

AN ASSESSMENT OF THE NATIONAL 4-H GENERAL
HEALTH CURRICULUM IN OKLAHOMA

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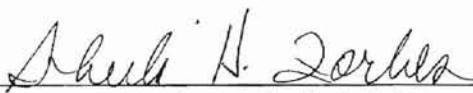
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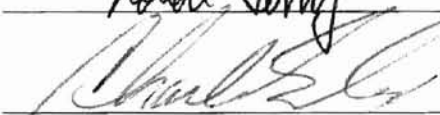
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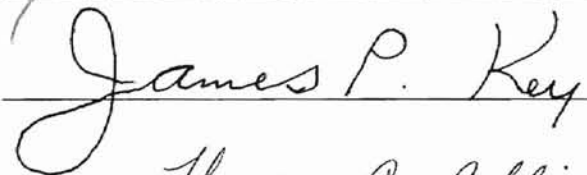
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CHAPTER I

INTRODUCTION

Background

A team of Cooperative Extension Specialists joined together as the National 4-H Health Curriculum Design Team for development of the Healthy Decisions age-graded (5-19 years) materials. Development of modules were divided between the group with Dr. Sheila Forbes and her writer Sarah M. Johnson taking responsibility for development of units for ages 5-8 and 9-11.

A proposal written by the National 4-H Health Curriculum Design Team, stated the primary focus of the general health curriculum, Healthy Decisions for Life, was to assist youth in making informed lifestyle choices. The curriculum was designed around six wellness factors: physical, social, intellectual, emotional, spiritual, and occupational. Learning activities were designed with both content and youth development (life skills) as learning outcomes.

The major objectives for the proposal were as follows:

1. To design, develop, implement and evaluate a pro-social healthy decisions program for two age/stage appropriate groups.

2. To design, develop and evaluate a parent support curriculum for each module and a facilitator's guide that coaches parents and instructors on how to support participating youth while providing factual information.
3. To pilot the modules for each targeted age group at selected sights from each region of the country.

The curriculum objectives for the total curriculum were as follows:

1. Learn the facts about health issues such as eating disorders, drugs, alcohol and smoking, skin and other cancers, risks related to sexual activity including pregnancy and sexually transmitted diseases, and suicide.
2. Understand the relationship between behavior and consequences
3. Practice techniques for dealing with peer pressure.
4. Understand and express emotions in a nonviolent manner
5. Strengthen youth self esteem and understand self responsibility.
6. Learn to cope with stressful situations such as school pressures, death of a friend or parent

These objectives were based on the National Health Education Standards (1995). There are seven health education standards.

1. comprehend concepts related to health promotion and disease prevention;
2. demonstrate the ability to access valid health information and health-promoting products and services,
3. demonstrate the ability to practice health-enhancing behaviors and reduce health risks.
4. analyze the influence of culture, media, technology, and other factors on health.

5. demonstrate the ability to use effective interpersonal communication skills to enhance health;
6. demonstrate the ability to use goal-setting and decision-making skills that enhance health,
7. demonstrate the ability to advocate for personal, family, and community health

The curriculum was designed primarily for youth that want to take health as a project, but it can also be used with special interest, school enrichment, or other youth development organizations. Special effort was made to ensure that the curriculum was sensitive and respectful of diversity. The curriculum activities were designed to promote positive adult/youth interactions.

Experiential Learning Model

This curriculum was written using the experiential learning model. It was important for leaders to keep this model in mind when assisting the members in the learning process. The experiential learning model consists of three parts: do, reflect, and apply. It is further broken down into five sections: experience, share, process, generalize, and apply.

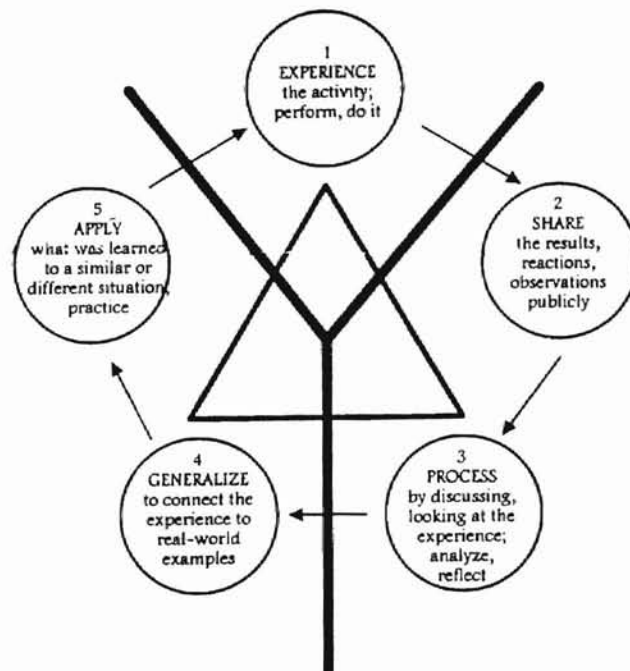


Figure 1. Experiential Learning Model

DO

1. Experience- discuss the purpose of the lesson and what the member is expected to do.

This is normally written in paragraph form and gives an overview of what is to come.

REFLECT

2. Share- this section promotes discussion among the members and with the adult leaders about what just happened. The curriculum aim was to initiate discussion through the use of a few thought-provoking questions. For example

What did you do?

What happened?

How did you feel...?

What was most difficult? Easiest?

3. Process- through the use of additional questions the members are encouraged to process the information that they just learned. For example:

What problems or issues seemed to occur over and over?

What similar experience(s) have you had?

APPLY

4. Generalize- this section lets the member generalize the new material and reflect on how that information affects them. For example:

What did you learn about yourself through this activity?

What did you learn about making decisions?

How do the major themes or ideas relate to real life and not just the activity?

How did you go about making your decision?

5. Apply- this last section summarizes what the member learned and lets them apply that knowledge to other situations in their life. For example.

How can you apply what you learned to a new situation?

How will the issues raised by this activity be useful in the future?

How will you act differently in the future as a result of this activity?

Characteristics of the Age Groups

It was important when developing this curriculum to keep in mind the characteristics of the two age groups. In a list compiled by the Southern Region 4-H Literature Educational Materials Committee (1990) it states that 9-12 year olds are quite active, have boundless energy, like group activity, like to be with members' own sex, have

interests that change rapidly, jump from one thing to another, like to have work entirely laid out in small pieces, need much guidance from adults, admire and imitate older boys and girls, have little formal leadership ability, are easily motivated, eager to try something new, like symbols and regalia, need recognition and praise for doing good work, and do not like to keep records, do not see the value in them, need assistance and close supervision. Therefore curriculum should put emphasis on doing (making things that require using hands), suggest small groups for project instruction, separate boys and girls for project work unless project is equally appealing to both, suggest many different tasks of short duration, outline "things to do" in detail, include literature that is elementary and well illustrated, suggest ways that parents can help, suggest ways that teen leaders can help, rely on adult leaders and teen leaders for leadership, suggest a variety of activities, make pins and medals available to those who earn them, present pins and medals in front of peers and parents, and make records as simple as possible, provide clear instructions, provide a place for parent and leader signatures and ask for a short narrative report (Southern Region 4-H Literature Educational Materials Committee, 1990)

Characteristics of the 5-8 age group include a slow steady growth pattern and mastering physical skills (this includes small muscle skills like printing with a pencil and large muscle skills like catching a fly ball). Craft projects usually end up messy with too much glue and crooked pictures. Activities need to be very active, not include a lot of paperwork, and minimize sitting still and listening skills. Allow 5-8 year olds time to practice skills but remember that their attention span is very short so projects should be simple

In addition, use real objects for examples. If a 5-8 year old has not seen it, heard it, tasted it, felt it, or smelled it, they have a hard time thinking of it. Demonstrate how to do new activities. This age group also enjoys collecting and categorizing things such as insects, rocks, or books.

Boys and girls may still enjoy playing together at this point, although at the end of the period the separation of sexes will occur. Small group activities are effective but approval by an adult is still critical. This age group likes to play and invent games. They are not very accepting of losing though. Cooperative games in which every child wins are recommended. Failure should be minimized and some measure of success should be found in every activity.

4-H Mission and Vision Statement

The following is the proposed vision, mission and goals of the Oklahoma 4-H program as stated by the Department of Agricultural Education, Communications and 4-H Youth Development (Strategic Plan, 1996)

The 4-H vision: Oklahoma is a national leader in developing youths' ability to become productive citizens and catalysts for positive change to meet the needs of a diverse and changing society Through 4-H youth development education, youth will:

- Feel valued and empowered as a resource in the community
- Practice effective problem-solving and decision making skills.
- Be environmental stewards.
- Demonstrate positive character and ethical behavior
- Appreciate human differences.

- Have a strong sense of community and social responsibility.
- Contribute to positive relationships with families, peers, and community.
- Demonstrate communication and leadership skills.
- Value lifelong learning.
- Feel the personal pride that comes from achievement.

The mission of the 4-H Youth Development Program is to provide Oklahoma youth, families and communities with educational programs which will create environments for diverse audiences of youth and adults to reach their fullest potential. In support of this mission the Department of Agricultural Education, Communications and 4-H Youth Development will:

- Provide community based experiential learning through clubs, school enrichment, special interest programs and mass media.
- Help youth develop skills that will benefit them throughout life.
- Foster leadership and volunteerism for youth and adults.
- Build internal and external partnerships for programming and resource development.
- Strengthen families and communities.
- Use research-based knowledge and the land-grant university system and other sources

Achievement of this mission will result in capable, competent and caring citizens

Objectives of 4-H Educational Materials

Four-H educational materials play a prominent role in the development of youth and volunteer leaders. Publications are a primary delivery system used to guide learning experiences that contribute to all phases of youth development and leader education

Because of this central role of publications and their impact on the total effort, there are certain broad objectives which all extension 4-H educational materials need to accomplish regardless of specific content. These objectives and the unique characteristics of the youth audience offer some challenging opportunities to those who develop 4-H publications.

