake County Public School System parent and student surveys
- Wake County Mental Health Association (MHA) steering committee meetings

## Appendix C2: School Profile and Demographics

### 2003 Racial/Ethnic Data for Public Middle Schools in Raleigh

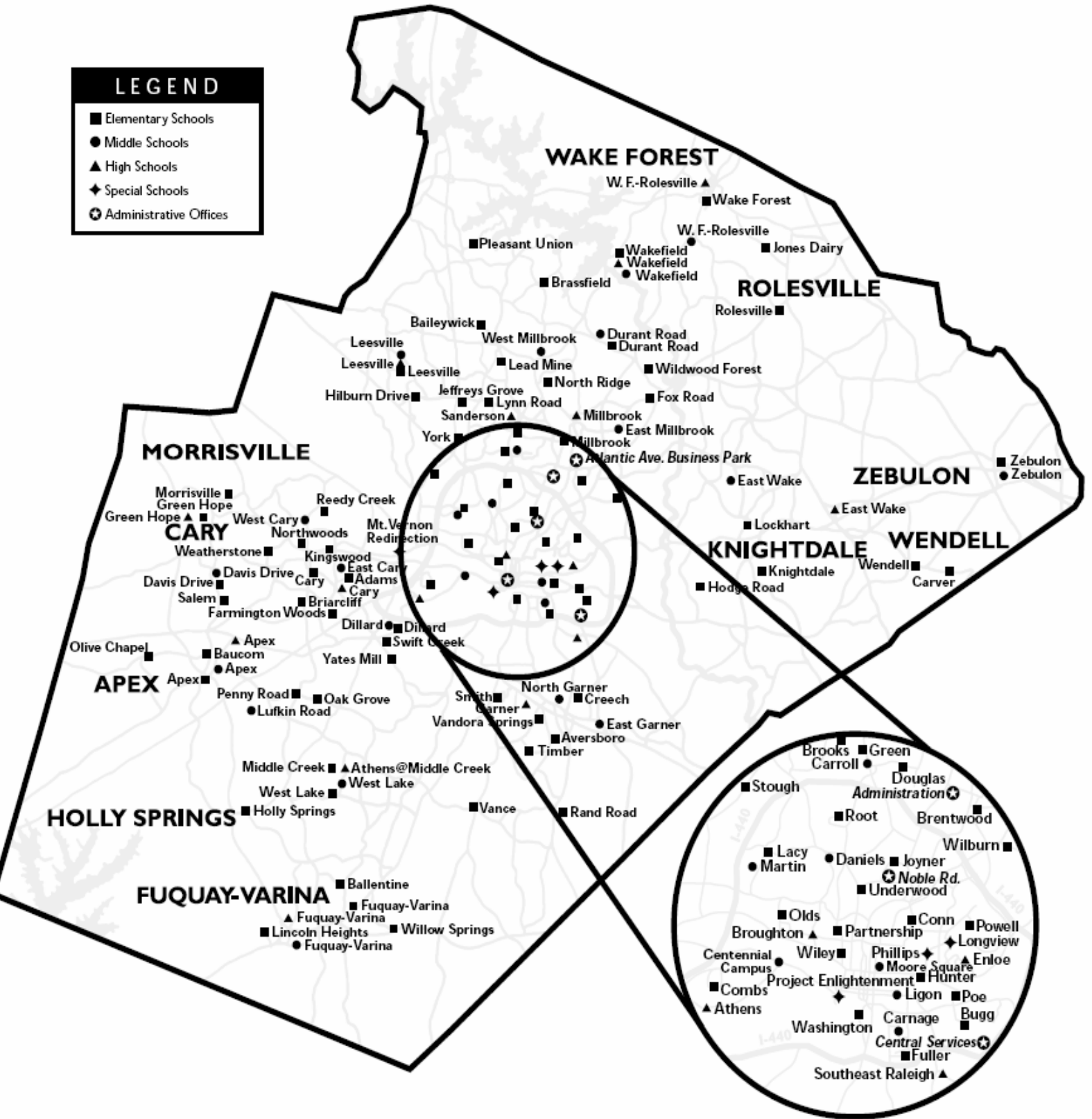
<u>Middle School</u>	<u>White</u>	<u>Black</u>	<u>Asian</u>	<u>Hispanic</u>	<u>Multi</u>	<u>American Indian</u>	<u>TOTAL</u>	<u>Minority Total</u>	<u>% Minority</u>
Carnage	353	543	52	40	15	4	1,007	654	64.9%
Carroll	386	345	25	75	24	2	857	471	55.0%
Centennial	330	216	11	29	17	1	604	274	45.4%
Daniels	554	241	29	81	19	0	924	370	40.0%
Dillard	686	250	41	30	34	2	1,043	357	34.2%
Durant	1,160	380	39	79	27	3	1,688	528	31.3%
East Millbrook	384	479	43	57	34	1	998	614	61.5%
East Wake	384	346	17	104	16	11	878	494	56.3%
Leesville	654	224	51	37	21	2	989	335	33.9%
Ligon	553	233	124	7	18	3	938	385	41.0%
Martin	684	278	68	18	21	3	1,072	388	36.2%
Moore Square	142	156	4	7	11	2	322	180	55.9%
West Millbrook	612	336	27	105	21	1	1,102	490	44.5%
Wakefield	703	188	34	23	15	2	965	262	27.2%
Totals	7,585	4,215	565	692	293	37	13,387	5802	43.3%
% of Total Students	56.7%	31.5%	4.2%	5.2%	2.2%	0.3%			



# Appendix C3: Map of Raleigh Area Middle Schools

**LEGEND**

- Elementary Schools
- Middle Schools
- ▲ High Schools
- ◆ Special Schools
- ⊛ Administrative Offices



## **Appendix C4: Event/Windshield Tour List**

### *Community Events/ Opportunities for Field Observation*

Carnage PTA meetings  
Carroll PTA meetings  
Cooking Class at the Raleigh Girl's Club  
East Millbrook PTA meetings  
Initial Windshield Tour of Community  
Site Visits to the Raleigh Girl's Club  
Site Visits to Carnage Middle School and East Millbrook Middle School  
Softball Practice at the Raleigh Girl's Club  
Visit to the Skate Ranch in Raleigh  
Windshield Tour of Community Neighborhoods  
Windshield Tour of Community Schools  
Windshield Tour of Area Service Facilities  
Wake AHEC Training: Helping Students Cope with Disruptive Behavior  
Wake MHA Steering Committee Meeting

2002-03



**WAKE COUNTY  
PUBLIC SCHOOL SYSTEM**

**PARENT, STUDENT, AND STAFF SURVEY  
RESULTS**

**Wanda N. Wildman  
Chuck Dulaney**

*ABSTRACT*

*In April 2003, parent surveys were sent to 28% of Wake County Public Schools (WCPSS) membership with a return rate of 49%. Student surveys were provided to 29% of membership with a return rate of 80%. Staff Survey forms were provided for all teachers, teacher assistants, and office staff and 74% were returned. There were only small changes in the responses of parents and students when the 2002-03 surveys were compared to the 2001-02 surveys. Satisfaction of parents, students, and staff regarding school safety remained high and parents and students continued to give a high percentage of good or excellent ratings to their schools' teaching of all subject areas. 88% of parents overall rated their child's school good or excellent in its support of student achievement. 84% of parents gave their child's school an A or B; 61% of students gave their own school an A or B. While nearly all staff respondents (97%) agreed or strongly agreed they enjoyed their work, there was a significant increase in the percentage of staff agreeing that they spend too much instructional time disciplining students.*

**Evaluation & Research Department  
E&R Report No. 03.33  
May 2004**

# PARENT, STUDENT, AND STAFF SURVEY RESULTS FOR 2002-03

## TABLE OF CONTENTS

<b>SUMMARY</b>	1
<b>DISTRIBUTION AND RETURN RATES</b>	2
<b>SCHOOL SAFETY</b>	
<b>Parent Views on School Safety</b>	
My child's school is a safe place to learn	4
Give your child's school a rating on school safety	5
<b>Student Views on School Safety</b>	
School is a safe place to learn	6
<b>Staff Views on School Safety</b>	
School is a safe place to work	7
<b>GRADING THE SCHOOL</b>	
What grade would you give your child's school?	8
What would you give your school?	9
<b>QUALITY OF EDUCATION</b>	
My child's school provides a high quality educational program	11
<b>SCHOOL CLIMATE</b>	
<b>Parent Views on School Climate</b>	
This school promotes understanding among students from a variety of backgrounds	13
My child is given challenging work in all classes	14
Rate your child's school on support of student achievement	14
Rate your child's school on encouragement of parent involvement	14
Rate your child's school on providing information to parents	15
When I have concerns about my child, I can count on the school for support	15
<b>Student Views on School Climate</b>	
My school sets high standards	16
The work I am given is not too easy and not too hard	16
The work I do in class makes me think	16
My teachers let me know how I am doing in their classes	17
My school provides many ways to help me learn	17
I feel that I can go to an adult in my school when I need to talk	17
I like my school	18

### **Staff Views on School Climate**

The staff members at this school have high expectations for all students . . . . .	20
The climate at this school promotes student learning . . . . .	20
A climate of order and discipline is maintained in the building . . . . .	21
This school promotes understanding among students from a variety of backgrounds . . . . .	21

### **Staff Issues**

I enjoy my work . . . . .	22
Staff development opportunities meet the needs of teachers at this school . . . . .	22
Faculty is involved in collaborative planning and decision-making . . . . .	23
Schools should teach the prevention of violence and substance abuse . . . . .	23
I spend too much instructional time disciplining students . . . . .	24
I have the opportunity to participate in the development of the school improvement plan . . . . .	24
I have opportunities to share classroom ideas and strategies with our staff . . . . .	25
Teachers use assessment and testing program results to identify ways to improve . . . . .	25

## LIST OF ATTACHMENTS

**Attachment A: Parent, Student and Staff Survey Forms for 2002-03**

**Attachment B: Parent Survey Results Frequency Tables for 2002-03**

**Attachment C: Student Survey Results Frequency Tables for 2002-03**

**Attachment D: Staff Survey Results Frequency Tables for 2002-03**

**Attachment E: Parent Survey Return Rate for 2002-03**

**Attachment F: Student Survey Return Rate for 2002-03**

## SUMMARY

Evaluation and Research (E&R) staff have conducted spring surveys of Wake County Public School System (WCPSS) parents, students and staff on an annual basis since 2000. In April 2003, parent surveys were sent to 28% (29,101) of WCPSS membership with a return rate of 49% (14,176). Student surveys were provided to 29% of membership with a return rate of 80%. Survey forms were provided for all teachers, teacher assistants, and office/other staff, and 74% of the surveys were completed and returned.

Highlights of the results are as follows:

- Satisfaction of students, parents, and staff regarding school safety remained high in 2002-03. The highest ratings were at the elementary school level where 96% of 13,457 students, 98% of 8,482 parents, and 97% of 4,614 staff agreed or strongly agreed that their school was a safe place.
- 84% of parents gave their child's school an A or B; only 3% gave the school a grade of D or Fail. 61% of students gave their school an A or B. Elementary school students rated their schools higher than middle or high school students, with 87% selecting an A or B.
- A high percentage of parents and students continued to give good and excellent ratings to their school's teaching of all subject areas. Parent ratings ranged from 86% good or excellent for science to 90% for reading. Student ratings of good or excellent ranged from 80% for social studies to 86% in reading and math.
- Most staff respondents and nearly all parents agreed their school promotes understanding among students from a variety of backgrounds.
- 88% of parents overall rated their child's school good or excellent in its support of student achievement.
- 90% of students felt their school provided many ways to help them learn.
- Nearly all staff respondents agreed that high expectations are set for all students (92%), and that the climate at their school promoted student learning (93%).
- Nearly all staff respondents agreed or strongly agreed they enjoyed their work (97%).
- The percentage of staff agreeing that they spend too much instructional time disciplining students rose from 40.6% in 2001-02 to 46.1% in 2002-03.

The following pages provide a summary of some of the opinions expressed on the parent, student, and staff surveys conducted in the spring of 2003. Survey forms used and complete results are included at the end of this report as attachments.

## DISTRIBUTION AND RETURN RATES

Evaluation and Research (E&R) staff have conducted spring surveys of Wake County Public School System (WCPSS) parents, students, and staff since the early 1990s. Surveys were generally conducted biannually until 2000 at which time the state mandated that schools survey parents, students and staff on an annual basis. Systemwide surveys of these three groups were subsequently conducted in the spring of 2001, 2002, and 2003.

Parent and student surveys provide information about perceptions of school safety, school climate, communication, quality of education (overall and by subject), and specific programs. Where applicable, parent results are compared to student and staff survey results in this report.

In the spring of 2003, parent surveys were distributed on a random sample basis to 33% of parents at the elementary and middle school levels, and an average of 18% of parents at the high school level. E&R distributed surveys to approximately 29,101 elementary, middle, and high school parents out of a district membership of 104,772. A total of 14,176 surveys were returned, resulting in a sample of approximately 14% of the membership for all levels, and a return rate of 49% of parents. As shown in the following table, return rates varied by school level.

