

**“Recommendation for the further development of the concept of a good and healthy school on the basis of the Anschub.de Process Evaluation Report 2/06”**

Introduction.....	1
Comments on methodology and findings of the process evaluation report.....	2
Methodology.....	2
Findings .....	3
Statement / Evaluation of the Anschub.de project.....	4
Strengths .....	4
Weaknesses.....	5
Appraisal of Anschub.de in the international context.....	6
Suggestions for further development of Anschub.de:.....	7
How to further develop or consolidate .....	7
How to bring Anschub.de into the international context.....	8
Whom to contact and collaborate with.....	10
Conclusion .....	10

## **Introduction**

Health and Human Development Programs (HHD) of Education Development Center (EDC) has been a partner of Anschub.de for more than three years. HHD’s school health team has provided consultation to Anschub.de, developed an advocacy tool to advocate for the expansion of Anschub.de, and hosted the Anschub.de project director, Mr. Rüdiger Bockhorst, and the scientific advisor, Dr. Peter Paulus, for a study visit in Newton/Boston, Massachusetts, USA, in November 2005. HHD staff member, Ms. Carmen Aldinger, who is a German citizen, participated in the first two school meetings of Anschub.de in Göhren-Lebbin (Mecklenburg-Vorpommern), June 2005, and in Bad Kissingen (Bavaria), June 2006.

Bertelsmann Foundation asked HHD/EDC to provide a “Recommendation for the further development of the concept of a good and healthy school on the basis of the Anschub.de Process Evaluation Report 2/06.” Ms. Carmen Aldinger developed most of these recommendations, based on her insights into the Anschub.de project from her participation in the school meetings, reviewing Anschub.de literature, and having been part of the HHD/EDC team that provided consultation to Anschub.de over the past years. In addition, Ms. Aldinger translated major

sections of the Anschub.de Process Evaluation Report 2/06 for members of the HHD school health team. A meeting with three members of the school health team yielded supplementary contributions which are part of this report.

This report includes--as agreed upon with the Bertelsmann Foundation-- recommendations and comments on methodology and findings of the process evaluation, strengths and weaknesses of Anschub.de, appraisal of Anschub.de in the international context, and suggestions for further development of Anschub.de.

## **Comments on methodology and findings of the process evaluation report**

### ***Methodology***

Overall, the process evaluation report appears to be a thorough, scientific report that uses a wide variety of quantitative scales (25 different scales for Part I, Teacher Survey, and 9 different scales for Part II, SEIS). The various measures of the scales appear to be relevant and carefully analyzed. Some of the measures seem unique. For instance, the measure on quality improvement in schools through health interventions addresses the link between health and education. Not many evaluations of school health programs, to our knowledge, have such measures that directly evaluate this link. Some of the analysis is quite complex (e.g., context analyses) and might be a bit difficult to comprehend.

In Part I of the evaluation (survey of teachers), the reported participation is about 53%. Since this represents only about half of the population, it would be valuable to know if there might be a potential bias. Were those who are satisfied or those who are dissatisfied with Anschub.de more likely to participate in the survey? For instance, if a disproportional number of teachers who are dissatisfied with Anschub.de participated, this could indicate that among all the teachers who participated in Anschub.de the rate of recommendation might be higher than in this survey sample.

This evaluation draws heavily on *perceptions* of participants.

In regard to the measure that asked students to evaluate their teacher's competence to teach prevention, the interpretation of the results should take into consideration that children's rating at this developmental stage is likely influenced by how much they like or dislike their teacher, and not solely on how well their teacher is prepared.

In regard to the measure about nutrition, as reported on the summary of results (page 26 of German version), teachers were asked about the treatment of eating disorders while parents and students were asked about a broader range of questions. Since the measures were not equivalent, the results cannot be compared with each other.

The correlations that establish links between academic achievements and health components are especially valuable in order to measure the effects of the link between health and education in the evaluation.

### ***Findings***

The most striking finding is the large amount of people who do not seem to be satisfied with Anshub.de: Only 46% would recommend Anshub.de to others, 10% would definitely not recommend it, and those who are undecided are closer in their scores to those who would not recommend it. In addition, only 2/3 of the Steering Committee would recommend Anshub.de, while 1/8 would not recommend it. It seems most pertinent to study these findings further to answer the question, “why”? (Further recommendations in this regard are listed below, in the section “How to further develop or consolidate.”)

