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Identifying Health Topics for Elementary-Aged Children in Delaware

Kayla Morrell, Denise Hughes*

Introduction

- Health literacy ability to understand health-related info to make educated decisions regarding an individual's need
- Low health literacy → poorer health outcomes
- Currently, Delaware elementary schools are falling far short of their required 30 hours/year of health, family, and drug/alcohol education as required by the Delaware Department of Education
 - Previous survey by my PI found that no teachers were reaching 30 hours and <10% of teachers surveyed were incorporating any health-related information at all.

Objective

- Broad Inquiry Question: How can we help teachers reach the standards for health education set forth by the DDoE?
- Because teachers are responsible for the curriculum of their classroom, we decided to interview them to determine the best way to incorporate health-related topics into their curriculum, without forcing them to find time for an entirely new subject.
 - Previous survey showed lack of time and resources to be the main reasons teachers did not incorporate health information.
- Our goals of the teacher interviews were to identify:
 - Specific topics within the DDoE standards that would be most beneficial to students, as identified by the teachers who interact with them daily
 - Ideal ways for teachers to integrate these topics into a typical school day

Study Population

- Groups of teachers from 3 elementary schools and from kindergarten through 5th grade
 - Teachers, teacher's assistants, and school nurses and psychologists were involved

	K & 1st	2 nd & 3 rd	4 th & 5 th	Other
School 1	4	6	12	1
School 2	3	3	7	0
School 3	5	4	2	3

- Although our initial goal was to interview teachers from 10 different elementary schools, closures due to COVID-19 prevented that. However, our 3 schools were very diverse in student populations per DDoE website.
- Schools were initially selected with the goal to cover unique geographic locations within the state and a wide-range of social needs.

Methods

- We interviewed the groups of teachers from paired gradelevels together. Prior to meeting with teachers, they knew that the interviews were going to be about health-related topics, but not specifics.
- Questions asked to the teachers involved:
 - Are you currently reaching the DDoE standards of 30 hours on health-related topics? What health education, if any, are you offering in classrooms?
 - What topics relating to healthcare do you see a need for with your students?
 - What lesson types would you best be able to incorporate into your existing curriculum?
- After posing questions, the interviews were largely discussion based amongst the teachers.



Analysis

- Responses to the questions were qualitatively analyzed across groups to determine the best topics and methods of inclusion into the curriculum.
 - Each researcher independently analyzed the notes from the interviews to determine topics and methods of instruction that were consistent for each paired grade level across schools.
- Topics suggested by teachers were also compared to age-appropriate milestones and developmental needs from Nemours' KidsHealth website to ensure appropriateness.

Results

- Out of the 46 teachers interviewed, only 1 fourth grade teacher was doing any type of health education.
- Analyses showed that topics of discussion were very similar in the discussion between schools for each grade pairing.
- There were also topics that spanned all grade levels at all schools.

All Students	Younger Students only	Older Students only
How the Body Works (adjusted for age)	Personal space	Puberty & Associated Changes
Mental health	Fire safety	Dealing with Trauma
What Happens at the Doctors	Sunscreen	Identifying & Dealing with Abuse
Nutrition & Exercise	Differences in Families	Alcohol & Drugs



Results Continued

- Methods of instructed were largely similar between schools and across grade levels as well.
- All groups of teachers agreed that using health-related topics as their ELA (English-Language Arts) passages would be the easiest way to incorporate the information into existing curricula.
- They widely endorsed hands-on experiments to teach how the body works, despite the added time it would take up in the classroom.





Conclusions

- We anticipate the curriculum to be easier for teachers to incorporate into their classrooms, allowing them to reach DDoE standards and improve health literacy amongst students. Next steps include continued creation and future implementation of the new health-related curriculum into the classroom.
 - However, this will likely continue to be pushed back until schools have returned to in-person learning.
 - We are currently investigating how we plan to measure change in health literacy levels.
- As previously discussed, COVID-19 limited the sample size of the study, but we do feel confident in the samples we were able to obtain.



Disclosures and Acknowledgements

- No funding or disclosures.
- We would like to thank the teachers at our local elementary schools.

References

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