Four-H publications should accomplish the following educational objectives: create interest in the specific project, provide factual information as a basis for decision making and creativity, give direction to the learning experiences and activities of the member or leader, provide opportunities for personal development, leadership, community service and career awareness, and provide a record of learning and accomplishments (Southern Region 4-H Literature Educational Materials Committee, 1990, p 4)

Problem of the Study

The relative effectiveness of the general health curriculum needs to be evaluated with respect to ease of curriculum usability, ease of use by the member as perceived by the leader, and relative satisfaction level

Purpose of the Study

The purpose of this study was to assess the satisfaction of participants of the Healthy Decisions for Life curriculum and the satisfaction and ease in usability as perceived by the leaders

Research Objectives

In order to accomplish the purpose of the study, the following objectives were established:

1. To assess the satisfaction with the curriculum “Healthy Decisions for Life/Exploring 5-8” through the use of a leader evaluation.
2. To assess the satisfaction with the curriculum “Healthy Decisions for Life/Level A 9-11” through the use of a leader evaluation.
3. To assess the ease of usability as perceived by the leaders using the Healthy Decisions for Life curriculum for both ages.

Justification of the Study

Health problems prevalent in today’s society can not be denied. An effective curriculum aimed at providing information dissemination and decision making skills to young people is of paramount importance in order to ensure good health on a long term basis. If we value protecting our children and their health, we must actively prepare them for this responsibility. A real and growing need exists for health education programs on a national, state, and local level.

Healthy Decisions for Life allows leaders to teach health concerns, practices, and awareness to members. This researcher will examine how educators are using the health materials, instructor expectations/goals for use of the materials, and member satisfaction as perceived by the leaders.

Definition of Terms

Cooperative Extension Service – the organization was created in 1914 with the passage of the Smith-Lever Act. Extension is cooperatively conducted in all counties and parishes through a cooperative agreement or partnership of the United States Department of Agriculture, the land grant institutions of the state, and the state and local county governments.

Curricula - courses of study in an educational setting.

Health Education Standards – standards that specify what students should know and be able to do. They involve the knowledge and skills essential to the development of health literacy. Those “skills” include the ways of communicating, reasoning, and investigating which characterize health education.

Health Knowledge – information that is needed to develop health literacy, maintain and improve health, prevent disease, and reduce health-related risk behaviors.

Health Literacy – competence in critical thinking and problem solving, responsible and productive citizenship, self-directed learning, and effective communication.

Healthy Decisions for Life Survey of Use - the questions found within the scope of this study to determine respondents' use and implementation of the curriculum with their members.

Life Skills – actions that promote health literacy, maintain and improve health, prevent disease, and reduce health related risk behaviors.

Responsible decisions – decisions that promote health, protect safety, protect laws, show respect for self and others, follow guidelines set by responsible adults such as parents and guardians, and demonstrate good character.

Youth Leader - one who works with members in a non-formal or formal educational setting (i.e. 4-H, classroom teacher, individual, or special interest group).

Major Assumptions

For the purpose of this study, the following assumptions were made:

1. Youth leaders use the Healthy Decisions for Life curriculum with members.
2. Instructors will respond to the survey willingly without feelings of pressure or personal threat.
3. Respondents to the telephone survey instrument followed proper procedures.
4. Health education could solve some of the problems humans face in decision making.

Scope of the Study

The population consisted of 21 youth leaders from ten different counties in Oklahoma. County extension agents volunteered their county to be involved in the pilot testing. It was the responsibility of the county agent to solicit the group leaders. It was just coincidental that all 21 youth leaders were female. This group of 21 consisted of classroom teachers, special interest group leaders, community club leaders, and individuals. The youth leader was then allowed to select which curriculum they would use based on the ages of the members in their club. Of the 21 youth leaders, ten used the "Healthy Decisions for Life/Exploring 5-8" curriculum and eleven used the "Healthy Decisions for Life/Level A 9-11" curriculum. No one evaluated both curricula.

Jury Review Process

The final version of this curriculum will go through the national jury process for curriculum review. A new curriculum must be accepted by the national jury review process to be included in the National 4-H Curriculum Collection.

The National 4-H Jury Curriculum Review Jury Pool is made up of 25 members who are experts in one or more of the following fields: curriculum design, youth development research, learning theory, experiential learning, teaching, program management, non-formal education, working with volunteers, and life skills. The Jury Pool is a demographically diverse group, including diversity in age, sex, ethnic background, and geography. Each member serves three years. Five members of the jury pool work on each curriculum.

The curriculum product will be judged against the National Criteria, using the following 4 point scale

- 4= unquestionably meets criteria
- 3= meets criteria to satisfactory degree
- 2= does not quite meet criteria
- 1= clearly does not meet criteria

All jurists ratings and comments for each criteria will be integrated into a composite rating form. A series of questions will lead to a recommendation

1. Are there fewer than four 1's?

If no. *returned to author – not accepted*

If yes, 2

2. Are there zero 1's and 2's?

If yes, *unconditionally accepted into national collection*

If no, curriculum product may be reconsidered by the jury, based on reviews of composite scores and comments, and may be *accepted with conditions into national collection*.

Definitions of the above boldface terms are as follows:

- Unconditionally accepted into national collection: this curriculum product is recommended for nationwide use as it stands.
- Accepted with conditions into national collection: this curriculum product has great strengths, and is recommended for nationwide use with some conditions as specified.
- Returned: this curriculum product does not meet National 4-H Criteria for Curriculum Development, and is returned to the authors with recommendations for possible revision and resubmission.

Format for Succeeding Chapters

Chapter I contains an introduction of this study, includes justification for the study, the research objectives, and major assumptions. In Chapter II the literature related to this study is reviewed. Chapter III is a discussion on the methods and procedures used in conducting the study. Chapter IV presents the data gathered through a telephone interview that was administered to Healthy Decisions for Life participants in Oklahoma. Chapter V provides a summary of the findings of the study as well as the conclusions and recommendations.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The review of literature in this chapter is closely related to the problem under study and is divided into categories. These include the need for a health curriculum, health curriculum development; the experiential learning model, youth at risk; surveying satisfaction; research methodology; curriculum evaluation and assessment; history of curriculum evaluation; methods of curriculum evaluation; related research; and summary.

Need for Health Curriculum

The 5-8 and 9-11 age curricula were partially funded by the Southern Region Curriculum Development Fund. The reason the Southern Region is so interested in improving health curriculum is well documented in current literature. Health issues/behaviors place young people at risk more often than any other issue. Unfortunately, this crisis is most prominent in the states in the southern region. Eight of the southern states rank in the bottom ten in health problems of youth, as was documented in the "Kids Count Data Book" (Center for the Study of Social Policy, 1992)

Southern children are more likely than other American children to die, to be in poorer health, to become teen parents, and to lack access to adequate health and economic support. In 1991, the region accounted for 47.2 percent of the nation's teen births, but had only 36.8 percent of all births (Health of America's Children, Children's Defense Fund, 1992).

Unhealthy young people (those who are alienated or depressed, who feel nobody cares, who are distracted by family or emotional problems, who are drinking or using drugs, who are sick or hungry, or abused or feel they have no chance to succeed in this world) are unlikely to attain the high levels of education required to be competitive in the twenty-first century. Thousands of these children will experience school failure, which for many will be a precursor to an adult life of crime, unemployment, or welfare dependency (Code Blue: Uniting for Healthy Points, 1990).

Recent research suggests that preventative approaches to health care and health education that hold the most promise are community based, community wide, programs which focus on individual behaviors and societal issues. To encourage and sustain health promoting practices, communities should be engaged in creating an environment that supports individual action (Healthy Youth 2000, National Health Promotion and Disease Prevention Objectives for Adolescents, 1990 and American Medical Association Adolescent Health Promotion Proceedings, 1993)

Health Curriculum Development

The health curriculum is a broad based term encompassing the six wellness factors. These are physical, social, intellectual, emotional, spiritual, and occupational. In this section I will address the above issues and materials used.

The six categories that the design team defined were based on the Wellness model, developed by the Student–Life Division at the University of Wisconsin-Stevens Point. The basic definitions of the six dimensions are (Hettler, 1980):

1. Intellectual – the degree to which one engages one’s mind in creative, stimulating mental activities. An intellectually well person uses the resources available to expand his or her potential for sharing with others.
2. Emotional – the degree to which one has an awareness and acceptance of one’s feelings. This includes the degree to which one has positive and enthusiastic feelings about oneself and life. It measures the capacity to appropriately control one’s feelings and related behaviors and to realistically assess one’s limitations.
3. Physical – the degree to which one maintains cardiovascular flexibility and strength, the degree to which one maintains behaviors that help prevent or detect early illnesses, and the degree to which one chooses foods that are consistent with the dietary goals of the United States, as reported by the Senate Select Committee on Nutrition.
4. Social – the degree to which one contributes to the common welfare of one’s community. This emphasizes the interdependence with others and with nature.
5. Occupational – the satisfaction gained from one’s work and the degree to which one is enriched by that work.

6. **Spiritual** – one’s ongoing involvement in seeking meaning and purpose in human existence. It includes a deep appreciation for the depth and expanse of life and natural forces that exist in the universe.

Obviously the meaning of these definitions has changed over time, but the six categories still remain in use. Today, the categories are based on ten life skills (The Joint Committee on Health Education Standards, 1995). As previously defined, life skills are actions that promote health literacy, maintain and improve health, prevent disease, and reduce health related risk behaviors. The ten content areas for which members learn health knowledge and life skills are:

1. *Mental and Emotional Health* is the area of health that focuses on gaining health knowledge and practicing life skills; making responsible decisions; using resistance skills when appropriate; choosing behaviors to promote a healthy mind; developing positive self-esteem; communicating with others in healthful ways; expressing feelings, and coping with stress in healthful ways.
2. *Family Living* is the area of health that focuses on developing relationship skills; avoiding discrimination; practicing conflict resolution skills; striving for healthful family relationships; making healthful adjustments to family changes; forming healthful and responsible friendships; recognizing harmful relationships; identifying resources to improve relationships; developing skills to prepare for future family life; and practicing life skills to support abstinence
3. *Growth and Development* is the area of health that focuses on caring for the body systems, recognizing changes during growth periods, accepting maleness/femaleness, accepting physical appearance, accepting one’s learning style; achieving appropriate

developmental tasks; learning about the beginning of new life; recognizing the needs of people of different ages, preparing for aging; and sharing feelings about dying and death.