The fact that most recommendations for Anshub.de came from elementary schools and intermediary high schools (Realschule), and the fewest recommendations came from the highest level of high schools (Gymnasium), might point to the fact that Anshub.de is most successful, and relevant to, elementary and intermediary high schools. (This is supported by the fact that elementary school students indicated the highest rates of agreement with the SEIS health variables, though the evaluation report noted that a “positive answer tendency” could be a confounding variable in this age group). In addition, the finding that regionally most recommendations came from Berlin (which has a high rate of immigrants) may point to the fact that Anshub.de is particularly effective to address this “hot spot.” Thus, this part of the evaluation points to the relevance of Anshub.de particularly for social “problem spots” and for lower levels of schools. Implementing Anshub.de in “problem spots” provides an opportunity to show how Anshub.de can make a real difference, and addressing young people in lower levels of schools provides an opportunity to reach children during a formative time and potentially before they engage in risk behaviors.

Overall, the report includes similar statements of main findings, such as the one about the recommendation rate, in three places: Summary (Chapter 1), Results (Chapters 3-5), and Interpretation (Chapter 6). It might be useful to include more details, if available, on these findings in the results section, and then to pull out the 3-5 main results and lessons learned into a Conclusions section. This section could lead into Recommendations that could be a starting point for an action plan for next steps.

Following are some comments on specific results:

In regard to Burn Out: It is an interesting finding that burn-out was not related to the *amount* of work, but to the context of regular evaluation and decision-making culture. This finding may valid further investigation and verification.

In regard to Eating Disorders: The finding that eating disorders are infrequently addressed in elementary schools could lead to the recommendation to address eating disorders at this level, especially as this would provide an opportunity to reach children before the onset of eating-related risk behaviors (which is more common during adolescence). Beginning education programs prior to the onset of risk behaviors is one of the recommendations in the World Health Organization publication *Skills for Health*.<sup>1</sup>

In regard to Noise: It is not surprising that the noise level is higher in elementary schools, as younger children are likely louder. The important aspect is when noise interferes with learning.

## **Statement / Evaluation of the Anschub.de project**

The following evaluation is based primarily on impressions from school meetings and newsletters, in addition to the process evaluation report.

### **Strengths**

Strengths include the emphasis on teacher health, unique materials, local organizations to support and sustain the program, and thorough process evaluation.

---

<sup>1</sup> World Health Organization. (2003). *Skills for health. Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting School*. Geneva: WHO.  
[http://www.who.int/school\\_youth\\_health/media/en/sch\\_skills4health\\_03.pdf](http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf)

From the beginning, Anshub.de paid particular attention to the health of teachers by offering stress reduction and relaxation seminars. Unlike school-based health promotion programs in other countries that pay much less attention to teachers' health, Anshub.de considered one of its motivating factors to improve the life of teachers. In contrast, the Safe and Healthy Schools program in the U.S. does not have a staff component; but the U.S. offer Employee Assistance Programs, which can cover mental health issues.

Anshub.de provides unique materials (modules). The decision which modules to develop took into account which materials already existed (in German language), encouraged Anshub.de schools to utilize them, and consequently developed materials that were not available. This resulted in modules on developing healthy school buildings and grounds (*Schule--Gebäude--Freiflächen--Gesundheit*), encouraging students to give up a bad habit for a period of time (*Die Schatzsuche*), working with parents (*Prima Klima*), and addressing prototypical issues in the everyday life of teachers that are related to health and mental health (*Lust auf Schule*). Materials like these are otherwise not widely available, to our knowledge.

The “alliance” aspect, on which Anshub.de is built, namely to establish local and national alliances that support and sustain the program, starts to take hold. Two of the model regions have already expanded the Anshub.de program, and new regions have joined, all of which are supported by local alliances of health and insurance agencies, local or regional governmental health and education agencies, and other partners. These local alliances are a good model to ensure buy-in of stakeholders and sustainability.

As the process evaluation report has shown, the implementation of Anshub.de is accompanied by a thorough and systematic process evaluation.

## **Weaknesses**

Challenges include the evaluation findings of low recommendation rates, and the challenge of establishing a national association/club.

As mentioned above, the most concerning finding is the low recommendation rate of those who participate in Anshub.de. If less than half of participants would recommend Anshub.de further, this points to some dissatisfaction. This needs to be further examined.