<b>Parents</b>	<b>Total Membership</b>	<b>Percent of Parent Membership Completing Surveys</b>	<b>Number of Surveys Sent to Parents</b>	<b>Number of Surveys Returned</b>	<b>Percent of Surveys Returned</b>
<b>Elementary</b>	51,106	17%	16,138	8,482	53%
<b>Middle</b>	25,464	13%	7,496	3,337	45%
<b>High</b>	28,202	8%	5,467	2,357	43%
<b>Totals</b>	104,772	14%	29,101	14,176	49%

In an attempt to increase the number of responses, surveys were sent to approximately 28% of parents, compared to 19% from the previous year. However, overall return rate for 2002-03 was 49%, compared to 56% in 2001-02, and therefore only received a net gain of 4% of parent membership.

Elementary school survey return rates varied from 22% at Brentwood, and 30% at Creech Road and Fuller to 92% at Wakefield. Middle school return rates ranged from 22% at Zebulon and 23% at East Millbrook to 80% at Davis Drive and 77% at West Cary. High school participation rates ranged from 17% at Southeast Raleigh to 80% at Millbrook. Attachment E shows the parent return rates by school.



Also in the spring of 2003, student surveys were distributed (using a random sample of classrooms) to approximately 31% of students at the elementary and middle school levels, and an average of 18% of students at the high school level. E&R distributed survey forms to approximately 30,304 elementary, middle and high school students out of a membership of 104,772. A total of 24,203 surveys were returned, resulting in a return rate of approximately 80% for all levels. Returns represented approximately 23% of total school system membership.

<b>Students</b>	<b>Total Membership</b>	<b>Percent of Student Membership completing Surveys</b>	<b>Number of Surveys Sent to Students</b>	<b>Number of Surveys Returned</b>	<b>Percent of Surveys Returned</b>
<b>Elementary</b>	51,106	27%	16,042	13,667	85%
<b>Middle</b>	25,464	23%	7,531	5,846	78%
<b>High</b>	28,202	17%	6,731	4,690	70%
<b>Totals</b>	104,772	23%	30,304	24,203	80%

Elementary school student survey return rates varied from 59% at Poe to 100% at Yates Mill Pond. Two elementary schools failed to return student surveys. Middle school return rates ranged from 45% at East Wake to 94% at Wakefield and 93% at Fuquay-Varina and Martin. High school participation rates ranged from 24% at Wake Forest-Rolesville and 36% at Southeast Raleigh to 98% at Broughton. Attachment F shows the student survey return rates by school.

Concurrently with parent and student surveys, E&R distributed 10,939 staff survey forms for elementary, middle and high school teachers, special education teachers, teacher assistants, and “office/other” staff. “Office/other” did not include administrators, cafeteria workers, or custodial staff. 8,116 survey forms were returned, resulting in a return rate of approximately 74% for each of the levels. This is the same return rate obtained for the staff survey conducted in 2001-02.

When appropriate, findings summarized in this report compare 2003 results to prior years. Significant differences are noted when chi-square tests or tests of proportion showed differences at the .01 probability level.

Responses to survey questions are summarized by topic on the following pages.

## SCHOOL SAFETY

Satisfaction of students, parents, and staff regarding school safety remained very high but was not as high as in 2001-02. The highest ratings were at the elementary school level where 96% of students, 98% of parents, and 97% of staff agreed or strongly agreed that their school was a safe place. Middle school students' ratings were the lowest with 82% in agreement that "This school is a safe place to learn."

**Figure 1**  
**Percent of Student, Parent, and Staff Responses Agreeing**  
**With Statements About School Safety**

	Student Respondents N = 23,945			Parent Respondents N = 14,176			Staff Respondents N = 8,066		
	ES	MS	HS	ES	MS	HS	ES	MS	HS
<b>Disagree</b>	3.67	18.24	15.35	1.75	7.86	7.55	2.86	10.08	5.92
<b>Agree</b>	96.33	81.74	84.65	98.24	92.15	92.45	97.14	89.92	94.07
<b># in Group</b>	13457	5817	4671	8482	3337	2357	4614	1697	1755

Student item: This school is a safe place to learn.

Parent item: My child's school is a safe place to learn.

Staff item: This school is a safe place to work.

### Parent Views On School Safety

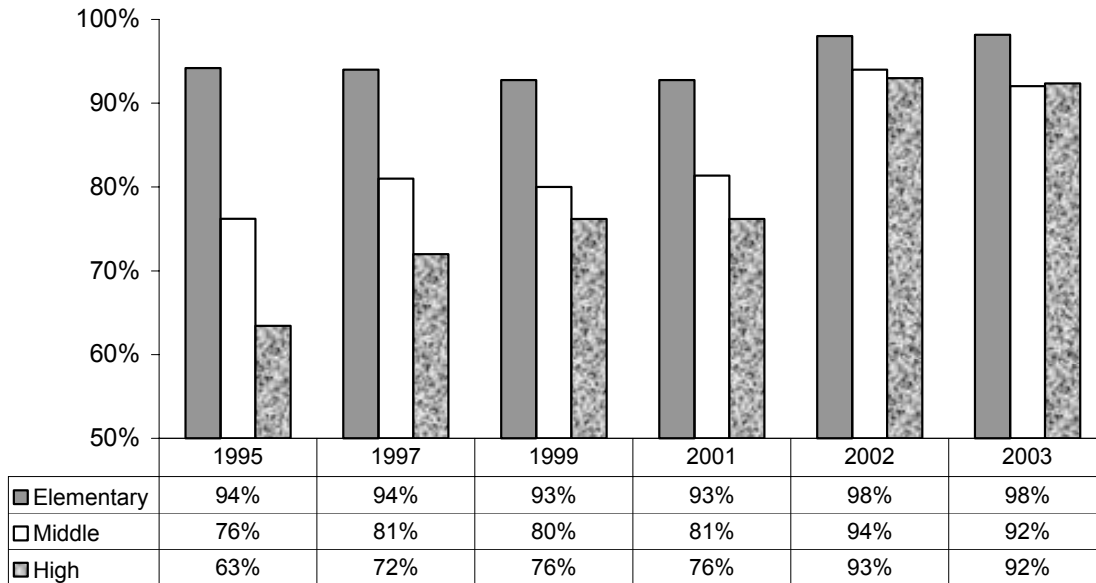
Figure 2 shows that nearly 96% of the parent respondents agreed or strongly agreed that their child's school was a safe place to learn. More elementary school respondents (98%) agreed or strongly agreed, but responses at other levels were also positive with 92% of middle and high school parents agreeing with the statement, although fewer parents strongly agreed in middle schools and high schools. The overall change from 96.58 in 2001-02 to 95.84 in 2002-03 was not statistically significant.

**Figure 2**  
**Percent of Parent Responses to:**  
**My child's school is a safe place to learn**

2002-03 Results	N	Answer Options				Combined Options		
		Strongly Disagree	Disagree	Agree	Strongly Agree	DS/D	Uncertain	SA/A
<b>Elementary</b>	8482	0.28	1.47	41.20	57.04	1.75		98.24
<b>Middle</b>	3337	1.09	6.77	62.59	29.56	7.86		92.15
<b>High</b>	2357	1.24	6.31	69.08	23.37	7.55		92.45
<b>Overall</b>	14176	0.63	3.52	50.87	44.97	4.15		95.84
						3.42		96.58
						4.15		95.84

A comparison of parent attitudes towards school safety since 1995 shows little change from 2002 to 2003 but maintenance of high ratings compared to surveys conducted in the 1990s at the middle and high school levels.

**Figure 3**  
**Percent of Parent Survey Results Over Time Agreeing That:**  
**My child’s school is a safe place to learn**



Note: Prior to 2002, parents could mark “Unsure.” That response was removed from the 2002 and 2003 forms.

A new question was asked on the 2002-03 parent surveys in which parents rated their child’s school safety using excellent, good, fair, and poor. The percentage of good or excellent responses was slightly lower for this question than with the statement “My child’s school is a safe place to learn” (90% compared to 96%). Note that, as shown in Figure 4, Good was chosen much more frequently than Excellent at the middle and high school levels.

**Figure 4**  
**Percent of Parent Responses to:**  
**Give your child’s school a rating on school safety**

2002-03 Results	N	Poor	Fair	Good	Excellent
Elementary	8421	0.64	4.29	40.14	54.93
Middle	3304	2.85	13.32	55.12	28.72
High	2338	3.29	13.47	59.79	23.44
Overall	14063	1.60	7.94	46.93	43.54

## Student Views On School Safety

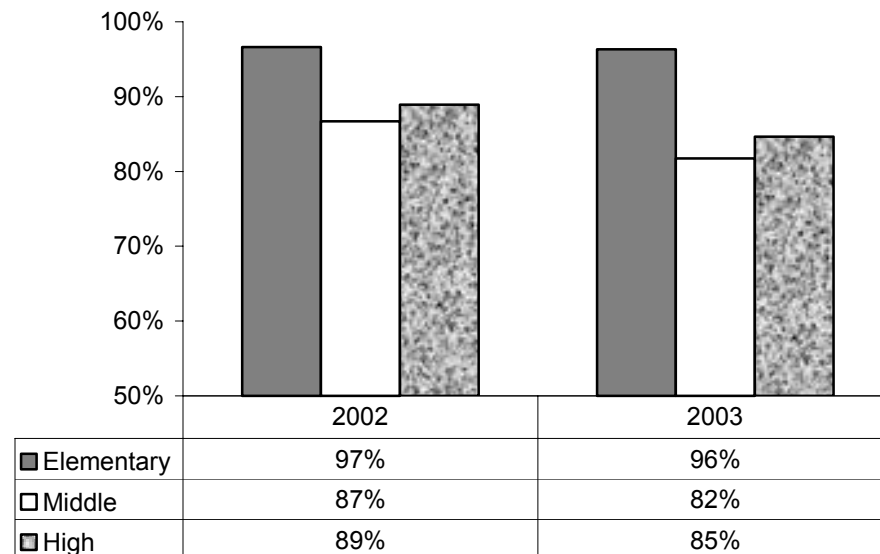
Students were also asked if their school was a safe place to learn. Figure 5 shows that 91% of overall respondents agreed or strongly agreed that their school was safe. There were more elementary school respondents that agreed or strongly agreed (96%) than any other level, with 82% of middle school and 85% of high school respondents indicating agreement.

**Figure 5**  
**Percent of Student Survey Responses to:**  
**School is a safe place to learn**

2002-03 Results	N	Disagree	Uncertain	Agree
<b>Elementary</b>	13457	3.65	na	96.35
<b>Middle</b>	5817	18.24	na	81.74
<b>High</b>	4671	15.35	na	84.65
<b>Overall</b>	23945	9.48	na	90.52
<b>High Only 1996-97</b>	16670	21.94	24.46	54.60
<b>High Only 1998-99</b>	19298	13.88	21.03	65.09
<b>2000-02</b>	12187	7.69	22.96	69.35
<b>2001-02</b>	16301	6.81	na	93.19
<b>2002-03</b>	23945	9.48	na	90.52

Student responses on school safety fell two percentage points in 2002-03 to 91%. As shown in Figure 6, middle school student agreement fell five points, high school fell four points, and elementary responses fell one point. The middle school and high school changes were statistically significant.

**Figure 6**  
**Percent of Student Survey Responses Over Time Agreeing That:**  
**School is a safe place to learn**



## Staff Views On School Safety

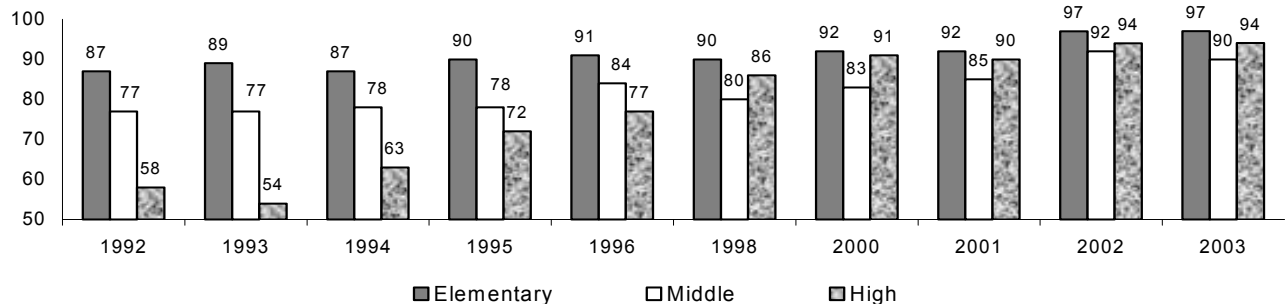
Figure 7 shows that 95% of the 8,066 staff respondents agreed or strongly agreed that their school was a safe place to work, the same percentage as last year. More elementary school respondents (97%) agreed or strongly agreed, but responses at other levels were also positive with 94% of high school and 90% of middle school staff in agreement.

**Figure 7**  
**Percent of Staff Survey Responses to:**  
**School is a safe place to work**

		Answer Options				Combined Options			
2002-03 Results	N	Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
Elementary	4614	0.46	2.41	44.21	52.93	2.86		97.14	
Middle	1697	1.65	8.43	57.75	32.17	10.08		89.92	
High	1755	0.91	5.01	58.06	36.01	5.92		94.07	
Overall	8066	0.81	4.24	50.07	44.88	5.04		94.95	
						2000-01	3.22	6.80	89.98
						2001-02	4.53		95.47
						2002-03	5.04		95.49

Responses were similar to those of last year and remained higher than previous years at all school levels, as shown in Figure 8. The only change from 2002 was a slight, non-significant drop for middle school staff.