4. *Nutrition* is the area of health that focuses on planning a healthful diet and includes choosing foods from The Food Guide Pyramid, adhering to dietary guidelines; reading food labels; making healthful food selections to reduce the risk of disease; making healthful selections when dining out; considering food safety; maintaining desirable weight; eating for healthful reasons; and recognizing eating disorders.
5. *Personal Health* is the area of health that focuses on making a personal health management plan that includes being well-groomed; caring for the body; having regular check-ups; following a dental health plan; obtaining adequate rest and sleep, and achieving a desirable level of physical fitness.
6. *Alcohol, Tobacco, and Other Drugs* is the area of health that focuses on kinds of drugs and their safe use; understanding the risk factors and protective factors associated with drug misuse and abuse; preventing the misuse and/or abuse of alcohol, tobacco, and controlled substances, recognizing how drug use increases the likelihood of HIV infection, seeking help for personal or family drug misuse or abuse; being aware of school and community intervention and treatment resources; choosing to be safe and drug-free, and using resistance skills when pressured to use drugs.
7. *Communicable and Chronic Diseases* is the area of health that focuses on recognizing communicable and non-communicable diseases; keeping the immune system healthy; preventing the spread of pathogens, reducing the risk of infection with common communicable diseases, STDs, and HIV, obtaining a family history for diseases,

reducing the risk of cardiovascular diseases and cancer; and recognizing ways to manage chronic diseases.

8. *Injury Prevention and Safety* is the area of health that focuses on following safety rules in the home, school, and community; following safety guidelines for different weather conditions and natural disasters; being able to get help for emergency situations; being skilled in basic first aid procedures; reducing the risk of violence; protecting oneself from those who are dangerous; and staying safe while riding in a car and enjoying exercise.
9. *Consumer and Community Health* is the area of health that focuses on choosing sources of health related information, products and services; analyzing advertising; recognizing and reporting quackery; spending money and time wisely; using school nurse and school health services when appropriate; using health care providers and health care facilities; cooperating with people in the community who protect health and safety; and volunteering in school clubs and community organizations and agencies that promote health.
10. *Environmental Health* is the area of health that focuses on showing concern about environmental issues, keeping the air clean; keeping the water clean; keeping the indoor environment free of pollution, keeping noise at a healthful level; protecting oneself from radiation; disposing of solid wastes properly; recycling; being aware of the effects of overcrowding, and cooperating with environmental protection agencies.

The materials were developed based on the National Health Education Standards listed in chapter one. It is believed that the Joint Committee on Health Education Standards was formed to develop national health education standards designed to help young people

become health literate. It is believed that the National Health Education Standards will also:

1. Ensure commonality of purpose and consistency of concepts in health education;
2. Improve student learning across the nation;
3. Provide a foundation for assessment of student performance;
4. Provide a foundation for curriculum development and instruction;
5. Provide a guide for enhancing teacher preparation and continuing education (The Joint Committee on Health Education Standards, 1995)

The Joint Committee on Health Education Standards is a committee whose purpose was to identify the National Health Education Standards that incorporate the knowledge and skills essential to the development of health literacy. Members consisted of professionals representing:

1. The American School Health Association,
2. The Association for the Advancement of Health Education,
3. The School Health Education and Services Section, American Public Health Association, and
4. The Society of State Directors of Health, Physical Education, Recreation and Dance.

There also were representatives from institutions of higher education, state education associations, local education associations, and classroom teachers (Meeks, et al., 1996)

Experiential Learning Model

Tell me and I will forget.

Show me and I will remember.

Involve me and I will understand.

This Chinese proverb captures the essence of experiential learning, or learning by doing, as does this health curriculum. Experiential learning approaches are those that primarily stress active participant involvement versus passive receptivity. Experiential learning occurs when a person engages in some activity, looks back on the activity critically, abstracts some useful insight from the analysis, and puts the results to work (Garside and Edwards, 1996). It provides a framework in which the inductive process can be facilitated since it proceeds from observation rather than from a prior truth, as in deductive processes. The purpose of experiential learning is the application and integration of concepts and philosophies that students acquire in the traditional classroom experience (Medoff, 1993). The three major parts of experiential learning are:

1. Connecting theoretical knowledge to real life experiences,
2. Valuing and fostering different ways of knowing, and
3. Encouraging lifelong learning (Sellnow & Seekins, 1992)

Experiential learning as described by Pfeiffer and Jones (1987) is a process, or cycle. This cycle consists of five steps: experiencing, publishing (sharing), processing, generalizing, and applying.

The first step is experiencing, or the actual “doing” part. The purpose of this stage is to develop a common data base for the discussion that follows. Whatever happens in the activity becomes the basis for critical analysis.

Sharing involves sharing reactions and observation about what happened within individuals, at both cognitive and affective levels while the activity was progressing.

Processing the experience is a systematic examination of commonly shared experiences by

those involved in the experience. Processing involves discussion of patterns and dynamics and is the pivotal step in experiential learning.

Generalizing involves abstracting ideas from the processing stage and inferring principles from the real world. And finally applying, or planning more effective use of the learning. Internalizing or conceptualizing communication theories and applications to everyday life happens in this step. Generalizations are applied to actual situations in which the students are involved, and to the communication theory being discussed.

Some considerations for using the experiential learning model are assess the learning needs of the members, then plan activities that effectively meet those needs. Also, consider the maturity of the group, the learning environment, and the skill and experience of the instructor (Pfeiffer and Jones, 1983). In addition, allow ample time for students to process and reflect on the experience itself (Brookfield, 1991).

Youth at Risk

The epidemic impact of AIDS, teen pregnancy, substance use and abuse, increased teen violence, poor nutrition, and lack of fitness all place children at risk of being unhealthy. The term “Youth at Risk” becomes reality in the health arena where so many risk factors contribute to an unhealthy child or teen

Research suggests that the only solution to these problems is to design a comprehensive informational and educational program that creates a healthy appreciation of oneself at an early age and that teaches decision-making skills. Furthermore, youth will only participate if the adult facilitator is knowledgeable, establishes a trust level with

participants, and creates a safe environment for youth to share information (Southern Region Health Needs Survey, 4-H Issues Based Health Task Force, 1992).

The Cooperative Extension Service developed a set of national priority initiatives during the period from 1986-1988. The Cooperative Extension System National Initiatives, Focus on Issues publication outlined eight areas for Extension priority efforts for the future. In 1988, a ninth initiative called Youth at Risk was added to the list

The September 1988 “Update”, from the Cooperative Extension’s Youth at Risk Task Force, provided insight into the group’s definition of youth at risk.

- The disturbing statistics and trends about poverty, education, health, child care, teenage pregnancy, substance abuse, depression, and suicide among the nation’s young bombard us in newspapers, magazines, and scholarly journals. All youth are at risk of not growing into productive adulthood; some are more vulnerable than others. Extension education programs in family and youth development are part of the existing support network and are called upon to examine efforts in light of the trends. These problems affecting youth have been lumped under the title “Youth at Risk” in the popular press, as well as in the name of our task force. Youth at risk is no longer a topic for only social workers and educators, it is discussed in boardrooms of major corporations and national political debate (Irby & O’Brien, 1988).

In a similar publication it said

- The Cooperative Extension System is committed to developing and delivering “Youth at Risk” programs as part of its educational mission within the land-grant university system. The Extension focus will be on prevention and intervention programs rather than treatment. Extension will expand the youth outreach mission and resources of

the total land-grant university system to meet the needs of youth at risk, develop and deliver programs for the most susceptible youth that build strengths and treat causes rather than symptoms, provide leadership and employment skills training for America's future leaders and workers, and train youth professionals and volunteers to work with young people, families, neighborhoods, and the larger community to identify and prevent potential problems (Youth, The American Agenda, 1989).

Surveying Satisfaction

The old adage "Rule 1 - The customer is always right. Rule 2 - If the customer is ever wrong, reread rule 1." (Warnock, 1992) should have been the goal of the study. The study measures satisfaction as perceived by the leader (customer). The authors should strive to make a user friendly curriculum that satisfies the needs and wants of their clientele.

In 1988, the Board of Regents of the state University of Florida required the University of Florida's Institute of Food and Agricultural Sciences (IFAS) to implement a statewide practice of surveying Extension effectiveness in providing information to the public (Board of Regents, 1988).

The Florida client study was patterned after a program evaluation process entitled, "Reflective Appraisal of Programs (RAP): An Approach to Studying Clientele" (Bennett, 1982).

The survey provides a straightforward program evaluation procedure that is readily understood by Extension staff and volunteers and relatively easy to use (Warnock, 1992).

The study by Peter Warnock said that by involving clientele and volunteers in program evaluation, they are able to speak from firsthand experiences about the effectiveness of Extension information transfer in Florida. Volunteers and clients are unquestionably more credible in justifying this work.

There are other forms of evaluation other than survey. Scholl, et al. (1994) said non-reactive or unobtrusive methods, as they are sometimes called, are used to collect data without asking for it and overcome response problems, such as selective participation. Using existing census data is an example of a non-reactive method.

The research literature describes non-reactive approaches as those methods that do not require a response from the participant. This can certainly be observation, but using existing data is also a possibility. In fact, these methods are most everything except questionnaires, tests, and surveys (Webb, et al., 1981).

Research Methodology

A key component of descriptive research is the design of the data collection instrument. For this study, three collection methods were considered: face-to-face interviews, telephone interviews, and mailed questionnaires. The advantages and disadvantages of each were evaluated. There are several specific deficiencies of all interview situations (Denzin, 1970). Three problems include potential language barriers and the meanings of words and symbols; people's resistance to "telling all"; and groups tendencies to create their own rules and respond based on their own perceptions of truth

The advantages of the face-to-face interview method include the adaptability and flexibility; probing with appropriate follow-up questions is more natural, and greater clarity and depth can be achieved by effective interviewers (Borg, 1963).

The disadvantages of the face-to-face interview method include the time required to conduct the interviews and then interpret the results of the interviews; the total cost of conducting personal interviews face-to-face, and the likelihood of bias from personal contact with the interviewer (Dillman, 1978).