Nationally, it has been challenging to establish a registered association (“Verein”) that will support and sustain Anshub.de after Bertelsmann Foundation withdraws. Participants in

school meetings seemed to perceive the lack of an established follow-up structure as a lack of assurance if and how Anschub.de can be carried on over time. A meeting to discuss a constitution (“Satzung”) for such a national association had to be cancelled due to a lack of responses. (However, a subsequent evaluation of this situation showed that there have been miscommunication and unclear expectations about this meeting.) HHD/EDC’s observation in a previous Anschub.de alliance meeting pointed to a potential lack of participation opportunities for those who attended the meeting.

### **Appraisal of Anschub.de in the international context**

This section addresses Anschub.de in context of schools in the United States and worldwide.

In context of the United States, the scores in health scales for Anschub.de by elementary school, middle school, and high school students and staff fit with what would be expected of participants in U.S. schools: Students, parents, and teachers in high schools are likely to see less of a need for health promotion since they are highly focused on academic disciplines and not on the broad development of children. In contrast, a recent qualitative evaluation of health-promoting schools in China showed that high schools and vocational schools changed their standards of evaluation from a purely academic focus to a broader focus on holistic development.

The large disconnect between what students and teachers perceive in regard to exercise and quality improvement through health interventions is not surprising. Results in the U.S. would probably yield similar results since children can be very critical in their evaluation at this stage of development.

In international context, Anschub.de is a good model for involving local organizations to support good and healthy schools. The Anschub.de model promises sustainability with local resources without the need of continued involvement of the initiator agency. (Though, as mentioned, while structures for local support have been established at state level, a national structure has not been established.)

Anschub.de is also a good model for scaling up. Successful model projects in three Anschub regions have already led to statewide expansion of Anschub.de in two of the model regions and in at least one other state. These are promising results. Frequently, international projects struggle with getting beyond the pilot testing stage.

Anschub.de is accompanied by thorough process evaluation. This evaluation is probably more extensive than most international school health projects, particularly the utilization of numerous sophisticated scales.

### **Suggestions for further development of Anschub.de:**

Suggestions address how to further develop Anschub.de through qualitative and quantitative evaluation, how to bring Anschub.de into the international context through publications, presentations, and networks, and whom to contact and collaborate with.

### ***How to further develop or consolidate***

#### **Qualitative follow-up**

The most urgent need seems to be a follow-up qualitative investigation of the high rates for non-recommendation of (i.e. dissatisfaction with) Anschub.de. Qualitative results can help understand and interpret quantitative results and will yield insights that quantitative results cannot give. An investigation via in-depth interviews and/or focus groups could ask participants who recommend Anschub.de what they like about Anschub.de and why they would recommend it to others. In addition, those who do not recommend Anschub.de, and those who are undecided (who are closer in their scores to those who would not recommend Anschub.de), could be asked questions such as:

- Explain why you are ambivalent about Anschub.de.
- Describe the challenges of implementing Anschub.de.
- What do you not find useful about Anschub.de, and why?
- What would you change about Anschub.de, and why?
- Are there aspects of Anschub.de that you like and that could be strengthened?

If results can be analyzed separately by school types and states (model regions), they may yield insights as to why the referral rate is lowest in Gymnasium and in Bavaria.

Additional questions could explore how teachers feel about the support, training and materials provided by Anschub.de:

- What supports are offered for teachers to implement Anschub.de? What supports should be offered that are currently not offered? How effective was technical assistance provided to teachers?

- How do you feel about the training provided by Anschub.de? Do you know whom to turn to for training?
- Have you used Anschub.de modules? Why or why not? Do you have insights as to why modules are not used frequently?
- Do the Anschub materials/modules give background and information that is useful for teachers? Why or why not?
- Is there still a critical mass of teachers at your school that are committed to Anschub.de? Why or why not?

When analyzing these results, we suggest to look for themes that emerge from the data, and subsequently to address these themes in potentially making modifications to the Anschub.de project.

### **Impact evaluation**

In addition to conducting a qualitative study to better understand the quantitative results of the process evaluation, it would also be very valuable to have quantitative (ideally also supported by qualitative) impact evaluation. Ideally, baseline data on students', teachers', and parents' attitudes, knowledge, and behavior in regard to health and educational indicators related to Anschub.de should have been collected (and perhaps have been) before the model projects started. A follow-up collection of data for the same indicators and from the same target population would then allow after 2 and more years to compare baseline with follow-up. If these data have been collected, it will be helpful to consider the impact evaluation results alongside this process evaluation. If impact evaluation data have not been collected, a mechanism should be developed to start data collection at the next school year, and regularly thereafter.