**Figure 8**  
**Comparison of Positive Responses Over Time Agreeing That:**  
**School is a safe place to work**



## GRADING THE SCHOOL

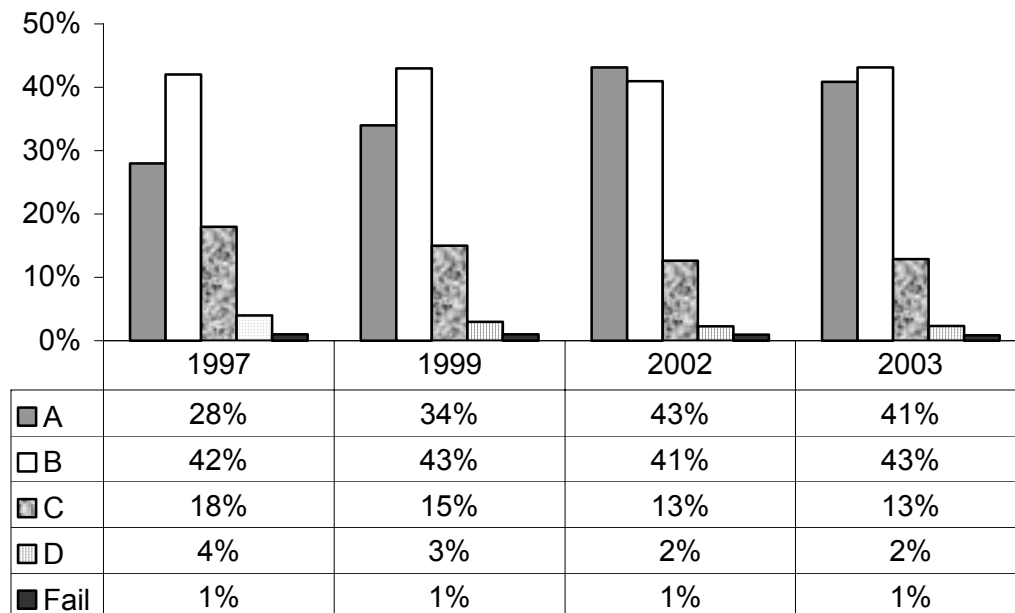
Parents graded their child's school on a scale of A, B, C, D, and Fail to denote the overall quality of that school. 84% of parents gave their child's school an A or B; only 3% gave the school a grade of D or Fail. Elementary schools received the highest grades with 89% of parent responses being an A or B.

**Figure 9**  
**Percent of Parent Responses to:**  
**What grade would you give your child's school?**

2002-03 Results	N	Answer Options				
		A	B	C	D	Fail
Elementary	8224	50.34	39.11	8.66	1.35	0.55
Middle	3279	28.79	48.46	18.08	3.72	0.95
High	2292	24.08	49.96	20.51	3.71	1.75
Overall	13795	40.85	43.14	12.87	2.31	0.84
1996-97		28.00	42.00	18.00	4.00	1.00
1998-99		34.00	43.00	15.00	3.00	1.00
2001-02		43.15	40.97	12.63	2.28	0.97
2002-03		40.85	43.14	12.87	2.31	0.84

Grades for 2002-03 were similar to those shown on the 2001-02 parent surveys, where 84% of parents gave their child's school an A or B; and only 3% gave the school a D or Fail. There was a slight, but statistically significant, overall drop in As, and a corresponding increase in Bs.

**Figure 10**  
**Comparison of Positive Responses Over Time to:**  
**What grade would you give your child's school?**



Students also graded their school on a scale of A, B, C, D, and Fail. Overall, 61% of student respondents gave their school an A or B, compared to 84% of parent respondents. Elementary school students rated their schools high (87% selecting A or B) while middle and high school students rated their schools lower (64% and 58% respectively). Less than 18% of middle and high school students awarded grades of A, while more than 50% of elementary students assigned an A.

A chi square test of statistical significance showed that in 2003, there were significant differences for the grades chosen by both middle school and high school students when responses were compared to 2002. Middle school students in 2003 gave proportionally more Bs and Cs and fewer As and Fs than in 2002. High school students gave proportionally more Bs and fewer Cs, Ds, and Fs than in 2002.

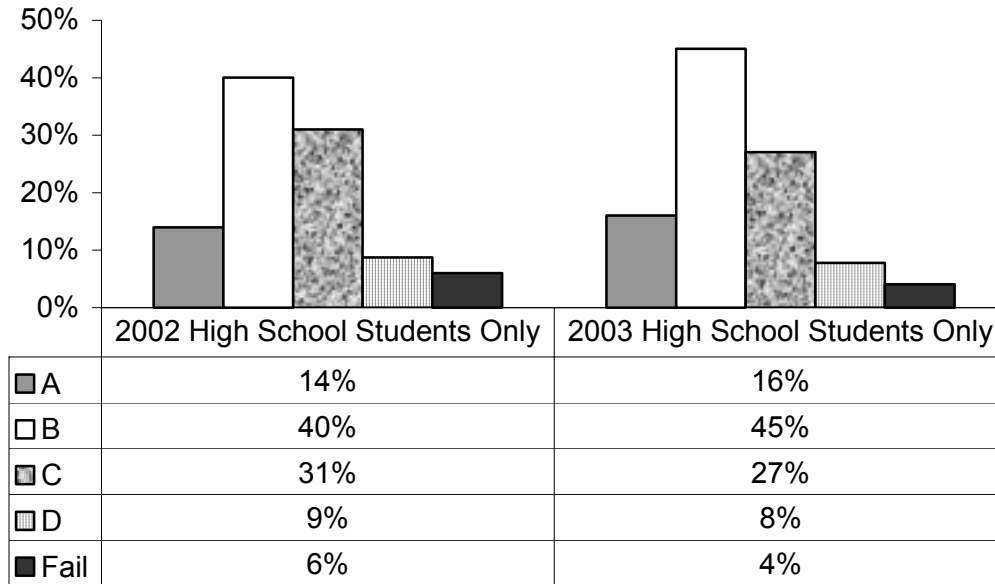
**Figure 11**  
**Percent of Student Responses to:**  
**What grade would you give your school?**

2002-03 Results	N	Answer Options				
		A	B	C	D	Fail
<b>Elementary</b>	13468	52.47	34.67	8.85	2.16	1.85
<b>Middle</b>	5770	17.80	46.12	24.75	7.28	4.06
<b>High</b>	4651	13.85	43.71	29.93	8.45	4.06
<b>Overall</b>	10421	16.04	45.04	27.06	7.80	4.06
<b>2001-02*</b>	6166	17.68	40.01	26.82	8.76	6.73
<b>2002-03</b>	10421	16.04	45.04	27.06	7.80	4.06

\*Middle and high school students were surveyed.

All school levels were surveyed in 2002-03, while only middle and high school students were surveyed in 2001-02, and only high school students prior to 2002. Figure 12 compares high school student responses over time.

**Figure 12**  
**Percent of High School Student Responses to:**  
**What grade would you give your school?**





## QUALITY OF EDUCATION

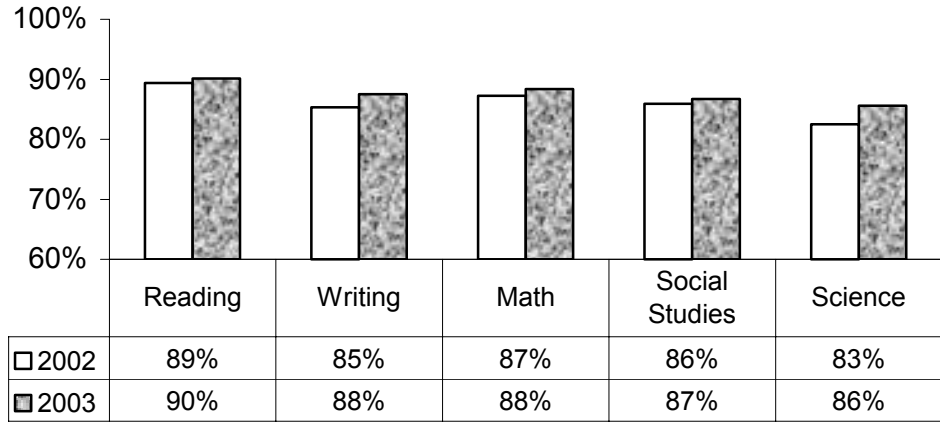
Parent responses remained high on the issue of a high quality educational program. 92% of all parents agreed or strongly agreed their child's school provided such a program compared to 93% in 2001-02.

**Figure 13**  
**Percent of Parent Responses to:**  
**My child's school provides a high quality educational program**

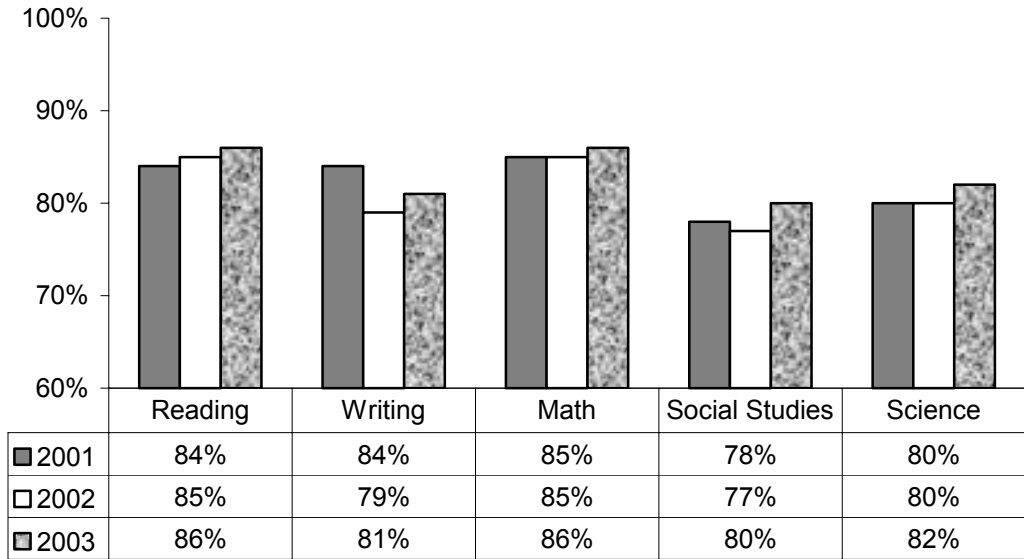
2002-03 Results	N	Answer Options				Combined Options			
		Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
<b>Elementary</b>	8353	0.66	5.14	48.81	45.40	5.80		94.21	
<b>Middle</b>	3296	1.24	10.59	60.59	27.58	11.83		88.17	
<b>High</b>	2331	1.80	11.45	61.48	25.27	13.25		86.75	
<b>Overall</b>	13980	0.99	7.48	53.70	37.84	8.46		91.54	
						<b>1998-99</b>	6.06	11.89	82.00
						<b>2000-01</b>	5.93	10.22	83.85
						<b>2001-02</b>	7.25		92.76
						<b>2002-03</b>	8.46		91.54

Most students and parents continue to give good and excellent ratings for their school's teaching of all subject areas. Both students and parents gave higher ratings to school's teaching of reading, writing, math, social studies, and science than last year. However, all of the changes were small and most were not statistically significant. A four-year history of improvement, particularly in parent ratings, is shown in Figures 14 and 15.

**Figure 14**  
**Percent of Good or Excellent Responses by Subject Area Over Time**  
**Parent Survey**



**Figure 15**  
**Percent of Good or Excellent Responses by Subject Area Over Time**  
**Student Survey**



## SCHOOL CLIMATE

### Parent Views On School Climate

Most parents agreed or strongly agreed that their child’s school promoted understanding among students from a variety of backgrounds. A majority of parents believed their child was given challenging work in all classes. Ratings of “encouraging parent involvement” and “providing information to parents” were somewhat lower than the other two items.

Approximately 91% of parent respondents agreed that their child’s school promotes understanding among students from various backgrounds, as shown in Figure 16. Elementary school parents were more positive (94%) than middle school (87%) and high school (82%). Positive responses showed a small, but statistically significant, drop from the 2001-02 parent survey.

**Figure 16**  
**Percent of Parent Responses to:**  
**This school promotes understanding among students from a variety of backgrounds**

2002-03 Results	N	Answer Options				Combined Options			
		Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
<b>Elementary</b>	8043	0.94	4.84	53.89	40.33	5.78		94.22	
<b>Middle</b>	3073	2.12	11.26	65.83	20.79	13.38		86.62	
<b>High</b>	2172	2.95	14.50	65.65	16.90	17.45		82.55	
<b>Overall</b>	13288	1.54	7.90	58.57	31.98	9.45		90.55	
						<b>2001-02</b>	7.59		92.41
						<b>2002-03</b>	9.45		90.55

Figure 17 shows that 85% of 2002-03 parents felt their child was given challenging work in all classes. While the 2002-03 ratings are 8 points higher than in 1998-99, they are 2 points lower than 2001-02, another small, but statistically significant drop. As was the case in previous years, the level of agreement of elementary school parents (89%) was higher than for middle and high school parents (79%).

**Figure 17**  
**Percent of Parent Responses to:**  
**My child is given challenging work in all classes**

2002-03 Results	N	Answer Options				Combined Options		
		Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A
Elementary	8268	1.03	10.40	52.21	36.36	11.43		88.57
Middle	3289	2.28	18.30	57.49	21.92	20.58		79.41
High	2323	2.24	19.20	58.20	20.36	21.44		78.56
Overall	13880	1.53	13.74	54.46	30.26	15.27		84.72
						2001-02		86.60
						2002-03		84.72

A new question on the 2002-03 Parent Survey asked parents to rate their child’s school regarding its support of student achievement. Elementary school parents showed the most positive ratings with 92% giving good or excellent responses. Middle and high school results were lower at 83% and 80% respectively.