The advantages of telephone interviews include lower costs, less time required, high rates of return, high rates of completion due to telephone etiquette, opportunity for open ended and probing questions, and good interviewer control (Dillman, 1978; Frey, 1983; Groves & Kahn, 1979; Key, 1985).

The disadvantages of the telephone interview include time requirements, personnel requirements, likelihood of bias from socially acceptable responses, and problems associated with complex questions (Frey, 1983, Dillman, 1978).

In the case of this study, the mail questionnaire would have had serious limitations. The disadvantages of the mail questionnaire include lower return rates, problems with open ended questions, lack of opportunity to probe or clarify, and longer implementation times (Frey, 1983; Dillman, 1978).

Based on the above mentioned advantages and disadvantages a telephone interview method was selected as the best method for this study. Further review of the literature helped to identify techniques for developing and administrating the telephone interview. Dillman's text, Mail and Telephone Surveys, The Total Design Method (1978), described the "total design method" as being based on two factors: understanding that

responding to a telephone interview is a social exchange with costs, and, rewards is part of getting people to respond.

The researcher tries to achieve three goals: minimizing the cost of responding, maximizing the rewards for responding, and establishing trust that the rewards will be delivered (Dillman, 1978). Since the primary researcher conducted all interviews, time spent training interviewers, subjective biases, and interview differences were eliminated

Three types of items may be used in telephone interviews: fixed-alternative items, open-ended items, and scale items. Both open-ended items and scale items were chosen to be used in this study.

Open-ended items are flexible and allow the respondent to freely choose the form and content of the answer. They usually lead to a wide variety of answers that are harder to quantify, but provide more in depth qualitative data.

Scale items allow the respondent to choose the degree of agreement or disagreement to a question by using either words or numbers. This leads to easily quantifiable data

Curriculum Evaluation and Assessment

It appears that it can not even be agreed upon as to the definitions of curriculum, evaluation, and assessment. This section will establish a definition of curriculum, evaluation, and assessment as used in this study

Some say that curriculum is a specific course that can be implemented in one or many schools, whereas others may say it is the total of a student's experiences in school (Madaus & Kelleghan, 1992). Most of the definitions of curriculum are related to one

another as you can see from the following three definitions, collected from three different authors over a period of almost 50 years (Jackson, 1992).

1. Curriculum is all of the experiences children have under the guidance of teachers (Caswell & Campbell, 1935)
2. Curriculum encompasses all learning opportunities provided by the school (Saylor & Alexander, 1974).
3. Curriculum is a plan for all experiences which the learner encounters under the direction of the school (Oliva, 1982).

For the purpose of this study, the following definition will be used. Curriculum is sometimes used in a wide sense to cover various educational activities through which the content is conveyed as well as materials used and methods employed (Oches, 1977)

The basic definition of evaluation is the determination of a thing's worth. In education, evaluation is the formal determination of the quality, effectiveness, or value of a program, product, project, process, objective, or curriculum (Worthen & Sanders, 1987)

The Joint Committee on Standards for Educational Evaluation (1981) defined evaluation as the systematic investigation of the worth or merit of some object. For the purpose of this study, the definition of evaluation is the act of rendering judgement to determine value (worth and merit) without questioning or diminishing the important roles evaluation plays in decision-making and political activities (Worthen & Sanders, 1987)

And, the definition of assessment is an activity designed to show what a person knows or can do. It is concerned with the appraisal of individuals. Educational assessment is based largely on teachers' observations of students as they participate in learning activities (Jackson, 1992)

In comparison, assessment is concerned with the appraisal of individuals, evaluation is concerned with the appraisal of programs, curricula, or institutions (Jackson, 1992)

History of Curriculum Evaluation

Tyler, in the 1930s, conceptualized the objectives based approach to education evaluation. He was, in a sense, the father of modern educational evaluation (Armstrong, 1989). Tyler realized that program evaluations of that time were often haphazard and consisted of random questions from the course content. He concluded that specific learning objectives should be developed

Tyler taught educators how to use objectives and firmly believed that evaluation ascertained the degree to which objectives were met. Most objective based evaluations of today are based on Tylerian ideas (Worthen & Sanders, 1987)

During the 1950s and 1960s, concern began to surface about the thoroughness of objective based evaluation, including the selection of objectives (Armstrong, 1989) Some felt that objective based evaluation did not allow for alteration of the program as it was being delivered. Evaluation should provide regular feedback to program developers as instruction was being delivered (Scriven, 1967) But, many of the evaluations during this time were inadequate, simply because school district personnel did not know proper methods (Worthen & Sanders, 1987)

New evaluation methods began to surface in the late 1960s. These prototypes progressed into the 40 models that are being used today in education evaluation (Worthen & Sanders, 1987)

Methods of Curriculum Evaluation

To date there appear to be few curriculum evaluation models specifically for the evaluation of curriculum in the non-formal education setting (Haygood, 1994). Traditional evaluations were largely objective in nature. Objective evaluation methods are still in use, and have their place in the repertoire of a curriculum evaluator. They are however, limited by a tendency to focus on observable end products (King, 1991).

One alternative to traditional, objective based evaluation is qualitative research and evaluation, as used in this study. Five approaches to qualitative evaluation are interpretive; artistic; systematic; theory-driven; and critical/emancipatory (Jackson, 1992)

Most serious evaluators believe that whatever form the evaluation takes, the results should be used to make decisions. Stufflebeam was very much interested in schemes that lead to evaluations that would aid in managing and improving programs (Stufflebeam & Shinkfield, 1985). He viewed evaluation as the process of delineating, obtaining, and providing useful information for judging decision alternatives (Stufflebeam, 1973)

Stufflebeam developed a four part model that has been widely used as a basis for evaluation. The model's four parts include context evaluation, input evaluation; process evaluation; and product evaluation. The model is popularly known as the CIPP model for evaluation (Stufflebeam et al., 1971).

However, for the purpose of this study, the curriculum was evaluated based on a telephone interview with the leaders assessing their enjoyment of the curriculum, their ease

of usability of the curriculum, and the members enjoyment of the curriculum as perceived by the leaders.

Related Research

Similar educational materials, developed by the 4-H, exist today. In 1990, the Ohio State University Cooperative Extension Service developed a comprehensive tobacco awareness curriculum for elementary teachers. The Tobacco Risk Awareness Program, TRAP, offers a manual with 26 lesson plans and classroom activities for grades two through six (Plymale, 1992)

The program incorporates visual and teaching aids to show how an early prevention program on tobacco helps increase the child's ability to make sound intellectual, physical, and social decisions. The 89-page curriculum manual details an educational program for youth educators to follow in helping primary age students develop positive health attitudes toward the nonuse of tobacco products. Easy-to-follow, one-to-three page lesson plans incorporate tobacco education into the curriculum areas of health, science, music, language arts, and spelling, as well as the life skill areas of decision making and self-awareness (Plymale, 1992)

Summary

In summary, the review of literature in this chapter is closely related to the problem under study and is divided into categories. These include the need for a health curriculum, health curriculum development, the experiential learning model; youth at risk; surveying

satisfaction; research methodology; curriculum evaluation and assessment; history of curriculum evaluation, methods of curriculum evaluation; related research; and summary.

The culmination of this material provided a framework on which to base the development of the study. Curriculum evaluation is an ongoing process of key importance to the continual development of improved curricula for America's youth. The researcher wanted to develop the best general health curriculum possible for the designated age groups. Therefore, evaluating this curriculum became crucial to knowing whether or not it was accepted by the public and the areas in which it could be improved.

CHAPTER III

DESIGN AND METHODOLOGY

Introduction

This chapter contains the following areas research design, research methodology, selection of the population, research instrument, data collection, and data analysis

Research Design

The design of the study was developed to achieve the following objectives:

1. To assess the satisfaction with the curriculum “Healthy Decisions for Life/ Exploring 5-8” through the use of a leader evaluation.
2. To assess the satisfaction with the curriculum “Healthy Decisions for Life/Level A 9-11” through the use of leader evaluations.
3. To assess the ease of usability as perceived by the leaders using the Healthy Decisions for Life curriculum for both ages

Research Methodology

To meet the objectives as stated for this study, the population of 21 volunteers was divided into four groups classroom teachers, community club leaders, special interest

groups, and individuals. They all completed an interview schedule related to the outlined objectives.

Scope of the Study

The population consisted of 21 youth leaders from ten different counties in Oklahoma. County extension agents volunteered their county to be involved in the pilot testing. It was the responsibility of the county agent to solicit the group leaders. It was just coincidental that all 21 youth leaders were female. This group of 21 consisted of classroom teachers, special interest group leaders, community club leaders, and individuals. The youth leader was then allowed to select which curriculum they would use based on the ages of the members in their club. Of the 21 youth leaders, ten used the “Healthy Decisions for Life/Exploring 5-8” curriculum and eleven used the “Healthy Decisions for Life/Level A 9-11” curriculum. No one evaluated both curricula.

The respondents were categorized based on their own individual descriptions. They chose to be representatives of one of the four groups (classroom teachers, community club leaders, special interest group leaders, or individuals).

Research Instrument

The instrument development phase of the research included several identifiable and interrelated processes:

- 1 selection of the appropriate measurement scale,
- 2 development of a set of items to measure attitudinal variables;
- 3 preparation of items to measure leader expectations of the program,

4. preparation of items to indicate preferences for supplemental teaching materials;
5. preparation of items to measure preferences of leaders in the use of the material,
- 6 selection and editing of questionnaire items;
- 7 format, layout, and design; and
- 8 consideration of validity and determination of reliability

Oppenheim's 1966 review of the literature concerning the construction of scales of measurement indicates that few major advancements have occurred since the Thurstone and Likert scales were developed. Among the approaches to attitudinal measurement as found in the literature, the one used most often is still the Likert scale (Bulmer, 1979).

The Likert-type scale was selected for use in the research for a number of reasons. The relative ease of construction adhered to the basic understanding of this project that the methodology and instrument were adaptable and usable by other researchers. The Likert-type scale requires relatively less time from respondents than other methods because they chose one of four responses that were consistent throughout the survey. The scale has a wide range of applications and it can be used with a large number of test items (Bulmer, 1979). Questions A through S used the Likert type scale.