### **Collaboration**

In terms of “consolidating” Anschub.de, we recommend to collaborate with health-promoting schools projects which are expanding around the world (for some concrete suggestions, see below).

### ***How to bring Anschub.de into the international context***

There are many opportunities to bring Anschub.de into the international context, including publications, presentations, joining networks, expanding website, etc.

### **Publish in peer reviewed journals**

One of the most common ways to make known about a project in the international literature is publication in a peer-reviewed journal. Anshub.de has a sophisticated process evaluation and many anecdotal “success stories” (as were shared at the school meetings) that could be reported. Potential international journals in which processes and results could be published include:

- Health Journals: *Journal of School Health, Health Promotion International, IUHPE - Promotion & Education, American Journal of Public Health*

- Education Journals: *Harvard Educational Review, International Education Journal*

### **Present at international conferences**

Another opportunity to report internationally about Anshub.de is at major health and education conferences. The most pertinent opportunity is the 19th World Conference of the International Union for Health Promotion and Education (IUHPE) held in June 2007 in Vancouver, Canada. Abstracts for this conference are due December 25, 2006.

<http://www.iuhpeconference.org>

Another potential opportunity is the 81st Annual ASHA School Health Conference of the American School Health Association (ASHA), “*Health Literacy in Many Cultures,*” July 9-13, 2007, Honolulu, Hawaii. [http://www.ashaweb.org/annual\\_conferences.html](http://www.ashaweb.org/annual_conferences.html)

### **Join a regional network**

Additionally, it might be worthwhile to look into joining the European Network of Health-Promoting Schools (ENHPS), which is the “oldest”, and, to our knowledge, best functioning regional school health network in the world. (We realize that there is a difference between good and healthy schools and health-promoting schools, however, perhaps it would be beneficial to rather draw on the similarities and join an established network that will provide opportunities for sharing.) The ENHPS is a collaboration between the European Office of the World Health Organization, the Council of Europe, and the European Commission. For more information: <http://www.euro.who.int/ENHPS>

### **Translate website**

Another option would be to develop an English-language version of the Anshub.de website. This would allow a wider audience to read the content, and English-speaking partners could be asked to link to the site. After the website is translated, a marketing strategy should be developed to inform practitioners in school health about the site. One potential means of

informing about the site is a school health mailing of the World Bank's International School Health Initiative. However, most of the participants on this list seem to represent developing countries. For more information: <http://mailman.ic.ac.uk/mailman/listinfo/schoolhealth>

Any of the above recommendations could be utilized to share the concept and approach to Anshub.de, and especially the evaluation results as well as the instruments that have been used for evaluating Anshub.de.

### ***Whom to contact and collaborate with***

The section above already includes contact information. Additional worldwide organizations to contact include:

- **Education International**: the world's largest global union federation, representing more than 30 million teachers and education workers. For more information:

<http://www.ei-ie.org/en/index.php>

- **United Nations Educational, Scientific and Cultural Organization (UNESCO)**: the specialized UN agency for education, science, and culture that functions as a laboratory of ideas and a standard-setter, as a clearinghouse, and helping Member States to build their human and institutional capacities. UNESCO promotes international co-operation. For more information: [www.unesco.org](http://www.unesco.org)

- Potential collaboration with **Education Development Center**: Potentially collaborate with HHD/EDC for sponsoring a Global Resource Center for School Health/Health-Promoting Schools which would serve as a clearinghouse for research, materials, evaluations, trainers, exchange of experiences, etc. for promoting health and education through schools worldwide. EDC is planning to write a proposal for such a resource center, and to look for funding. The resource center will link to existing websites and resources and has the potential to draw school health researchers and practitioners from around the world (and thus provide one opportunity to showcase Anshub.de as well as recognize Bertelsmann Foundation as a partner or sponsor).

### **Conclusion**

In conclusion, the most important next step for Anshub.de appears to be conducting a follow-up qualitative evaluation to investigate in-depth the reasons for the low rate of

Anschub.de referral. Findings of that study should be used for making modifications to Anshub.de. In addition, impact evaluation should be conducted to assess the changes in attitudes, knowledge, and behavior associated with Anshub.de.

In the meantime, process evaluation results and current progress about Anshub.de can be shared internationally via peer-reviewed journals, international conferences, school health networks and potentially offering an English version of the Anshub.de website.