**Figure 18**  
**Percent of Parent Responses Rating their Child’s School On**  
**Support of Student Achievement**

2002-03 Results	N	Poor	Fair	Good	Excellent
Elementary	8375	1.31	6.85	38.24	53.59
Middle	3298	2.85	13.86	49.70	33.60
High	2331	4.03	16.34	50.88	28.74
Overall	14004	2.13	10.08	43.04	44.75

Parents were also asked to rate their child’s school in its encouragement of parent involvement. Overall, 83% of parents felt their child’s school was good to excellent in encouraging parent involvement. Elementary school parents gave the highest ratings with 92% positive responses. This was significantly higher than 73% and 68% provided by middle and high school parents respectively.

**Figure 19**  
**Percent of Parent Responses Rating their Child’s School On**  
**Encouragement of Parent Involvement**

2002-03 Results	N	Poor	Fair	Good	Excellent
Elementary	8406	1.45	7.03	33.25	58.27
Middle	3303	5.48	21.13	47.35	26.04
High	2333	6.73	25.50	47.02	20.75
Overall	14042	3.28	13.42	38.85	44.46

Parents rated their child’s school in how well the school provided information to parents. Overall, 83% of parents felt their child’s school was good to excellent in providing information.

Once again, elementary school parents gave the highest ratings with 90% positive responses. Middle and high school parent responses were significantly lower at 74% and 69% respectively.

**Figure 20**  
**Percent of Parent Responses Rating their Child’s School On**  
**Providing Information to Parents**

2002-03 Results	N	Poor	Fair	Good	Excellent
Elementary	8387	2.00	8.07	35.77	54.16
Middle	3306	6.47	19.78	45.13	28.61
High	2345	6.99	24.26	46.14	22.60
Overall	14038	3.89	13.53	39.71	42.87

Overall, 86% of parents agreed or strongly agreed that they can count on their school for support when they have concerns about their child. Elementary school parents were most positive with 91% in agreement, while satisfaction was lower at the middle school level (82%) and at the high school level (74%). In comparing results to those of 2001-02, agreement dropped slightly in 2002-03 at all three school levels by small, but statistically significant, amounts.

**Figure 21**  
**Percent of Parent Responses to:**  
**When I have concerns about my child, I can count on the school for support**

2002-03 Results	N	Answer Options				Combined Options		
		Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A
Elementary	8148	1.91	6.65	48.99	42.44	8.56		91.43
Middle	3127	3.68	14.04	60.73	21.55	17.72		82.28
High	2228	4.71	20.78	59.25	15.26	25.49		74.51
Overall	13503	2.78	10.69	53.40	33.12	13.47		86.52
						11.11		88.89
						13.47		86.52

## Student Views On School Climate

Middle and high school students were asked how often their school sets high standards. Students were fairly evenly split about whether their school set high standards “often” or “sometimes.” Very few students said “never.” Elementary school students were not asked this question.

**Figure 22**  
**Percent of Student Responses to:**  
**My school sets high standards**

2002-03 Results	N	Often	Sometimes	Never
Elementary	na	na	na	na
Middle	5816	50.98	46.06	2.96
High	4680	47.80	47.61	4.59
Overall	10496	49.56	46.75	3.69

Students at all school levels were asked how often their schoolwork was not too easy and not too hard. The majority of the responses showed that “sometimes” their work was on target: not too easy and not too hard. Overall, 30% felt that “often” their work was on target, and 6% felt that their work was “never” on target.

**Figure 23**  
**Percent of Student Responses to:**  
**The work I am given is not too easy and not too hard**

2002-03 Results	N	Often	Sometimes	Never
Elementary	13480	29.85	64.87	5.27
Middle	5824	32.93	60.39	6.68
High	4678	27.19	64.64	8.17
Overall	23982	30.08	63.74	6.18

Middle and high school students were asked how often the work they do in class makes them think. Overall there was an even split between “often” and “sometimes,” and only 5% said the work they did in class “never” made them think.

**Figure 24**  
**Percent of Student Responses to:**  
**The work I do in class makes me think**

2002-03 Results	N	Often	Sometimes	Never
Elementary	na	na	na	na
Middle	5816	51.75	44.34	3.90
High	4680	42.76	51.58	5.66
Overall	10496	47.74	47.57	4.68

Student responses varied when asked how often teachers let them know how they were doing in class. 57% of high school and 52% of middle school students said that “sometimes” teachers let them know how they are doing in class, whereas 51% of elementary school students said that “often” teachers let them know.

**Figure 25**  
**Percent of Student Responses to:**  
**My teachers let me know how I am doing in their classes**

2002-03 Results	N	Often	Sometimes	Never
Elementary	13442	50.93	43.91	5.16
Middle	5818	40.79	51.62	7.60
High	4676	36.01	57.16	6.82
Overall	23936	45.55	48.37	6.08

Overall, 90% of students agreed that their school provided many ways to help them learn. Elementary school students showed the highest agreement at 96%, with middle school students at 84%, and high school students at 81% agreement

**Figure 26**  
**Percent of Student Responses to:**  
**My school provides many ways to help me learn**

2002-03 Results	N	Disagree	Uncertain	Agree
Elementary	13486	4.33	na	95.67
Middle	5811	15.56	na	84.44
High	4660	19.01	na	80.99
Overall	23957	9.91	na	90.09

Middle and high school students were asked if they felt they could go to an adult at school when they needed to talk. About two thirds of the students agreed they could go to an adult; but 34% of middle and 38% of high school students did not feel they could go to an adult at school when they needed to talk. Elementary school students were not asked this question.

**Figure 27**  
**Percent of Student Responses to:**  
**I feel that I can go to an adult in my school when I need to talk**

2002-03 Results	N	Disagree	Agree
Middle	5816	34.39	65.61
High	4655	38.39	61.61
Overall	10471	36.17	63.83

Figure 28 shows that 77% of student respondents liked their school. Elementary school students gave the highest rating, with 87% of students saying they liked their school. Middle and high school students were less favorable, with just 63% and 64% respectively. Middle and high school responses were slightly less positive than in 2001-02, showing small but statistically significant drops.

**Figure 28**  
**Percent of Student Responses to:**  
**I like my school**

<b>2002-03 Results</b>	<b>N</b>	<b>Disagree</b>	<b>Agree</b>
<b>Elementary</b>	13431	13.38	86.62
<b>Middle</b>	5778	36.52	63.48
<b>High</b>	4649	35.94	64.06
<b>Overall</b>	23858	23.38	76.62
<b>2001-02</b>	16209	20.87	79.13
<b>2002-03</b>	23858	23.38	76.62

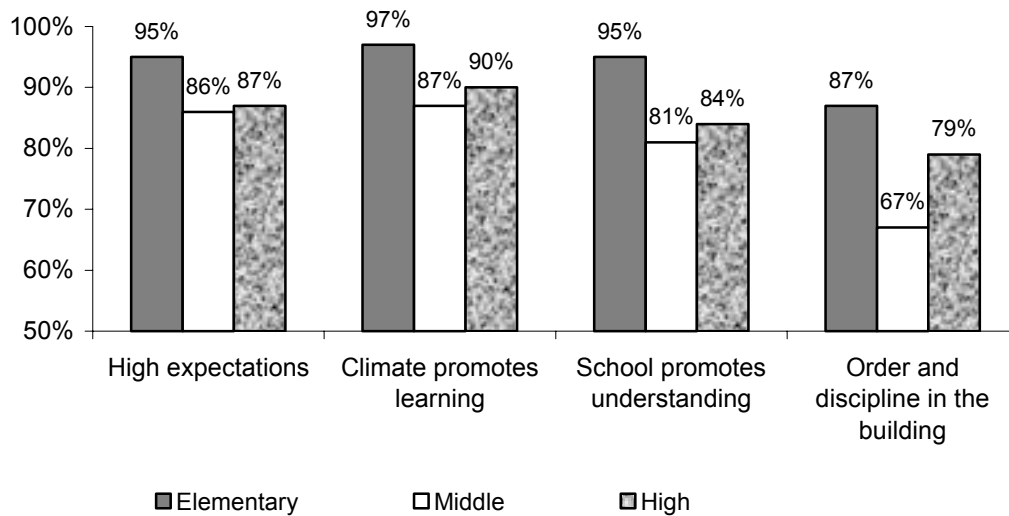


## Staff Views On School Climate

As in past years, staff at all levels (elementary, middle and high school) were generally pleased with their school climate, the high expectations set for all students, and the school's promotion of understanding among students from a variety of backgrounds. Staff showed significantly less agreement with the statement "A climate of order and discipline is maintained in the building" particularly at the middle school level.

As in previous years, elementary staff were somewhat more satisfied than middle and high school staff, with middle school staff being the least satisfied.

**Figure 29**  
**Percent of Positive Responses to Statements**  
**Related to School Climate Issues by School Level**



Figures 30 through 33 show the specific responses to each of the statements related to school climate.

Figure 30 shows that 92% of overall staff respondents agreed or strongly agreed that high expectations were set for all students. These percentages are slightly higher than those of 2001-02. The responses diverge the most between elementary school staff (95%), middle school (86%) and high school staff (87%). Middle and high school staff responses showed no significant change from 2002. Elementary staff showed a small, statistically significant gain from 93.4 to 95.5% agreement.

**Figure 30**  
**Percent of Staff Responses to:**  
**The staff members at this school have high expectations for all students**

		Answer Options				Combined Options			
2002-03 Results	N	Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
Elementary	4610	0.41	4.10	45.27	50.22	4.51		95.49	
Middle	1691	1.42	12.12	58.43	28.03	13.54		86.46	
High	1751	0.80	11.94	60.77	26.50	12.74		87.27	
Overall	8052	0.71	7.49	51.40	40.40	8.20		91.81	
						1997-98	8.60	9.20	82.20
						1999-00	7.50	8.90	83.60
						2000-01	4.56	8.77	86.67
						2001-02	9.72		90.28
						2002-03	8.20		91.81

Staff continued to feel that the climate at their school promotes student learning with nearly 97% of elementary and 90% of high school staff in agreement, and 93% overall.

**Figure 31**  
**Percent of Staff Responses to:**  
**The climate at this school promotes student learning**

		Answer Options				Combined Options			
2002-03 Results	N	Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
Elementary	4590	0.57	2.83	46.54	50.07	3.40		96.61	
Middle	1680	2.08	11.37	59.17	27.38	13.45		86.55	
High	1754	1.14	8.55	61.74	28.56	9.69		90.30	
Overall	8024	1.01	5.87	52.51	40.62	6.88		93.12	
						1997-98	6.50	8.60	85.00
						1999-00	5.50	8.40	86.20
						2000-01	4.47	7.60	87.93
						2001-02	7.18		92.81
						2002-03	6.88		93.12

Figure 32 shows that 81% of staff agreed or strongly agreed that a climate of order and discipline was maintained in the building. This percentage is slightly lower than 2001-02 when 83% were

in agreement. The downward change was statistically significant only at the middle school level, where agreement dropped from 74.3% in 2001-02 to 67.2% in 2002-03. There were nearly 20 percentage points between elementary school agreement (87%) and middle school (67%) agreement.

**Figure 32**  
**Percent of Staff Responses to:**  
**A climate of order and discipline is maintained in the building**

		Answer Options				Combined Options		
2002-03 Results	N	Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A
Elementary	4599	2.87	9.94	53.12	34.07	12.81		87.19
Middle	1689	11.07	21.73	50.86	16.34	32.80		67.20
High	1756	4.67	15.89	59.45	19.99	20.56		79.44
Overall	8044	4.98	13.71	54.03	27.27	18.70		81.30
						2001-02	16.61	83.39

Overall, approximately 89% of staff agreed that their school promotes understanding among students from various backgrounds, as shown in Figure 33, with no change from prior years.

**Figure 33**  
**Percent of Staff Responses to:**  
**This school promotes understanding among students from a variety of backgrounds**

		Answer Options				Combined Options		
2002-03 Results	N	Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A
Elementary	4572	0.70	4.44	56.17	38.69	5.14		94.86
Middle	1670	3.53	15.51	61.14	19.82	19.04		80.96
High	1739	1.90	14.55	62.68	20.87	16.45		83.55
Overall	7981	1.55	8.96	58.63	30.86	10.51		89.49
						1997-98	10.00	76.50
						1999-00	9.80	77.00
						2000-01	6.18	81.90
						2001-02	10.91	89.09
						2002-03	10.51	89.49

## STAFF ISSUES

Figure 34 shows that a very high percentage of staff respondents agreed or strongly agreed that they enjoyed their work. There was little variability among school levels, and a very small non-significant change overall from the previous year.

**Figure 34**  
**Percent of Staff Responses to:**  
**I enjoy my work**

2002-03 Results	N	Answer Options				Combined Options			
		Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
<b>Elementary</b>	4609	0.65	1.82	43.68	53.85	2.47		97.53	
<b>Middle</b>	1696	0.65	3.89	46.70	48.76	4.54		95.46	
<b>High</b>	1765	0.91	2.72	49.69	46.69	3.63		96.38	
<b>Overall</b>	8070	0.71	2.45	45.63	51.21	3.16		96.84	
						1997-98	5.70	9.20	85.00
						1999-00	5.40	9.40	85.20
						2000-01	3.24	5.77	90.98
						2001-02	4.09		95.91
						2002-03	3.16		96.84

While most staff enjoyed their work, responses were less positive about staff development opportunities. Nearly one quarter of the middle school respondents disagreed with the statement that staff development met their needs. However, middle school responses showed no significant change from 2001-02. At the elementary and high school levels, responses were slightly more favorable this year compared to 2001-02.