The instrument (Appendix B) also contained five open ended questions and some demographic questions. The open-ended questions were used to get a better understanding of the respondents likes and dislikes as well as any suggestions for improvement. The demographic data was used to group the respondents.

The instrument was a shortened version of the National 4-H Curriculum Evaluation instrument. The instrument is a proven reliable instrument that has been pilot tested, used in previous curriculum evaluation studies, and jury reviewed.

Data Collection

As stated in the literature, three possible data collection methods were considered. The telephone interview was chosen as the desired method of data collection. The interview schedule had to be constructed to meet the objectives of the study. Dillman's text *Mail and Telephone Surveys* (1978) was written to give social science researchers alternatives to face-to-face interview. Techniques for writing clear questions were used to eliminate the need for clarity and less probing.

Advance letters to all respondents were designed to help build rapport with the respondent and reduce the element of surprise of a telephone call and the likelihood of rejection. Letters were sent with the curriculum to volunteers solicited by the county extension agents. The letter thanked respondents for agreeing to pilot test the curriculum and to let them know that they would receive a call during the week of February 17, 1997 to set up an interview appointment during the week of March 3, 1997.

Each respondent received a letter addressed to them and signed by the researcher in an effort to build trust and rapport. Dillman also stressed the importance of the first few questions in building trust. The questionnaire was revised to shorten the introduction and move right into the questions. The beginning questions were demographic and established respondent category.

The telephone survey was designed to provide a profile of the demographics of the club, the category in which they were teaching (classroom, community club, special interest, or individual), number of years in their position, age group tested, ease of

usability, leader satisfaction with the Healthy Decisions for Life curriculum, and member satisfaction as perceived by the leader

The primary researcher conducted all the telephone interviews to increase reliability of the questionnaire and decrease variability of the questions. A script, written on the survey instrument (Appendix B) was strictly followed. All respondents were provided with the same information and instructions before answering the questions.

All respondents agreed to the conditions of the survey. They understood that all materials were coded so that answers would remain in confidence. As the questions were asked, the answers were recorded on the survey instrument, also called a call record. The call record was designed to provide a temporary identification record for each respondent and allow the researcher to keep track of vital information needed to complete an interview. A schedule was also kept with each respondent's interview time, whether or not the interview was completed, and a reschedule time if necessary

Several faculty members in the Department of Agricultural Education, Communication, and 4-H Youth Development who were not in the final population reviewed the instrument

Federal regulations and Oklahoma State University policy require review and approval of all research studies that involve human subjects before investigators can begin their research. The Oklahoma State University Office of University Research Services and the Oklahoma State Institutional Review Board conduct this review to protect the rights and welfare of human subjects involved in biomedical and behavioral research. In compliance with the aforementioned policy, this study received the proper surveillance and was granted permission to continue, approval number AG-97-010 (Appendix A)

Data Analysis

The interviews resulted in the collection of both quantitative and qualitative data. Since the study groups were actually populations it was deemed inappropriate to run statistical tests for comparison between the four groups. Descriptive statistics data including distribution tables, means, standard deviations, and ranges were calculated for each of the professional positions for the quantitative questions. The same calculations were completed for the total group of respondents.

Demographic data were collected to determine the length of time each respondent was involved in education. Mean score and standard deviation were calculated for each of the four groups: classroom teacher, community club leader, special interest group leader, and individual for each age group 5-8 and 9-11. For a difference in mean score to be considered notable it had to be 0.50 difference between means on a four point scale.

Qualitative answers were grouped by category when reporting. Appendix C shows a complete listing of all answers given in the open-ended questions.

CHAPTER IV

FINDINGS

Introduction

The purpose of this study was to assess the satisfaction of participants of the Healthy Decisions for Life curriculum and the satisfaction and ease in usability as perceived by the leaders.

Data were collected through telephone interviews with 21 respondents from four categories. The four groups of respondents included classroom teachers, community club leaders, special interest group leaders, and individuals. The first section of this chapter reports the general characteristics of the respondents. The second section reports responses, in tables, to specific questions. In the third section there are summaries of the responses to the open ended questions included in the survey. And the fourth section has a review of how the respondents reacted to the data collection process.

Characteristics of the Respondents

Selected counties as outlined in Chapter III solicited the participants. The only demographic information collected from the leaders was the number of years she had

been in her position. The number of years of experience in the position was considered to have a potential influence on the respondent's replies to interview questions.

A total of 21 individuals were interviewed. All of which were contacted by telephone and consented to be interviewed. The resulting 100 percent completion rate was one of the factors taken into consideration in the selection of the telephone interview methodology. Table I shows the number of participants that were contacted and the numbers that participated in each category.

TABLE I
DISTRIBUTION OF PARTICIPANTS BY PROFESSIONAL POSITION

Group	No contacted	No participating	%
Classroom teacher	8	8	100.00
4-H Leader	7	7	100.00
<i>Special Interest group</i>	2	2	100.00
Individual	4	4	100.00
Total	21	21	100.00

Years of involvement in education was considered to have a possible effect with regard to some of the questions that were being asked as part of the survey, so demographic information was collected for this variable. Involvement in education was defined as professional involvement as teacher, Extension agent, 4-H leader, or parent working with home school children. Each respondent was allowed to indicate the approximate number of years she had been involved based on her own interpretation of the question. Table II indicates the respondents' answers to that question.

TABLE II
INVOLVEMENT IN EDUCATION BY PROFESSIONAL POSITION

Group	Years Involved											
	0-1		2-3		4-7		8-14		15 & Over		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Classroom teacher	1	4.76	0	0.00	0	0.00	3	14.29	4	19.05	8	38.10
4-H Leader	2	9.52	1	4.76	4	19.05	0	0.00	0	0.00	7	33.33
Special Interest Group	0	0.00	0	0.00	2	9.52	0	0.00	0	0.00	2	9.52
Individual	0	0.00	3	14.29	1	4.76	0	0.00	0	0.00	4	19.05
Total	3	14.29	4	19.05	7	33.33	3	14.29	4	19.05	21	100.00

It was found however, that there was little if any difference in responses due to the number of years involved in education. All participants liked the curriculum equally well for a variety of reasons

Responses to Specific Questions

The following discussion will highlight differences among group means and standard deviations. Means are the mathematical average that is achieved by adding all the numbers in a group and dividing by the number of numbers in the group. Standard deviation is a measure of the deviation of individual numbers from the mean of the group. Standard deviation is used to show uniformity or difference within a group. Smaller standard deviation scores indicate less difference between the numbers in the group and

likewise, larger standard deviations represent larger difference between the numbers in a group

When reviewing the data it was deemed appropriate to get a mean for each of the specific questions. Table III shows all scores for the respondents that used the 5-8 year old curriculum in the order in which they appeared on the survey. Table IV shows all scores for the respondents that used the 9-11 year old curriculum in the order in which they appeared on the survey. Ratings were assigned using the following scale

Much=3.50-4.00

Some=2.50-3.49

Little=1.50-2.49

None=1.00-1.49

TABLE III

EVALUATIVE CRITERIA MEAN (5-8 year olds)

Evaluative Criteria	Overall Mean	SD	Rating
Different as result of experience	3.73	0.47	Much
Learn about own abilities and limits	3.27	0.65	Some
Enjoy being a leader	3.91	0.30	Much
Learning by discovery	3.64	0.50	Much
Adult, family and community resources	3.36	0.67	Some
Get along with others their own age	3.73	0.47	Much
Setting goals and making decisions	3.09	1.74	Some
Activities appropriate and useful	3.73	0.47	Much
Good sequence	3.18	0.87	Some
Knowledge and skills useful	3.82	0.40	Much
Challenge members but experience success	3.82	0.40	Much
Experiential learning model	3.64	0.50	Much
Worth time and effort	3.91	0.30	Much
Member interest	4.00	0.00	Much
Relationship between content and interest	3.82	0.40	Much
Adequate length	3.82	0.40	Much
Easy material	3.64	0.67	Much
Adequate number of activities	3.73	0.47	Much
Willing to lead again	3.82	0.40	Much

In table III, it can be seen that the range in question means varied from 3.09 to 4.0. All of the questions received a mean rating of “some” or above. However, individual answers ranged from 1.0 to 4.0. This shows that leaders of the 5-8 year old curriculum all thought the members showed much interest in the topic. Most enjoyed being a leader in the experience, thought it was worth the time and effort it took, thought the knowledge and skills learned were useful, and thought the curriculum challenged members but allowed them to experience success.

Only to “some” extent did the leaders feel the curriculum involved significant adult, family, and community resources, have members learn about their own abilities and limits, follow a good sequence from easy to harder material, and involve setting goals and making decisions.

TABLE IV
EVALUATIVE CRITERIA MEAN (9-11 year olds)

Evaluative Criteria	Overall Mean	SD	Rating
Different as result of experience	3.40	0.97	Some
Learn about own abilities and limits	3.50	0.53	Much
Enjoy being a leader	3.90	0.32	Much
Learning by discovery	3.70	0.48	Much
Adult, family and community resources	3.30	0.67	Some
Get along with others their own age	3.80	0.42	Much
Setting goals and making decisions	3.60	0.52	Much
Activities appropriate and useful	3.70	0.48	Much
Good sequence	3.30	0.48	Some
Knowledge and skills useful	3.90	0.32	Much
Challenge members but experience success	3.70	0.48	Much
Experiential learning model	3.90	0.32	Much
Worth time and effort	3.80	0.42	Much
Member interest	3.70	0.48	Much
Relationship between content and interest	3.60	0.52	Much
Adequate length	3.80	0.42	Much
Easy material	3.70	0.48	Much
Adequate number of activities	3.70	0.48	Much
Willing to lead again	3.80	0.42	Much

Table IV shows that the range in question means varied from 3.36 to 3.91. All of the questions received a mean rated at “some” or above. However, individual answers ranged from 1.0 to 4.0. This shows that most leaders of the 9-11 year old curriculum enjoyed being a leader in the experience much of the time, thought the knowledge and skills learned were useful, thought the curriculum followed the experiential learning model to a high extent, thought the curriculum taught members to get along with others their own age, and thought it was worth the time and effort it took much of the time.

Only to some extent did the leaders feel that members were different as a result of the experience, the curriculum involved significant adult, family, and community resources, and followed a good sequence from easy to harder material.

Responses to Open Ended Questions

In the third section of this chapter are summaries of the responses to open-ended questions. A pie chart format was used to depict data. It was chosen due to the ease in reading the data. Figure 2 relates to open ended question T, “What did you feel was the most effective part of the curriculum?”. Individual lessons, such as the hand washing activity, were the most effective according to 42.86% of the respondents. The use and design of the experiential learning model was appreciated by 19.05%. The fact that the curriculum encouraged members to work together was mentioned by 14.29%. The impact the curriculum had on the members, the way they walked away from an activity feeling good about themselves was most effective according to 9.52%. Decision making skills were most effective for 9.52%. And 4.76% appreciated the leader information provided

to help leaders with specific details and instructions of the curriculum. Appendix C lists all responses to question T.

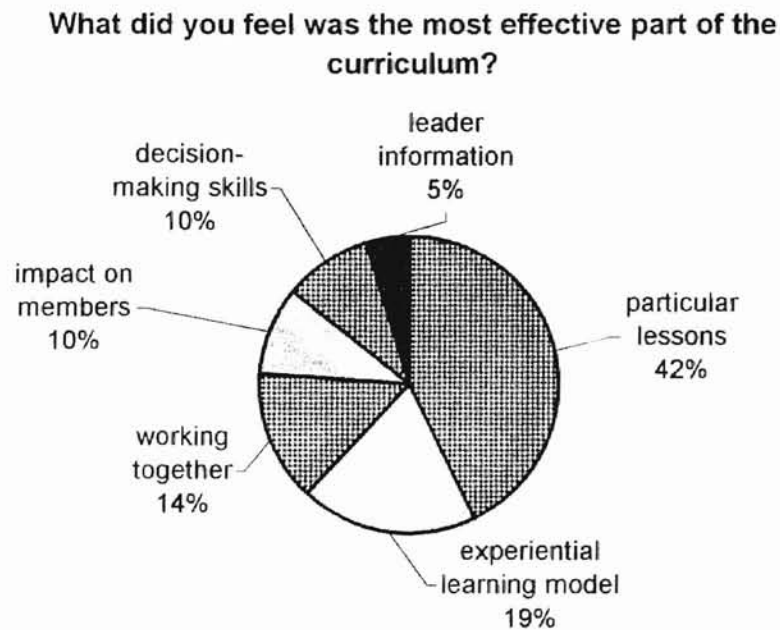


Figure 2. Summary of responses to Question T

Figure 3 relates to open ended question U, “What did you feel was the least effective part of the curriculum?” Nothing was least effective was mentioned by 38.10%. Particular lessons or activities were ineffective and therefore needed to be changed according to 33.33%. The materials were not new and were therefore least effective for 14.29%. (The activities were things the members learned in school or did at home.) Lack of leader explanations, the leaders guide needed to be set up differently so that it was easier to follow, and the use of the experiential learning model were least effective for 4.76% each. Appendix D lists all responses to question U.

What did you feel was the least effective part of the curriculum?

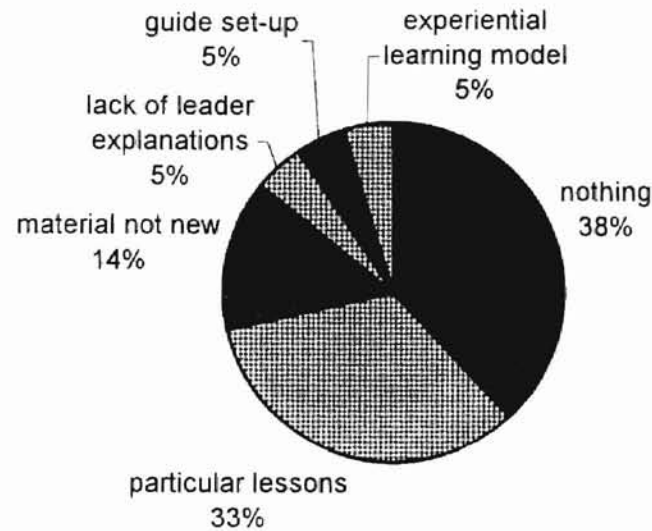


Figure 3 Summary of responses to Question U

Figure 4 relates to open ended question V, “What part of the curriculum would you change?”. Not change anything was mentioned by 47.62%. Some of the activities, like use green fluorescent paint for the hand washing activity, not red, were answered by 23.81%. Change the leaders guide so that it is easier to understand and add more activities for the younger age groups like Kindergarten because they did all the available activities and now want more were mentioned by 9.52%. And, add graphics to make the curriculum easier to follow and change the set up of the experiential learning model were mentioned 4.76%, each. (It was explained to all participants that the curriculum was in pilot form and that the final form would be illustrated.) Appendix E contains a complete list of responses to open ended question V

What part of the curriculum would you change?

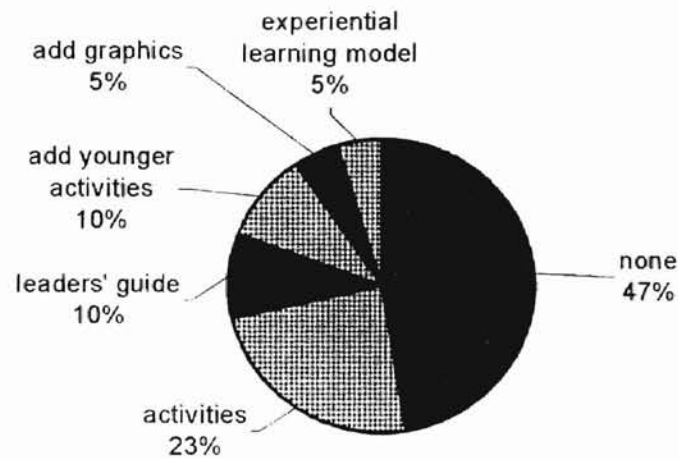


Figure 4. Summary of response to Question V

Figure 5 relates to open ended question W, "Are there other topics you would like to see included?". The most popular answer by far was that the material was well covered and they could not think of any additional topics that needed to be included by 90 48% Manners and multi-culturalism were answered by 4 76% of the respondents, each Appendix F contains a complete list of responses to open ended question W

Are there other topics you would like to see included?

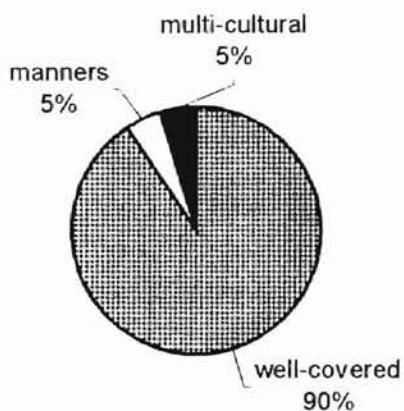


Figure 5 Summary of responses to Question W

Figure 6 relates to open ended question X, “What would you need in the future to use the curriculum?”. The curriculum was self-explanatory was answered most often at 42.86%. Additional resources and workshops/training sessions would make it easier to teach this curriculum in the future were mentioned by 28.57% of the respondents, each Appendix G contains a complete list of responses to open-ended question X

What would you need in the future in order to use the curriculum?

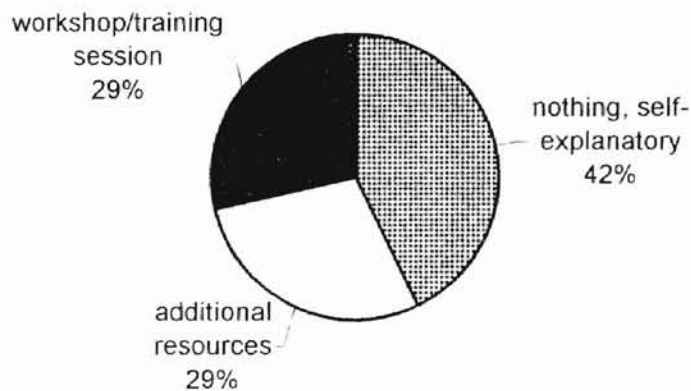


Figure 6. Summary of responses to Question X

Respondents Reaction to Data Collection

All 21 respondents were contacted by telephone and consented to be interviewed. However, organizing interviews and reaching people on the telephone was not an easy task. Initial letters were sent out with the curriculum letting the user know who the researchers were, that they would be contacted by telephone to set up an interview time and date, and to thank them in advance for agreeing to participate. It took multiple calls to reach many people and set up an appointment. Then, some respondents were not in when called during their allotted time and had to be rescheduled.

One of the concerns dealing with telephone interviews is the length allotted for each interview. Frey (1983) reported that on some specialized telephone interviews, the calls lasted as long as 50 minutes. However, most research recommends keeping the call to less than 15 minutes. In the initial letter sent out by the researcher, one half hour was allotted for each telephone interview. When consenting to the interview, respondents understood that the interview would not take longer than 30 minutes. On average however, the calls took less than 15 minutes.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Purpose of the Study

The purpose of this study was to assess the satisfaction of participants of the Healthy Decisions for Life curriculum and the satisfaction and ease in usability as perceived by the leaders.

Research Objectives

In order to accomplish the purpose of the study, the following objectives were established:

- 1 To assess the satisfaction with the Healthy Decisions for Life curriculum of the Exploring 5-8 age group through the use of a leader evaluation.
- 2 To assess the satisfaction of the Level A 9-11 age group, through the use of leader evaluations, after completing the Healthy Decisions for Life curriculum
- 3 To assess the ease of usability as perceived by the leaders using the Healthy Decisions for Life curriculum for both ages.

Design

Following a review of literature procedures were developed to achieve the purpose and objectives of the study

Four groups of respondents were identified to represent the views of those individuals and groups that would likely be using the curriculum. The groups included: classroom teachers, community club leaders, special interest group leaders, and individuals.

The respondents were selected by county agents who solicited volunteers to pilot the Healthy Decisions for Life curriculum. All 21 respondents that pilot tested the curriculum were surveyed giving the study a 100% response rate.