**Figure 35**  
**Percent of Staff Responses to:**  
**Staff development opportunities meet the needs of teachers at this school**

2002-03 Results	N	Answer Options				Combined Options			
		Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
<b>Elementary</b>	4370	2.31	10.76	58.51	28.42	13.07		86.93	
<b>Middle</b>	1606	4.67	18.74	55.98	20.61	23.41		76.59	
<b>High</b>	1692	2.66	15.43	61.23	20.69	18.09		81.92	
<b>Overall</b>	7668	2.88	13.46	58.58	25.08	16.34		83.66	
						2000-01	11.47	17.40	71.13
						2001-02	18.40		81.60
						2002-03	16.34		83.66

Staff agreement regarding their involvement in collaborative planning and decision-making was slightly higher than in 2001-02, but the difference was not statistically significant. Elementary school staff had a higher percentage of agreement (86%) than middle and high school staff (74% and 80% respectively).

**Figure 36**  
**Percent of Staff Responses to:**  
**Faculty is involved in collaborative planning and decision-making**

		Answer Options				Combined Options			
2002-03 Results	N	Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
Elementary	4490	3.16	11.20	54.10	31.54	14.36		85.64	
Middle	1640	8.11	18.17	54.27	19.45	26.28		73.72	
High	1711	3.21	17.12	57.10	22.56	20.33		79.66	
Overall	7841	4.21	13.95	54.79	27.05	18.16		81.84	
						1997-98	13.60	12.20	74.10
						1999-00	14.90	11.90	73.20
						2000-01	14.41	14.38	71.21
						2001-02	19.24		80.75
						2002-03	18.16		81.84

Figure 37 shows that about 94% of all school staff respondents agreed or strongly agreed that schools should teach the prevention of violence and substance abuse. The high percentage of agreement occurred across all school levels, and showed little change from 2001-02.

**Figure 37**  
**Percent of Staff Responses to:**  
**Schools should teach the prevention of violence and substance abuse**

		Answer Options				Combined Options			
2002-03 Results	N	Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
Elementary	4558	0.59	4.26	49.39	45.77	4.85		95.16	
Middle	1682	0.65	3.69	47.50	48.16			95.66	
High	1742	0.75	7.81	51.21	40.24	8.56		91.45	
Overall	7982	0.64	4.91	49.39	45.07	4.64		94.46	
						2000-01	2.35	6.07	91.58
						2001-02	4.78		95.22
						2002-03	4.64		94.46

Figure 38 shows that a majority of middle school staff respondents agreed or strongly agreed they spent too much instructional time disciplining students. 43% of elementary and 44% of high school staff also agreed that too much time was spent disciplining students. This percentage is higher than ever before across all school levels. Significant increases in agreement with this statement led the elementary percentage to rise from 38.9% to 43.4%, the middle school to rise from 47.8% to 56.2%, and the high school percentage to rise from 37.9% to 43.8%.

**Figure 38**  
**Percent of Staff Responses to:**  
**I spend too much instructional time disciplining students**

2002-03 Results	N	Answer Options				Combined Options			
		Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
Elementary	4088	13.45	43.15	28.84	14.55	56.60		43.39	
Middle	1471	9.99	33.79	33.85	22.37	43.78		56.22	
High	1564	13.55	42.65	29.73	14.07	56.20		43.80	
Overall	7123	12.76	41.11	30.07	16.06	53.86		46.13	
						1999-00	45.70	11.30	43.00
						2000-01	50.90	9.37	39.73
						2001-02	59.38		40.62
						2002-03	53.86		46.13

A new question on the 2002-03 Staff Survey regarded staff opportunities to participate in the development of the school improvement plan. Overall, 92% of staff respondents agreed or strongly agreed that they have this opportunity. High school staff responded with the highest level of agreement (94%), elementary school at 92% and middle school at 89%.

**Figure 39**  
**Percent of Staff Responses to:**  
**I have the opportunity to participate in the development of the school improvement plan**

2002-03 Results	N	Answer Options				Combined Options			
		Strongly Disagree	Disagree	Agree	Strongly Agree	SD/D	Uncertain	SA/A	
Elementary	4204	1.76	5.97	56.26	36.01	7.73		92.27	
Middle	1570	3.50	7.96	60.13	28.41	11.46		88.54	
High	1679	1.01	5.00	61.58	32.40	6.01		93.98	
Overall	7453	1.96	6.17	58.27	33.60	8.13		91.87	
						2000-01	50.90	9.37	39.73
						2001-02	59.38		40.62
						2002-03	8.13		91.87

Another new question regarded staff opportunities to share classroom ideas and strategies with other staff. The majority of all staff said they “sometimes” had such opportunities, while 43% said they “often” had such opportunities. Only 4% said they never had those opportunities.

**Figure 40**  
**Percent of Staff Responses to:**  
**I have opportunities to share classroom ideas and strategies with our staff**

2002-03 Results	N	Answer Options		
		Never	Sometimes	Often
Elementary	4139	3.38	50.28	46.34
Middle	1526	5.11	61.34	33.55
High	1613	2.73	54.43	42.84
Overall	7278	3.60	53.52	42.88

Figure 41 shows that 60% of staff believe that teachers “often” use assessment and testing program results to identify ways to improve. There is a wide disparity between elementary school staff and middle/high school staff. 72% of elementary school staff said they “often” use assessment and testing program results to identify ways to improve, while only about 43% of middle and high school staff use those results “often.” About 54% of middle and high school staff said they “sometimes” use assessment and testing program results to identify ways to improve.

**Figure 41**  
**Percent of Staff Responses to:**  
**Teachers use assessment and testing program results to identify ways to improve**

2002-03 Results	N	Answer Options		
		Never	Sometimes	Often
Elementary	4018	0.75	27.03	72.22
Middle	1490	3.15	53.49	43.36
High	1576	2.98	54.57	42.45
Overall	7084	1.75	38.72	59.53

**CONTACT THE EVALUATION AND RESEARCH  
DEPARTMENT**

**WAKE COUNTY PUBLIC SCHOOLS**

**(919) 850-1903**

**FOR ATTACHMENT A-F**



## Appendix C6. Wake County Trends in Child Well-Being

# Wake

## Trends in Child<sup>1</sup> Well-Being

Population Estimates and Projections			
Wake	1990	2000	2004
Total Population	426,301	627,846	724,752
Child Population 0-17	98,258	157,597	185,853
0-4	30,635	45,142	52,351
5-9	27,273	46,090	50,791
10-14	25,421	43,320	52,368
15-17	14,929	23,045	30,343

Racial/Ethnic Diversity of Children				
Wake	1990		2000	
	Number	Percent	Number	Percent
African American	24,120	24.7%	36,106	22.9%
American Indian/ Alaskan Native	230	0.2%	520	0.3%
Asian/Pacific Islander	N/A	N/A	5,442	3.5%
More than one race	N/A	N/A	4,349	2.8%
Other race	600	0.6%	4,442	2.8%
White	70,589	72.2%	106,738	67.7%
Hispanic	1,518	1.6%	9,651	6.1%

Hispanics are considered an ethnic group, not a race, and are also counted in the appropriate racial category.

Children in Households				
Wake	1990		2000	
	Number	Percent	Number	Percent
Married couple	73,430	75.1%	116,598	74.0%
Single parent	17,500	17.9%	29,794	18.9%

General Economic Indicators				
Wake	1998	2000	2002	2003
Median Family Income	\$54,700	\$62,800	\$71,300	\$69,800
Unemployment Rates	1.5%	1.5%	5.3%	4.7%

NC Health Choice				
Wake	2000	2001	2002	2003
Enrollment-Dec	3,435	3,125	5,102	6,082

Economic Security	Wake		Base Year		Recent Year			% Change <sup>3</sup>
	Year	Year	Number	Rate <sup>2</sup>	Number	Rate <sup>2</sup>	NC Avg	
Children in poverty	1990	2000	9,150	9.5%	13,791	8.9%	16.1%	-6.3%
Children who are Work First—TANF recipients	1998	2002	5,295	3.8%	4,394	2.5%	3.6%	-33.8%
Children on Food Stamps	1998	2002	10,658	7.6%	14,225	8.1%	14.3%	7.2%
Children enrolled in free/reduced price school meals	1993-94	2002-03	15,655	21.6%	29,023	27.9%	44.3%	29.3%
Children in publicly subsidized child care	Jan-94	Dec-03	2,987	19.2%	5,713	31.0%	46.0%	61.2%
Children enrolled in Medicaid, ages 0-18	1997	2002-03	29,770	20.0%	38,058	20.8%	34.4%	3.6%
Health	Wake		Base Year		Recent Year			% Change <sup>3</sup>
	Year	Year	Number	Rate <sup>2</sup>	Number	Rate <sup>2</sup>	NC Avg	
Infant mortality	1990-94	1998-2002	338	9.3	343	6.8	8.7	-26.9%
Low birth weight babies	1990	2002	525	7.5%	845	7.7%	9.0%	2.7%
Pregnancies to teens, ages 15-17	1999	2002	393	37.3	310	22.8	38.3	-38.9%
Births to teens, ages 15-17	1999	2002	209	19.8	189	13.9	28.6	-29.8%
Births to mothers who had inadequate prenatal care	1990	2002	336	4.8%	310	2.8%	2.9%	-41.7%
Child deaths, ages 0-17, all causes (per 100,000 children)	1988-92	1998-2002	501	99.7	499	62.3	79.9	-37.5%
Education	Wake		Base Year		Recent Year			% Change <sup>3</sup>
	Year	Year	Number	Rate <sup>2</sup>	Number	Rate <sup>2</sup>	NC Avg	
Children enrolled in child care	1994	2003	15,574	16.3%	18,457	13.0%	14.3%	-19.8%
End of Grade reading and math tests, 3rd grade proficiency	1997-98	2002-03	5,251	70.4%	7,185	87.1%	79.4%	23.8%
End of Grade reading and math tests, 8th grade proficiency	1997-98	2002-03	5,078	80.0%	6,916	85.9%	79.8%	7.4%
% of graduating seniors taking test and average SAT scores	1990	2003	73.0%	895	77.6%	1069	1001	19.5%
Public school annual drop out rate	1989-90	2001-02	1,093	6.0%	1,055	4.5%	5.2%	-24.5%
Four year public high school completion rate	1989-90	2001-02	3,813	72.6%	5,444	68.6%	58.5%	-5.5%
Average Daily Membership & total local spending on schools	1988-89	2001-02	60,520	\$1,015	103,210	\$1,885	\$1,348	85.7%
Social	Wake		Base Year		Recent Year			% Change <sup>3</sup>
	Year	Year	Number	Rate <sup>2</sup>	Number	Rate <sup>2</sup>	NC Avg	
Maltreatment reports investigated	1996-97	2002-03	2,679	20.1	3,366	18.6	51.8	-7.1%
Maltreatment substantiated	1996-97	2002-03	733	5.5	890	4.9	14.5	-10.2%
Children in DSS Custody	1997-98	2002-03	639	4.4	580	3.2	4.8	-26.4%
Admissions to Juvenile Justice system, ages 10-17	1996-97	2002-03	1,705	31.8	2,012	26.2	34.1	-17.5%

For further information on these data, go to [www.ncchild.org](http://www.ncchild.org)

See Overview of the Trends in North Carolina Child Well-Being and Data Notes and Sources for further explanation of each indicator.

N/A means data was not available. \* When numbers are less than 6, rates are not calculated.

<sup>1</sup>Unless otherwise noted, "child" or "children" refers to people ages 0-17.

<sup>2</sup>All indicator rates are per 1,000 children, unless followed by a % sign or otherwise noted.

<sup>3</sup>Percent change is based on rates, not numbers.

**Do you care about the well-being of  
middle school youth?**

**Would you like to share your ideas with other  
parents, youth and community members?**

**Share your voice at the Community  
Forum for Middle School Youth!**

  
**All are  
invited!**



  
**Free  
Food!**

  
**Door  
Prizes!**

Performances by:  
East Millbrook Step Team  
Carnage Dance Ensemble

  
**Child  
Care!**

**Please join us on Tuesday, April 26th at Carnage Middle  
School from 5:30pm to 8:00pm.**

**Call 966-5542 for directions or email [youthforum@unc.edu](mailto:youthforum@unc.edu)**

**All are welcome and invited to attend. Event co-sponsored  
by: Carnage Middle School PTSA and the UNC School of  
Public Health**

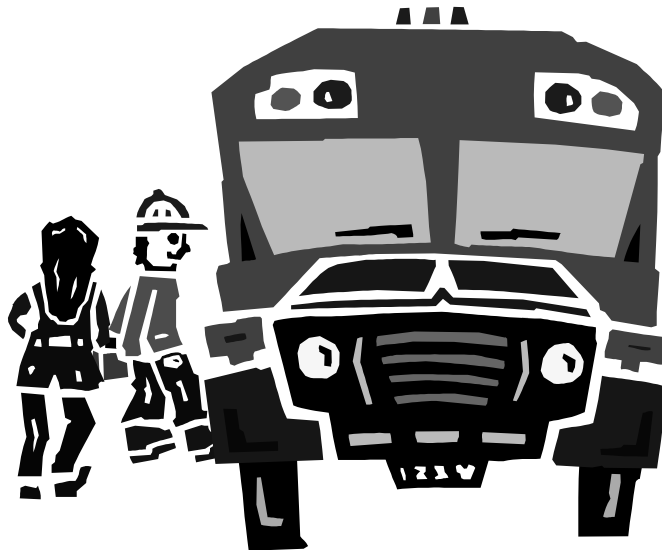
# **Raleigh Youth Well-Being Team**

## **Community Forum for Middle School Students**

**April 26, 2005**

**F.J. Carnage GT**

**Magnet Middle School  
Raleigh, North Carolina**



## Welcome and Thank You

Welcome parents, students, and service providers!