The telephone interview schedule included one set of scaled questions related to the extent which the leaders were satisfied with the curriculum, the members were satisfied with the curriculum as perceived by the leaders, and the ease of usability. It also included five open-ended questions to elicit qualitative responses that could be used to improve the final version of the curriculum.

The data collected from the 21 respondents was coded for confidentiality and entered into the statistics package of Microsoft Excel for analyzing. The quantitative data were analyzed through comparisons of means and standard deviation.

The researcher personally conducted all of the telephone interviews. The interviews averaged approximately 15 minutes in length. During most of the interviews rapport was established between the researcher and the respondent. This allowed for the researcher to gather more qualitative data that is usually only obtained in face to face interviews

Major Findings of the Study

The findings of the research were reported in four sections as included in Chapter IV. The major findings related to the study objectives are reported here. The section on reaction by the respondents to the data collection procedures is reported only in Chapter IV. Therefore, the major findings are reported in the following three sections:

- Characteristic of the respondents
- Responses to specific questions
- Responses to open ended questions

Characteristics of the Respondents

The respondents represented four groups: classroom teachers, community club leaders, special interest group leaders, and individuals. All 21 of the selected respondents were available during the time of the interviews and all 21 participated in the interviews. A 100 percent response rate was achieved with the final respondents including: eight classroom teachers, seven community club leaders, four individuals, and two special interest group leaders

Involvement in education was considered to be a potentially confounding variable, so data were collected on the number of years each respondent had been involved in education. Of the 21 respondents, 19.05 percent had been involved in education for 15 or more years, 14.29 percent had been involved in education for 8-14 years, 33.33 percent had been involved in education for 4-7 years, 19.05 percent had been involved in education for 2-3 years, and 14.29 percent had been involved in education for 0-1 years

It was found however, that there was little if any difference in responses due to the number of years involved in education. All participants liked the curriculum equally well for a variety of reasons.

In addition, it was merely coincidence that all twenty-one respondents were female. Of those respondents, eleven evaluated the 5-8 year old curriculum and ten evaluated the 9-11 year old curriculum.

Responses to Specific Questions

Means and standard deviations were calculated for each of 19 questions using the Likert-type scale method. These were divided by respondents who pilot tested the 5-8 year old Healthy Decisions for Life curriculum and respondents who pilot tested the 9-11 year old Healthy Decisions for Life. When comparing the means within each of the four groups there were noticeable differences. Almost all noticeable differences were found in the special interest group leader category. This could be due to the small number of respondents (one in the 5-8 age group and one in the 9-11 age group). Or it could be related to the fact that perhaps special interest group leaders are not as accustomed to working with formal curricula and therefore had unreasonable expectations.

Table V and Table VI depict the nineteen Likert-type scale questions asked, the mean and standard deviation for each of the four professional categories, and the overall mean and standard deviation. From these tables you can see that respondents gave high ratings to all questions asked, with emphasis on member interest, enjoyed being a leader, worth the time and effort it took, and knowledge and skills useful.

TABLE V

EVALUATIVE CRITERIA MEAN BY PROFESSIONAL CATEGORY (5-8 year olds)

Evaluative Criteria	Classroom Teacher		Community Club Leader		Special Interest Group Leader		Individual		Overall	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Member interest	4.0	0.00	4.0	0.00	4.0	0.00	4.0	0.00	4.00	0.00
Enjoyed being a leader	3.8	0.45	4.0	0.00	4.0	0.00	4.0	0.00	3.91	0.30
Worth time and effort	3.8	0.45	4.0	0.00	4.0	0.00	4.0	0.00	3.91	0.30
Knowledge and skills useful	3.8	0.45	3.7	0.58	4.0	0.00	4.0	0.00	3.82	0.40
Challenge members but experience success	3.6	0.55	4.0	0.00	4.0	0.00	4.0	0.00	3.82	0.40
Relationship between content and interest	4.0	0.00	3.3*	0.58	4.0	0.00	4.0	0.00	3.82	0.40
Adequate length	3.8	0.45	4.0	0.00	4.0	0.00	3.5	0.71	3.82	0.40
Willing to lead again	3.8	0.45	4.0	0.00	4.0	0.00	3.5	0.71	3.82	0.40
Different as result of experience	4.0	0.00	3.7	0.58	3.0*	0.00	3.5	0.71	3.73	0.47
Get along with others their own age	3.6	0.55	4.0	0.00	3.0*	0.00	4.0	0.00	3.73	0.47
Activities appropriate and useful	3.6	0.55	3.7	0.58	4.0	0.00	4.0	0.00	3.73	0.47
Adequate number of activities	3.6	0.55	4.0	0.00	3.0*	0.00	4.0	0.00	3.73	0.47
Learning by discovery	3.6	0.55	3.3	0.58	4.0	0.00	4.0	0.00	3.64	0.50
Experiential learning model	3.4	0.55	3.7	0.58	4.0	0.00	4.0	0.00	3.64	0.50
Easy material	3.6	0.89	3.7	0.58	4.0	0.00	3.5	0.71	3.64	0.67
Adult, family and community resources	3.4	0.89	3.3	0.58	3.0	0.00	3.5	0.71	3.36	0.67
Learn about own abilities and limits	3.4	0.89	3.0	0.00	4.0*	0.00	3.0	0.00	3.27	0.65
Good sequence	3.0	1.00	3.3	0.58	2.0*	0.00	4.0	0.00	3.18	0.87
Setting goals and making decisions	3.0	1.41	3.3	1.15	3.0	0.00	3.0	0.00	3.09	1.74

TABLE VI

EVALUATIVE CRITERIA MEAN BY PROFESSIONAL CATEGORY (9-11 year olds)

Evaluative Criteria	Classroom Teacher		Community Club Leader		Special Interest Group Leader		Individual		Overall	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Enjoyed being a leader	4.0	0.00	4.0	0.00	4.0	0.00	3.5*	0.71	3.90	0.32
Knowledge and skills useful	4.0	0.00	4.0	0.00	4.0	0.00	3.5*	0.71	3.90	0.32
Experiential learning model	3.7	0.58	4.0	0.00	4.0	0.00	4.0	0.00	3.90	0.32
Get along with others their own age	4.0	0.00	3.8	0.50	4.0	0.00	3.5	0.71	3.80	0.42
Worth time and effort	3.7	0.58	4.0	0.00	4.0	0.00	3.5	0.71	3.80	0.42
Adequate length	4.0	0.00	4.0	0.00	3.0*	0.00	3.5	0.71	3.80	0.42
Willing to lead again	4.0	0.00	3.8	0.50	4.0	0.00	3.5	0.71	3.80	0.42
Learning by discovery	3.7	0.58	4.0	0.00	3.0*	0.00	3.5	0.71	3.70	0.48
Activities appropriate and useful	3.7	0.58	4.0	0.00	3.0*	0.00	3.5	0.71	3.70	0.48
Challenge members but experience success	4.0	0.00	3.8	0.50	3.0*	0.00	3.5	0.71	3.70	0.48
Member interest	3.3	0.58	4.0*	0.00	4.0*	0.00	3.5	0.71	3.70	0.48
Easy material	3.7	0.58	3.8	0.50	4.0	0.00	3.5	0.71	3.70	0.48
Adequate number of activities	3.7	0.58	3.8	0.50	3.0*	0.00	4.0	0.00	3.70	0.48
Setting goals and making decisions	4.0	0.00	3.3	0.50	4.0	0.00	3.5	0.71	3.60	0.52
Relationship between content and interest	3.7	0.58	3.8	0.50	4.0	0.00	3.0	0.00	3.60	0.52
Learn about own abilities and limits	3.7	0.58	3.8	0.50	3.0*	0.00	3.0*	0.00	3.50	0.53
Different as result of experience	4.0	0.00	3.8	0.50	1.0*	0.00	3.0	0.00	3.40	0.97
Adult, family and community resources	3.7	0.58	3.0*	0.82	3.0*	0.00	3.5	0.71	3.30	0.67
Good sequence	3.3	0.58	3.3	0.50	3.0	0.00	3.5	0.71	3.30	0.48

Open Ended Questions

Open-ended questions were designed to provide feedback to the researcher on how the curriculum could be improved before entering the final stage of production. In responding to the question about the most effective part of the curriculum, about 43 percent of the respondents indicated that they felt particular lessons were most effective. This could be due to the fact that the curriculum ties in a number of new materials not typically found in previous curriculums or text books that are fun for the leader and the member. In addition, about 19 percent responded that the most effective part of the curriculum was the experiential learning model. Some specifically mentioned John Dewey and his impact on education. The experiential learning model provides an excellent framework for this type of curriculum.

In responding to the question about the least effective part of the curriculum, 38.10 percent found nothing that they thought was least effective. But 33.33 percent felt that some lessons needed to be changed. For example, one respondent does not like egg product in her ice cream, so she felt the ice cream activity was ineffective because it incorporates egg product.

In responding to the question about changing the curriculum, 47.62 percent could find nothing about the curriculum that they would change. However, 23.81 percent would change particular activities as mentioned previously.

In responding to the question about including other topics, 90.48 percent thought the material was well covered and wouldn't add anything. One respondent wanted to add a section on manners and one wanted a section on multi-culturalism.

In responding to the final open ended question, “What would you need in the future in order to use the curriculum?”, 42.86 percent thought that the curriculum was self-explanatory and they would not need anything else to teach it. But, 28.57 percent had difficulty locating certain materials needed for the activities and wondered if those items could be provided with the curriculum.

Conclusions

Based on the interpretation of the findings for this study the following conclusions are made

- 1 Classroom teachers, community club leaders, special interest group leaders, and individuals using the Healthy Decisions for Life 5-8 year old curriculum were satisfied with the curriculum as indicated by the fact that the lowest rating was a 3.09 on a 4 point scale..
- 2 Classroom teachers, community club leaders, special interest group leaders, and individuals using the Healthy Decisions for Life 9-11 year old curriculum were satisfied with the curriculum as indicated by the fact that the lowest rating was a 3.30 on a 4 point scale.
3. Classroom teachers, community club leaders, special interest group leaders, and individuals using the Healthy Decisions for Life 5-8 year old curriculum believed the curriculum was easy to use.
4. Classroom teachers, community club leaders, special interest group leaders, and individuals using the Healthy Decisions for Life 9-11 year old curriculum believed the curriculum was easy to use

5. The Healthy Decisions For Life curriculum leaders guide needs to be better organized to match the members guide and provide helpful information to the leaders.
6. There is not one particular reason that the respondents liked the curriculum. As evident by the wide variety of extremely high scores, the respondents liked the curriculum for a variety of reasons.
7. Physical activities were mentioned more often than other activities, perhaps due to their appeal to children and the ease of use for the leaders.
8. Based on respondents' answers, the activities were a favorite part of the curriculum.
9. The researcher recommends this curriculum to other similar groups because of the extremely high ratings of the responses collected from the population.
10. Everyone involved in the pilot testing were satisfied with the curriculum as evident by the 3.82 and above ratings on member interest, enjoyed being a leader, knowledge and skills useful, and the activities were worth the time and effort it took.

Recommendations

As a result of the analysis of the data and major findings of this research, the following recommendations have been made:

1. Pilot testing the curriculum with the graphics would have been better to get a more accurate assessment of ease of usability
2. Additional research is needed to sample a larger population
3. Additional research should attain more demographic data such as numbers of diverse members in the population, socio-economic status, and additional environments.

4. Additional research should use two groups: a formal education group (consisting of classroom teachers and special interest group leaders) and non-formal education group (consisting of community club leaders and individuals). This data could be compared to determine if there is a noticeable difference between groups familiar with curriculum and those that are not. T-tests could be used to determine the extent of the difference.
5. Some of the activities should be revised to balance out respondents' interests. Many respondents enjoyed the physical, emotional, and social activities, but few mentioned occupational, spiritual, or intellectual activities.

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APPENDICES

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL FORM

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 01-02-97

IRB#: AG-97-010

Proposal Title: AN ASSESSMENT OF THE NATIONAL 4-H GENERAL
HEALTH CURRICULUM IN OKLAHOMA

Principal Investigator(s): Sheila Forbes, Sarah M. Johnson

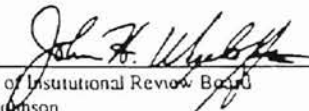
Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD
AT NEXT MEETING. AS WELL AS ARE SUBJECT TO MONITORING AT ANY TIME DURING
THE APPROVAL PERIOD.
APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A
CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD
APPROVAL.
ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR
APPROVAL.

Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval
are as follows:

Signature:


Chair of Institutional Review Board

Date: January 2, 1997

cc: Sarah M. Johnson

APPENDIX B
SURVEY INSTRUMENT

Volunteer Evaluation of 4-H Curriculum

I appreciate your taking the time to use our curriculum and allowing me to interview you about your findings. You can be of great help in improving the final form by completing this interview. As mentioned before, this information will be kept in confidence, we are interested only in group data. Please be candid in your responses.

Demographics:

No. of members _____

Race of participants (check all the categories represented among your members):

Asian ___ American Indian ___ Hispanic ___ White ___ Black ___ Other ___

Type of organization you represent.

Community club ___ Special Interest ___ Classroom ___ Individual ___

How many years have you held this type of position? _____

Age group of curriculum reviewed 5-8 9-11

FOR EACH OF THE EVALUATION CRITERIA BELOW, CHOOSE THE RESPONSE ON THE SCALE WHICH BEST REPRESENTS YOUR THOUGHTS ABOUT THIS CURRICULUM GUIDE.

To what extent:

- | | | | | |
|--|------|------|--------|------|
| A. Was it clear to you and your members how they should be different as a result of the experience? | Much | some | little | none |
| | 4 | 3 | 2 | 1 |
| B. Did the curriculum help members learn about their own abilities and limits? | Much | some | little | none |
| | 4 | 3 | 2 | 1 |
| C. Did you enjoy being a leader in this experience? | Much | some | little | none |
| | 4 | 3 | 2 | 1 |
| D. Did the member's guide focus on members learning by discovery, rather than you providing information to them? | Much | some | little | none |
| | 4 | 3 | 2 | 1 |
| E. Did this member's guide involve significant adult, family, and community resources? | Much | some | little | none |
| | 4 | 3 | 2 | 1 |
| F. Did the curriculum help members learn to get along with others their own age? | Much | some | little | none |
| | 4 | 3 | 2 | 1 |

G. Did the curriculum encourage members to be involved in setting goals and making decisions?	Much some little none 4 3 2 1
H. Were the activities appropriate and useful?	Much some little none 4 3 2 1
I. Was there a good sequence from easiest material to harder parts?	Much some little none 4 3 2 1
J. Were the knowledge and skills learned in this experience useful?	Much some little none 4 3 2 1
K. Did this curriculum challenge members, but allow them to experience success?	Much some little none 4 3 2 1
L. Do you feel the materials followed the experiential learning model? (You may recall this model from the beginning of the curriculum packet.)	Much some little none 4 3 2 1
M. Was what your youth learned worth the time and effort it took?	Much some little none 4 3 2 1
N. Were members interested in this topic?	Much some little none 4 3 2 1
O. Was the relationship between learning experience content and current youth interests?	Much some little none 4 3 2 1
P. Was the length of the learning experience adequate?	Much some little none 4 3 2 1
Q. Was the material easy for the youth?	Much some little none 4 3 2 1
R. Were the suggested number of activities adequate?	Much some little none 4 3 2 1
S. Would you be willing to lead this activity again?	Much some little none 4 3 2 1

PLEASE GIVE ME YOUR OPINION ON EACH OF THE FOLLOWING QUESTIONS.

T What did you feel was the most effective part of the curriculum?
(physical, emotional, intellectual, social, spiritual, and occupational)

U What did you feel was the least effective part of the curriculum?
(physical, emotional, intellectual, social, spiritual, and occupational)

V What part of the curriculum would you change?

W The curriculum included sessions on physical well being, friendships and family, intellect, emotions, self-esteem, and safety. Are there other topics you would like to see included?

X. What would you need in the future in order to use the curriculum?
(I.e. training, resources, etc.)

PLEASE SEND BACK ANY ADDITIONAL WRITTEN SUGGESTIONS THAT WOULD HELP US
WITH THE FINAL FORM OF THIS CURRICULUM

APPENDIX C

OPEN-ENDED QUESTION T

WHAT DID YOU FEEL WAS THE MOST EFFECTIVE PART OF THE CURRICULUM?

- Social activities-members had to work together
- Hand washing activity-age appropriate
- All the resources were together
- It was easy to use
- Wellness categories
- Appreciated knowing life skills
- Social skills and activities were the best part
- Family picture and hand washing activities
- Activities dealing with handicaps
- Good information on experiential learning and John Dewey
- Alphabet cards and newspaper outfit activities
- Questioning techniques-questioning members thoughts, etc.
- Children walked away feeling they gained something
- "I am Special" and "Talking to Strangers" activities
- Working together-excellent and hand washing activity
- Decision making skills-many social items helpful
- Hand washing activity-can't wait to see it with graphics
- Help build self esteem
- Members enjoyed giving opinions and sharing
- Members making decisions and coming up with answers
- Learning by discovery and good discussion opportunities
- New and different ideas-more variety than other materials
- Tin can treat activity-activities linked well together
- Hands on activities-student involvement
- Physical activities

APPENDIX D

OPEN-ENDED QUESTION U

WHAT DID YOU FEEL WAS THE LEAST EFFECTIVE PART OF THE CURRICULUM?

- Spiritual activities
- Tooth fairy-it's a family thing not community
- Coordinate leader and member guide-add table of contents
- Some girl specific activities-some boy specific
- Nothing
- Difficult to do in classroom
- "Who Am I" poem too hard to understand
- Leaders guide did not explain what we were shooting for-wellness categories not explained well-things were out of order-need to explain learning to learn-did not like questions-need more leader help
- Hand washing chart probably got thrown out at home
- Some activities they already do
- Ice cream activity not very nutritious
- Self esteem-where is that going?
- Reverse order on hand washing activity
- Could only use lower level activities because of students age
- Basic level experiential leaning model good BUT dangerous because negative experiences should not be used to base your life
- Creative thinking activity-more difficult therefore less fun

APPENDIX E

OPEN-ENDED QUESTION V

WHAT WOULD YOU CHANGE ABOUT THE CURRICULUM?

- For recipe for ice cream activity
- Tooth fairy activity
- Physical activity pyramid
- Some activities better for groups
- Use hand washing for older grades too
- Nothing
- More kindergarten level activities
- Make leader guide easier to follow
- Delete how you see yourself questions
- Provide story sequencing cards
- Make a cover page
- Use easier to gain materials
- More activities needed in self esteem
- More age appropriate spelling words
- Use yellow or green hand cream not pink or red-too close to skin color
- More younger materials
- Don't use experiential learning model
- Add graphics

APPENDIX F

OPEN-ENDED QUESTION W

ARE THERE ANY TOPICS YOU THINK NEED TO BE ADDED?

- No, material well covered
- Manners
- Multi-culturalism

APPENDIX G

OPEN-ENDED QUESTION X

WHAT WOULD YOU NEED IN THE FUTURE IN ORDER TO USE THIS CURRICULUM?

- Nothing, it was self-explanatory
- Additional resources
- Extra supplies
- Never found fluorescent hand cream
- Workshops
- Training sessions

VITA

Sarah MacDonald Johnson

Candidate for the Degree of

Master of Science

Thesis: AN ASSESSMENT OF THE NATIONAL 4-H GENERAL HEALTH
CURRICULUM IN OKLAHOMA

Major Field Agricultural Education

Biographical

Personal Data: Born in Boston, Massachusetts, On April 18, 1973, the daughter of Gerard and Jean Johnson.

Education. Graduated from Oley Valley High School, Oley, Pennsylvania in June 1991; received Bachelor of Science degree in Dairy and Animal Science from the Pennsylvania State University, University Park, Pennsylvania in August 1995. Completed the requirements for the Master of Science degree with a major in Agricultural Education at Oklahoma State University in May 1997.

Experience Lived on a farm in Limekiln, Pennsylvania, employed at a feed mill during summers, employed by Murphy family Farms as an undergraduate, employed by Southern Regional Curriculum Development Grant as a graduate research assistant, Oklahoma State University, Department of Agricultural Education, Communication, and 4-H, 1996 to present

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