Thank you for attending the community forum for middle school students in Raleigh. This event is an opportunity for service providers, program leaders, school officials, parents, and students to come together and discuss the unique challenges and strengths of middle school students today.

Over the past year, our team of public health graduate students has been investigating these challenges and strengths by talking to parents, providers, and students themselves. The capstone of our project is tonight's forum—an event where community members learn about our findings and develop a plan to address the issues that impact middle school students the most.



If you'd like additional information on our team's findings or would like to get involved in the action steps developed at tonight's forum, please contact our team at (919) 843-4990 or [YouthWellness@unc.edu](mailto:YouthWellness@unc.edu).

## **Tonight's Agenda**

- |             |  |
|-------------|--|
| 5:30 - 5:40 | Meet and Greet   |
| 5:40 - 5:55 | Overview of Project  |
| 5:55 - 6:00 | Move to Breakout Sessions  |
| 6:00 - 6:40 | Breakout Group Discussions   |
|             | <u>Green Group</u> - Mentoring and Positive Role Models (Auditorium)                   |
|             | <u>Blue Group</u> - Bridging the Gap: Communication Between Teens and Adults (Rm. 412) |
|             | <u>Yellow Group</u> - Positive and Negative Peer Pressure (Rm. 2403)                   |
|             | <u>Orange Group</u> - Parental Involvement (Rm. 407)                                   |
|             | <u>Pink Group</u> - Engaging After School Programs (Rm. 2405)                          |
|             | <u>Red Group</u> - Access to Information About Sex (Rm. 409)                           |
| 6:40 - 7:10 | Refreshments and Health Fair   |
| 7:10 - 7:35 | Report Back on Breakout Sessions   |
| 7:35 - 7:40 | Raffle and Prizes  |
| 7:40 - 8:00 | East Millbrook M.S. Step Team<br>Carnage M.S. Dance Ensemble                           |
| 8:00 - 8:05 | Closing Remarks  |

## **What Is “AOCD?”**

The goal of AOCD—or Action Oriented Community Diagnosis—is to educate and mobilize community members to ensure conditions for physical, mental, and social well-being within their community. By doing so, we identify community strengths and challenges, and ultimately, bring community members together to discuss these issues and develop a plan of action.

Our team conducted interviews and focus groups with 37 service providers and program leaders, 11 parents, and 20 middle school students. During our discussions, we asked individuals about the benefits and challenges of being a middle school student and the services available to and used by students in Raleigh. We looked at the themes—or trends—that emerged from our sessions and are presenting them to you at tonight’s forum.

## **Who Is On The Youth Well-Being Team?**

The Raleigh Youth Well-Being Team consists of six graduate students from the UNC-Chapel Hill School of Public Health who are interested in adolescent health and community empowerment.

## **Small Group Discussions**

What issues affecting middle school students are you passionate about? Which issues might affect students you know? As a member of this community, which issues might you be able to address using your talents and resources?

These are just some of the questions you might ask yourself when selecting a breakout group to attend tonight. In each small group, we will explore a key theme identified by community members and develop action steps to address the related challenges that students face.

## **Discussion Ground Rules**

Our breakout groups will consist of individuals who have different backgrounds and different perspectives, and many of us will be passionate about the issues we discuss. By establishing a few simple ground rules, we all can help ensure that everyone's viewpoint is respected and encouraged.

### **Ground Rules:**

- Allow the facilitator to guide the discussion.
- Listen to and show respect for the opinions of others.
- No disruptive side conversations.
- Allow everyone time to voice their thoughts and opinions.

## Theme: Mentoring and Positive Role Models

### Theme Description:

Students, parents, and service providers indicated that mentors and positive role models play a critical role in teens' lives—encouraging open communication and influencing self-confidence, educational attainment, and strong peer networks. In this breakout session, we'll discuss the importance of positive role models in a student's life and how we can provide those mentors to middle school students.

### Theme Discussion Starter:

#### ***Parent Quotes***

"A student should feel good about himself. That should start and come from the home, but it may not."

"Many children don't have the type of relationship with their mothers—or other adults—where they can talk about anything."

#### ***Student Quote***

"Some people, they'll go to a counselor at your school...to try to get yourself back together. Or people might have mentors, go to their mentor, and talk with their mentor...that mentor will help motivate them and give them more confidence."

#### ***Provider Quote***

"There is a high turnover in providers, which can be a problem. As soon as a relationship is built that person leaves and someone new takes over. That can be damaging to the kids too, because they are looking for a role model and, once they are finally able to open up, the provider is gone."



## Theme: Bridging the Gap—Communication Between Teens and Adults

### Theme Description:

While parents and teens both say that it can be tough to relate to one another, teens that we talked to varied in their willingness to communicate with parents or adults; some feel comfortable and some don't. At the same time, both parents and service providers recognize that open lines of communication between teens and adults helps teens negotiate the pressures they face as they transition to adulthood. In this breakout session, we will discuss how we can promote a culture of more open communication between teens and adults.

### Theme Discussion Starter:

“My mom always wants me to stay out of trouble but it is hard because there are so many people and so many things going on and different situations. She doesn't understand. When she went to middle school it is way different than now. She thinks that my grades are good, but the way that I act is bad. I get in trouble a lot—she disapproves of the people I hang out with.”

-Middle school student living in Raleigh



## Theme: Positive and Negative Peer Pressure

### Theme Description:

Students, parents, and service providers indicated that peer pressure plays a large role in the lives of pre-teens and teens today. Peer pressure can result in both positive outcomes—such as focusing on school, grades, and sports—and negative outcomes—such as gang membership, drug/alcohol use, and sex at an early age. In this breakout session, we will explore ways to promote positive peer pressure among middle school students and how to help them resist negative peer pressure.

### Theme Discussion Starter:



## Theme: Parental Involvement

### Theme Description:

Parenting an adolescent who is pushing for more independence is not an easy task. Unlike in elementary school, when there were many opportunities for parents to volunteer, parents tend to have fewer chances to be involved in the classroom and school activities in middle school. Based on the interviews we conducted, individuals have suggested that parents need to be more involved in their children's lives, both in and outside of school. As one of community member pointed out, "Parental involvement is a key factor in a child's success."

### Theme Discussion Starter:

Tamara is a seventh grader in Raleigh. Like most girls in her school, Tamara has her clique of favorite friends. The girls do everything together—dance, rollerskate, go to the mall, the movies, and just chill out. When Tamara suddenly stops sitting with her girlfriends in Mr. Luther's class, Mr. Luther takes it upon himself to try to talk with her about what is going on. She tells him that nothing is wrong, that Chessy is just stupid and boy crazy, and Roshanda is a liar. Over the next couple of weeks, Mr. Luther cannot help but notice how Tamara's demeanor has changed remarkably since this falling out. She no longer volunteers to speak in class, and he recently saw her sitting alone in the lunchroom. Mr. Luther talks with the guidance counselor, who advises that he attempt to get in touch with Tamara's guardians. After leaving several messages for her mother, Mr. Luther finally hears back from Tamara's mother, two weeks after the initial phone call. When Tamara's mom comes in for them to meet, she is only able to stay and talk for about ten minutes. She seems to have no idea what is going on with her daughter's social life and says that she has not noticed any kinds of changes from Tamara at home. "Girls will be girls," Tamara's mother says as she exits Mr. Luther's classroom.

## Theme: Engaging In After School Programs

### Theme Description:

After school programs are important to the middle school community in various capacities. In order to satisfy both parents and middle school youth, it is important for programs to foster learning and growth in a safe environment while maintaining student interest. In this breakout session, we will explore barriers to accessing programs and brainstorm ways to connect middle school kids with services that meet their specific needs.

### Theme Discussion Starter:

[Scene: Two mothers of students at an area middle school bump into each other at the grocery store]

Laura: Hey Nikie, good to see you. Where are the kids?

Nikie: They're at their after school program.

Laura: Really? Where do they go? Since Candace has started going to middle school I've had the hardest time finding a program for her. She's not interested in a lot of the programs they have at school, and the ones she is interested in have waiting lists.

Nikie: My kids go to a community after school program not too far from the school. They do all sorts of activities. They are really excited about this community service project they're involved in right now.

Laura: I would love to send Candace to a program where she is learning something and not just going to a babysitter. The program your kids are in sounds great. I can't believe I've never heard of it. Where did you hear about it?

Nikie: Yeah, I had never heard of it either. I heard through word of mouth from a mother on my son's baseball team.

Laura: Yeah, I don't even know where to begin to look for programs. Where is it located?

Nikie: That's one of the problems. Because the kids get bussed to school, it's on the opposite side of town. The school doesn't offer any transportation and the public bus route is confusing, so I have to pick them up after school and take them there.

Laura: Oh, I wouldn't be able to do that because I work.

Nikie: It's also pretty expensive.

Laura: That could be a problem. Letting her go home by herself saves us a lot of money, but I worry about her being home alone after school.

## Theme: Access to Information About Sex

### Theme Description:

Middle school students feel uncomfortable talking to their parents about sex, so they often turn to other sources for information. Sometimes they ask service providers questions about sex, but service providers cannot always answer them. When middle school students cannot get information from their parents or service providers, they often turn to peers or the Internet.

### Theme Discussion Starter:

#### *Parent Quote:*

It is hard to “[k]now when to let them step out from the innocence into the teen life. We want them to be prepared, but at the same time, we don’t want to tip the hand too soon. We have to balance presenting them with what they need to know as opposed to waiting for them to ask questions ... but then you realize that in the middle school years, they aren’t going to ask.”

#### *Student Quotes:*

Interview question: What is something that people your age might not want to talk about with parents?

#### Responses:

- Dating
- Personal things like sex and dating
- Dating ... sometimes you don’t want to tell them
- Boyfriends and puberty
- Sex
- Kids have more knowledge [about sex] than what our parents expect us to have, so when we come at them they act so surprised. It is hard to talk to them because of that.

#### *Service Provider Quote:*

“One thing I’ve learned from working with middle schoolers is that they think they know more [about sex] than what they know. A lot of times they’re getting access to things from the Internet or access to stuff from friends and it’s not always correct. They are not getting the information at home. We can only talk about so much stuff—all about abstinence, but they will ask all kinds of questions that we can’t answer. It is important to tell kids the truth about participating in that kind of behavior—and linking consequences that could be long term.”

## Service Wish List

As part of the interview process, we asked service providers, parents, and teens: “If you could create any one service for middle school students, what would it be?” Here is a sampling of the responses we received.

### *Teens:*

- More volunteer programs and opportunities to help around the community
- Dance group at a community recreation center to raise money
- Tutoring other students
- Raising money for important causes
- Visiting a hospital
- Hip-hop dance group
- Place for students to hang out and have fun
- Art programs and classes
- More math, science, and social studies programs
- Church or school “gang” that helps others
- Clubhouse for middle school students (social area and place to hang out after school)

### *Parents:*

- Program to expose teens to different cultures and areas outside of Raleigh
- More advocates for students, especially those who are struggling in classes
- More programs that place a high value on education
- Individual mentoring program (serve as a role model and help with educational attainment)

### *Providers:*

- All day program that incorporates both educational services and well-being services
- More services offered at one central location
- Health department specifically for teens (dental services, social services, peer activities, etc.)
- Family education services
- Parental mentoring program
- Literacy program to increase understanding of mental well-being
- Tutoring service
- Safe outlet for teens where students can interact with one another
- Internet café
- Peer groups and peer educators
- Workshop for parents on HIV/AIDS
- Sex education workshop
- Preparing students for jobs and teaching them how to deal with authority
- Program to promote communication between parents and teens
- Mentoring program with a helpful adult
- Program that defuses stereotypes
- More interracial foster homes

# Acknowledgements

We would like to thank and acknowledge the following individuals and organizations for their contributions. Their time, effort, insight, and generosity are deeply appreciated, and this community forum could not have taken place without them.

## Raffle Prize Donations

Harris Teeter (Glenwood Village) • Kroger • Chili's (Glenwood Road – Travis Day, manager) • Applebee's (Hillsborough Street – Rob West, manager) • The Skate Ranch • North Carolina Natural History Museum • The Havens Family • Danielle Haley • Susan Hillmann • The Gilchrist Family

## Refreshment Donations

Roly-Poly Sandwiches • Papa John's Pizza • Subway • Interfaith Ford Shuttle

## Entertainment

Step Team, East Millbrook Middle School • Step Team Directors: Ebony Obewu, Tarsha White, Rusty Wrighten, and Conswalia Chamber • Dance Ensemble, Carnage Middle School • Dance Ensemble Director: Heather Harris

## Forum Planning Committee

Donna Claybrook • Elizabeth Earp • Adam Robinson

## Community Preceptors

Fiorella Horna-Guerra, Consultant, Office of Rural Health • Adam Robinson, Associate Director of Program Services, Wake AHEC

## Health Fair Participants

Boy's Club of Wake County • Poe Center for Health Education • Sherrod Grisham • Interact • Planned Parenthood • ASAP (Area Services and Programs) • Adolescent Pregnancy Prevention Coalition of North Carolina • Wake AHEC • Strengthening the Black Family • Teens Against AIDS • Project Self Improvement • Healthy Mothers/Healthy Babies • Neighbor to Neighbor • Triangle United Way • Girl's Club of Wake County • Catholic Diocese of Raleigh

## Forum Co-Sponsors

Carnage Middle School Parent, Teacher, and Student Association • Wake County PTA • University of North Carolina-Chapel Hill, School of Public Health

## Volunteers

Julie Bower • Bianca Briola • Kim Chapman • Iguehi Esoimeme • Theresa Finn • Katie Hillmann • Stephanie Hillmann • Malea Hoepf • Kathryn Keicher • Temanté Leary • Kasey Poole • Emily Rodman • Felicia Rousseau • Nikie Sarris • Marc Walker • Tammy Williams • Abby Zaveloff • And all the Wake County middle school students who volunteered their time!

## UNC-CH Teaching Team

Dr. Geni Eng, Co-Instructor • Kate Shirah, MPH, Co-Instructor • Allison Myers, Teaching Assistant • Colleen Svoboda, Teaching Assistant

**SERVICES AND PROGRAMS  
FOR MIDDLE SCHOOL STUDENTS  
AND THEIR PARENTS**





## Appendix D3: Resource Guide continued

### WAKE COUNTY HUMAN SERVICES

#### Wake County Human Services:

- Health Services .....	(919) 212-7000
- Child Mental Health .....	(919) 212-8385
- Child Support Enforcement .....	(919) 856-6630
- PRO-Familia .....	(919) 212-9396
- Working for Kids .....	(919) 212-9396
- Child Protective Services .....	(919) 212-7430

### COMPREHENSIVE SERVICES AND AGENCIES

ASAP (Area Services and Programs) .....	(919) 256-0736
North Carolina Child Advocacy Institute .....	(919) 834-6623
Raleigh Methodist Home for Children .....	(888) 305-4321
Triangle Family Services .....	(919) 821-0790

### HEALTH INFORMATION

Adolescent Pregnancy Prevention Coalition of North Carolina .....	(800) NC4FACT
Clinical & Educational Services (Planned Parenthood) .....	(919) 833-7526
Disability Determination Services (NCDHHS) .....	(800) 443-9359
Health Choice .....	(919) 857-4011
Healthy Mothers, Healthy Babies Coalition of Wake County .....	(919) 838-1488
Horizon Health Care (Wake Health Services) .....	(919) 743-3315
NC Family Health Resource Line .....	(800) 367-2229
Open Door Clinic (Urban Ministries of Raleigh) .....	(919) 832-0820
Planned Parenthood .....	(919) 833-7506
SouthLight, Substance Abuse Services .....	(919) 787-6131

## Appendix D3: Resource Guide continued

### CHILD ABUSE

Child Abuse Hotline (ChildHelp) .....	(800) 4A CHILD
In-Home Family Preservation Services (Methodist Home) .....	(919) 828-0345
Nurturing Program /Crianza con Carino (SAFEchild) .....	(919) 231-5800
Prevent Child Abuse of North Carolina.....	(800) 354-5437

### DOMESTIC VIOLENCE/RAPE

Interact	
-Direct Services Program .....	(919) 828-7501
-Domestic Violence Hotline and Shelter .....	(919) 828-7740
-Sexual Assault Hotline .....	(919) 828-3005
Family Violence Intervention (Raleigh Police Dept.) .....	(919) 807-5433
MEN Engaged in Nurturing Strategies (SAFE child) .....	(919) 231-5800
Victims of Sexual Assault/Domestic Violence (NC Council Women) .....	(919) 733-2455

### PARENTING CLASSES/COUNSELING

Counseling Services (Catholic Social Ministries) .....	(919) 832-0225
Family Mediation (Carolina Dispute Settlement) .....	(919) 755-4646
Focus on Your Children (Parents for Children) .....	(919) 819-7417
Individual & Family Counseling (Triangle Family Services) .....	(919) 821-0790

### STUDENT GROUPS

Students Against Violence Everywhere .....	(866) 343 SAVE
Teen Court .....	(919) 819-9632
Teens Against AIDS .....	(919) 856-5271

## Appendix D3: Resource Guide continued

### YOUTH DEVELOPMENT AND AFTER SCHOOL PROGRAMS

4-H Youth Development .....	(919) 856-7308
-BASES .....	(919) 856-7308
-Community Voices for Children .....	(919) 250-3977
-East Wake Youth Initiative .....	(919) 834-6282
-SAFE Youth Leadership Coalition .....	(919) 856-6534
-Support Our Students (SOS).....	(919) 212-7835
-Teen Advisory Council .....	(919) 250-3794
Boys and Girls Clubs of Wake County	
-Raleigh Boys Club.....	(919) 834-6281
-Raleigh Girls Club .....	(919) 821-9191
Communities in Schools .....	(919) 834-5663
Haven House	
-Homesteaders (in-home counseling) .....	(919) 833-3312
-Wrenn House (runaway/crisis shelter) .....	(919) 833-3312
-Youth Enrichment Services (mentoring).....	(919) 833-3312
Neighbor to Neighbor .....	(919) 856-5708
Poe Center for Health Education .....	(919) 231-4006

**For more information about area services and programs, visit United Way Triangle at [www.211nc.org](http://www.211nc.org) or call 211.**

**United Way Triangle provides callers with referrals to services in many areas: Basic Human Needs, Physical and Mental Health, and Children, Youth and Family.**

**This service is multi-lingual and confidential; you can access it any time of the day or night. Just dial 211!**

**United Way**



[www.211NC.org](http://www.211NC.org)

**Appendix D4: Forum Evaluation Form**

**Evaluation of the Community Forum for Middle School Youth**

Thank you so much for your participation today! We would appreciate if you would take a moment to fill out this evaluation form regarding your experience at today's forum. Please circle the most appropriate response or add a brief comment in the space provided.

1) Are you a:

- a) Parent of a middle school student
- b) Middle school student
- c) Service provider
- d) Other

2) In which of the small group sessions did you participate?

- a) Mentoring and Positive Role Models
- b) Parental Involvement
- c) Positive and Negative Peer Pressure
- d) Access to Information About Sex
- e) Closing the Gap: Communication Between Teens and Adults
- f) Access to After School Programs

3) On a scale of 1 to 5, please rate how important the topic of your small group discussion is to your community.

1	2	3	4	5
Not at all important	Somewhat important	Important	Very important	Extremely important

4) On a scale of 1 to 5, please rate your level of satisfaction with today's forum.

1	2	3	4	5
Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied

5) Was there anything missing from today's forum that you would have liked to see included?

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Thank you for your feedback. Please include any additional comments regarding the forum. Thanks again for your participation!

Additional Comments:

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## Raleigh Youth Well-Being Community Forum

**TUESDAY, April 26, 2005**  
**Carnage Middle School,  
Raleigh, NC**





*Celebrating the Middle  
School Community!*

## Taking AOCD by storm...

- Date: Tuesday, April 26
- Time: 5:30 pm – 8:00 pm
- Place: FJ Carnage GT Magnet Middle School, Raleigh NC
- Attendees: 68 signed in, (10-20 more estimated)
  - Students were majority
  - Parents and Providers attended, but in fewer numbers

## So, how did we end up in middle school?

- Our Team started under the impression that our community would be "People Living with Mental Illness in Wake County."
- Our preceptors, Mental Health Service Providers, wanted to focus on the mental health service needs of low-income minority youth living in Raleigh.
- We worked to understand two critical things:
  - What is our community?
  - Who is a part of our community?
  - How will we reach them?
- Results:
  - Broadened our focus (Youth Well-being)
  - Identified Community Members:
    - Middle School Students
    - Parents of Middle School Students
    - Service Providers



## Introducing...the Community

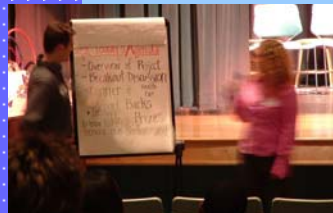
**Ms. Bonnye Hurr,  
PTSA President  
at Carnage  
Middle School,  
welcomes guests  
to the forum and  
introduces the  
team.....**



...and we prepare to explain who we are and what we're doing to our guests, most of whom have never met us in person.

## Introducing...the Team

Betsy introduces the team and the AOCD concept, explaining the process of interviewing and getting to know middle school students, parents, and service providers in order to identify the community's strengths and needs



**AND**  
to generate all kinds of *action-oriented* discussion!

## Introducing...the Themes

- Breakout Group Discussion Sections:
  - Mentoring & Positive Role Models
  - Bridging the Gap: Communication between teens & adults
  - Positive and negative peer pressure
  - Engaging in after school programs
  - Parental Involvement
  - Access to information about sex



## The Agenda Overview

- 5:30 - 5:40 Meet and Greet
- 5:40 - 5:55 Overview of Project
- 5:55 - 6:00 Move to Breakout Sessions
- 6:00 - 6:40 Breakout Group Discussions
- 6:40 - 7:10 Refreshments and Health Fair
- 7:10 - 7:35 Report Back on Breakout Sessions
- 7:35 - 7:40 Raffle and Prizes
- 7:40 - 8:00 East Millbrook Step Team
- Carnage Dance Ensemble
- 8:00 - 8:05 Closing Remarks

## Introducing...The Expectations

The team explains our two main goals for the night:


1. That we will be able to hand off the “action steps” created through discussion groups here tonight.
2. That community members will take advantage of the mini health fair to make new connections with service providers



## Awwww Breakout!



## Mentoring & Positive Role Models



**•Theme Description:** Mentors play a critical role in teens’ lives – encouraging open communication and influencing self-confidence, educational attainment, and strong peer networks. How can we provide more mentors to middle school students?

- Trigger: Quotes from a parent, student and service provider.
- Discussion Method: ORID

## Report Back: Mentoring & Positive Role Models


**Action Steps**

1. Be willing to serve as a mentor yourself.
2. Mentor the mentors - teach others how to become mentors.
3. Encourage students and teens to serve as mentors to other youth.
4. Be willing to be vulnerable - share your experiences honestly with teens in order to gain their trust.
5. Share your mentoring experience with others and encourage them to become mentors.
6. Share your mentoring experiences with potential mentors.
7. Develop an umbrella mentoring program in which organizations/individuals can become involved without officially joining the sponsor organization
8. Talk to schools, churches, universities, and businesses you know about starting mentoring programs.

**Community Commitment:** Group will decide together how best to take action after Doug sends an email to all.

## Bridging the Gap: Communication between teens & adults

**Theme Description:** Teens seem to vary in their willingness to communicate openly with parents and other adults, even though parents and service providers both recognized the importance of communication in transitioning to adulthood.



**How can we promote a culture of more open teen/adult communication?**

- Trigger: Quote from a student
- Discussion Method: SHOWED

## Report Back: Communication

**Action Steps:**


- Parents and teens should get to know each other. One community member suggested a "date night."
- Parents should get to know their teens' friends. One parent said, "Make your house the 'Hang Out' house."
- Promote group discussions with teens and parents at school.

**Community Commitment:**

- PTA-sponsored "Date Night." Bonnye will raise the idea at the first PTA meeting in the fall. She will disseminate any success to other PTA presidents.
- One parent is already working on a "Date Night" project at church, and is committed to that project.
- Homeowners Association "Block Party" for parents and teens. Parent will ask her H.A. and will share any information with the group by email.

## Positive and Negative Peer Pressure

**•Theme Description:** From our interviews, we found that peer pressure plays a large role in the lives of middle school students, and can result in either positive or negative outcomes. How can we help teens promote positive and resist negative peer pressure?



**•Trigger:** \_\_\_\_\_

**•Discussion Method:** SHOWED

## Report Back: Positive & Negative Peer Pressure

**Action Steps:**

- Immediate Actions steps:
- The group committed to each doing these things personally:
- Think before you speak
- Talk to homeroom class about positive and negative peer pressure
- Have patience and breathe!
- Give people compliments
- Ask for help from adults you trust

**Long term action steps:**


- The bigger picture- spreading the message:
- Start group at Carnegie that will focus on resisting peer pressure. This group will: meet weekly for the rest of the year (and start up again in the fall), produce newspapers, spread the word about Project Youth Citizen, get rid of gangs!

**Community Commitment:** Involved community member and service provider will follow up with these action steps.



## Engaging in After School Programs

**•Theme Description:** After school programs are important in the middle school community, but these programs are not always accessible or do not always meet youth needs.



**How can we overcome barriers and meet kids' needs in after school programs?**

**•Trigger:** A short skit

**•Discussion Method:** ORID

## Report Back: After School Programs

**General issues discussed:**


- Accessibility (transportation, cost, and awareness)
- Lack of collaboration
- Appropriate program (programs that kids like)
- Parental Involvement

**Action Steps:**

- Develop more of a sense of community
- Find the "Megaphone in the community"
- Have Service Providers come together periodically to discuss their services. Use existing networks.

## Parental Involvement

**•Theme Description:** Parental involvement is such a key to a child's success during the middle school years, but many individuals in the community recognized a need for greater levels of involvement, both in and out of school.



**•How do we encourage parents to get more involved in the lives of their middle school children?**

**•Trigger:** Short Story

**•Discussion Method:** ORID

## Report Back: Parental Involvement

### Action Steps:

- Help kids feel comfortable and less shy talking with their parents.
- One “open” week each quarter when parents can drop by classroom
- Social gatherings for parents
- Reading list for parents on study skills before school starts.



## Access to Information About Sex

**Theme Description:** Middle school students feel uncomfortable talking to their parents about sex, so they often turn to other sources for information, such as peers or the internet.



How can middle school students gain access to more credible sources of information about sex?

Trigger: Quotes from student, parent, & provider  
Discussion Method: ORID

## Report Back: Info About Sex

### Changes we'd like to see:

- more readily available information about places to get information about sex (e.g., clinics)
- better access to clinics
- more sex education classes in school (especially in 7th and 8th grade)
- more comprehensive sex information in school (not just abstinence)
- parents talking to us (their children) about sex more
- parents talking about the consequences of having sex, then trusting us to make the right decision

## Strengths

- Flexibility of our team and willingness to think creatively about AOCD process.
- Lots of middle school youth participation:
  - Several report back groups had kids presenting – the Forum gave kids a voice
  - Performances to showcase the youth talent
- We reached our original demographic (minority youth)
- Attendees really engaged in discussion about the issues (both kids and adults)
- Connections with the PTA helped us secure the location and advertise to parents.
- Having the event at the school: School is a central component of middle schooler's lives and they feel comfortable in that environment. It is also what parents "know."
- Health Fair was a positive way to connect community members and service providers.
- Awesome, hard working volunteers!
- Did a good job of staying on time despite dealing with a rambunctious group.
- Comprehensive programs allowed latecomers to catch up quickly

## Limitations

- Low parent attendance. Only 1 Carnegie PTA parent and no parents from other schools. (We think this gets at the parental involvement theme, and to an extent, all of our themes).
- Unsupervised teens proved to be hard to keep quiet. We had no plan for noise control.
- Low service provider attendance. However, those who attended had not been interviewed by us. So we potentially had a further reach.
- Securing a location at the school. There were unexpected last minute changes and we are still dealing with some billing issues.
- Difficulty securing enough food and donations.
- Having the forum at one school over another limits reach among students at other schools. We recruited the East Millbrook Step team to perform in an attempt to compensate.
- Tuesday night was rough. Service organizations seemed to have a lot going on and many of our potential volunteers had class.

## Thanks to our awesome volunteers!

Bianca Briola	Kim Chapman
Emily Rodman	Abby Zeveloff
Kasey Poole	Marc Walker
Tammy Williams	Temante Leary
Morgan Johnson	Kathryn Keicher
Nikie Sarris	Julie Bower
The Claybrook Family	Katie Hillman





## Appendix E1: IRB Application Letter

October 15, 2004

IRB NUMBER: 04-2377  
TITLE: Action Oriented Community Diagnosis  
SUBJECT: Modified IRB Application

To Whom It May Concern:

Attached please find a modified application for the HBHE 240 and 241 classes. This application helps to further define the focus and population of interest in our research. We plan to focus on the mental health topics, especially as they impact adolescent minorities in Wake County. We will seek perspectives from parents, students, service providers, and possibly other community members. We will not recruit participants on the basis of a mental health diagnosis and will not be diagnosing mental illness in any of our participants. Besides the change in the population of interest, the procedures are nearly identical to those from the previously approved IRB application. This modified application includes the following documents:

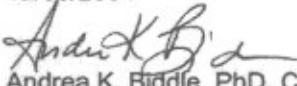
- Previous IRB approval letter;
- Form for Modification of Approved Proposals;
- Team IRB Certificate;
- Recruitment Consent/Assent Forms;
  - Parents
  - Minors (Assent)
  - Service Providers/others
- Informed Consent/Assent Forms;
  - Parents
  - Minors (Assent)
  - Service Providers
  - Other community members
- Focus Group Fact Sheet;
  - Community Members
  - Service Providers
- Focus Group Guides;
  - Parents
  - Minors
  - Service Providers/others
- Interview Guides;
  - Parents
  - Service Providers
- Focus Group Confidentiality Statement.

Please contact Jennifer Gilchrist, Primary Investigator, at 919-619-4452, or Kate Shirah, MPH, faculty advisor, at 919-966-0057, if there are any questions pertaining to this application.

Sincerely,

Jennifer Gilchrist



TO: Jennifer Gilchrist  
DEPARTMENT: Health Behavior and Health Education  
ADDRESS: CB#7440  
DATE: 12/08/2004  
FROM:   
Andrea K. Biddle, PhD, Chair  
Public Health IRB, Office of Human Research Ethics

IRB NUMBER: 04-2429  
APPROVAL PERIOD: 12/08/2004 through 12/07/2005  
TITLE: Action-Oriented Community Diagnosis  
SUBJECT: Expedited Protocol Approval Notice--New Protocol

---

Your research project has been reviewed under an expedited procedure because it involves only minimal risk to human subjects. This project is approved for human subjects research, and is valid through the expiration date above.

NOTE:

(1) This Committee complies with the requirements found in Part 56 of the 21 Code of Federal regulations and Part 46 of the 45 Code of Federal regulations. Federalwide Assurance Number: FWA-4801, IRB No. IRB540.

(2) Re-review of this proposal is necessary if (a) any significant alterations or additions to the proposal are made, OR (b) you wish to continue research beyond the expiration date.

## Appendix E3: IRB Modification Letter

OFFICE OF HUMAN RESEARCH ETHICS  
Institutional Review Board  
MODIFICATION OF APPROVED  
HUMAN SUBJECTS RESEARCH  
*version 16-Feb-2005*

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This application is to seek approval for a modification to a currently approved protocol. Any proposed changes to previously approved human subjects research must be reviewed and approved by the IRB prior to implementation. This includes modifications to the protocol, inclusion or exclusion criteria, recruitment methods, research personnel, or *any* new or revised study materials. Approval is required for all modifications whether initiated by the investigator or external sponsor.

### Instructions for Submitting

- Provide a concise summary of the requested modification below. If a sponsor's amendment includes a detailed summary, this should be attached (one copy) *in addition to* the summary below.
- Attach documentation of required training for any personnel new to the study.
- Include any new or revised study materials including consent forms, questionnaires, surveys, advertisements, etc. *For all changed documents, provide two copies: One with changes highlighted using yellow marker and one clean copy. Substantial revisions may require a revised IRB application.*

Unless otherwise instructed, submit to the same IRB that previously reviewed this study. Complete submission instructions can be found at [http://ohre.unc.edu/submission\\_instructions.php](http://ohre.unc.edu/submission_instructions.php). All *application and consent materials* should be copied or printed on one side only.

Number of Copies to be Submitted by Type of Review and IRB (number below must include one original)			
IRB	Exempt or Expedited	Full Board <sup>1</sup>	Address for mailing complete application
Behavioral	1	16	CB# 3378, Bank of America Center Chapel Hill, NC 27599-3378
Biomedical	3	3	CB# 7097, Medical Building 52 Chapel Hill, NC 27599-7097
Dental	1	1	CB# 7455 Old Dental Building Chapel Hill, NC 27599-7455
Nursing	1	14	CB# 7460, Carrington Hall Chapel Hill, NC 27599-7460
Public Health	2	14	CB# 7400, Rosenau Hall Chapel Hill, NC 27599-7400

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<sup>1</sup> Most modifications will be handled through expedited review. However, modifications that substantially change the study design (e.g., adding or removing a study arm/group) or changes that alter the risk to subjects may require review by the full IRB.



## **Appendix E3: IRB Modification Letter continued**

information and will not have to worry about their peers seeing them pick up a brochure. Finally, they will be given the youth consent/assent form so that they can contact members of the student team or the teaching team should they have questions or concerns.

**C. When applicable to your study, do you have plans to provide subjects with pertinent information after their participation is over? (e.g., Will you provide details withheld during consent, or tell subjects if you found information with direct clinical relevance? This may be an uncommon scenario.)**

Since the surveys will be confidential and we will not be collecting any contact information, we will have no means to contact participants to inform them about the community forum. Because of this,, we will inform participants about the forum at the time of the interview. In addition to the informed assent form which includes phone contact information, we will give them a business card with our team email address, and encourage them to contact us if they are interested in attending the forum. Finally, we will give them the website for the public health community diagnosis website so that they have access to the final report. Because the forum is open to all community members regardless of whether they have participated in an interview, there will be no way to trace attendees back to any particular interview, thus safeguarding participant confidentiality.

**E. Is the risk to privacy reasonable in relation to benefits to be gained or the importance of the knowledge to be gained?**

The Mental Health Association of Wake County and other service provider agencies will potentially use our final AOCD report to guide program and funding decisions directed towards middle school youth, so our research team, preceptors and faculty advisory all feel that it is important to represent the youth voice in this piece of formative research.

**D. Would the research be impracticable without the waiver? (If you checked “yes,” explain how the requirement to obtain consent would make the research impracticable, e.g., are most of the subjects lost to follow-up or deceased?).**

We feel that without the waiver, we lack the time and budgetary resources to coordinate the number of youth focus groups that it would take to obtain adequate youth representation in our research. First, we had not anticipated the logistical difficulty in setting up focus groups with youth. The time required to send consent forms home to parents, have the children remember to bring them home, have them signed and bring them back to school is substantial. Furthermore, schools hesitate to allow us to schedule focus groups due to a legitimate need to keep children in the classroom during school hours. We have also tried to coordinate simultaneous focus groups with parents and children after PTA meetings, where parents bring their children to the meeting, and then afterwards we would run two focus groups; one for parents and one for children. Because parents do not generally bring children to the meetings and most parents are not willing to stay for an extra hour after these often lengthy meeting, our efforts to coordinate PTA focus groups have been unsuccessful. In addition, we feel that a PTA group will only allow us to reach

### Appendix E3: IRB Modification Letter continued

a limited demographic of parents and children, whereas our team and preceptors hope to reach a racially and economically diverse group of participants in the hopes of gathering a richer set of data.

The new data collection method offers an advantage in that we are trying to reach teens in places where they congregate. Parents are not always in those locations. Again, we feel that getting a youth voice, especially one that is racially and economically diverse, is imperative to our research, and will better inform the organizations and agencies in Raleigh about what is important to youth and what types of programs they should keep, change, and develop. In summary, we feel it would be impracticable to gather sufficient amounts of appropriate data without the waiver of parental consent.

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Signature of Principal Investigator or approved designee

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Date

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Signature of Faculty Advisor (if applicable)

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Date

## Appendix F: Comprehensive List of Themes Identified from Primary Data Analysis

### *An Overview of the 13 Themes, Identified from Primary Data Analysis*

1. **Mentoring:** Middle school students will go to a trusted adult in order to talk about issues that they do not feel comfortable talking to their parents about, and the youth would benefit from building relationships that will assist their ability to navigate the challenges and stressors they face.
2. **After School Programs:** While after school programs are important in the middle school community, the programs may not always be accessible or may not meet specific needs of this age group.
3. **Transitions: Child to Adult:** Middle school students experience a variety of changes - both physical and emotional - and changes in responsibilities required of them. Parents need to recognize these changes and try to adapt in order to support their children through this difficult transition period.
4. **Barriers in Creating a Community or Sense of Community:** There is a separation between neighborhood communities and school communities for middle school students, often due to redistricting and bussing. This may make it difficult for both parents and students to form a sense of community.
5. **Positive and Negative Peer Pressure:** Peer pressure plays a large role in the lives of middle school students. There is often a great deal of pressure to fit in and be accepted by peers at this age, which can result in either positive or negative consequences.
6. **Independence and Autonomy versus Boundaries and Authority:** As middle school students reach an age where they are presented with more freedom and independence, it can be difficult for appropriate boundaries to be set and followed, particularly between parents and their children.
7. **Listening to Kids:** With evolving lingo and pressures in the lives of middle school students, it can be difficult for parents and service providers to understand teens. This also poses a problem for the teens, who may feel like they are not being heard.
8. **Communication/More Effective Collaboration:** While most of the time, parents, service providers, and school systems have the similar goals when it comes to the well-being of middle school students, cooperation and negotiation can be difficult between the different groups.
9. **Access to Services:** Access to services for middle school students can be limited due to awareness of services, affordability of services, language/cultural and literacy barriers, parent-teen difficulty in negotiating the school or Social Services system, fear of stigmatization, and lack of transportation.
10. **Access to Information on Sex:** Middle school students often feel uncomfortable talking to their parents about sex, and may turn to other sources of information, such as peers or the Internet. Service providers expressed frustration in being limited in talking to teens about sex, particularly because students often ask questions relating directly to sex.
11. **Transportation: Public and School:** Because of the school system's districting, some middle school students ride the bus for up to an hour a day, which can have several negative impacts, such as loss of sleep or study time as well as stigmatization. Many students and their parents face barriers to accessing transportation because low-cost services are limited in Raleigh.
12. **Parental Involvement:** Parental involvement is an important to a teen's success during the middle school years, but it is often difficult for parents to be involved for a variety of reasons. Many individuals in the community recognize a need for greater levels of involvement, both in and outside of school.
13. **Building Life Skills and Social Skills:** While community members and service providers recognize that it is important to provide middle school students with a foundation for success in high school and beyond, there are few opportunities for teens to increase their understanding of the practical and social skills they will need in adulthood.