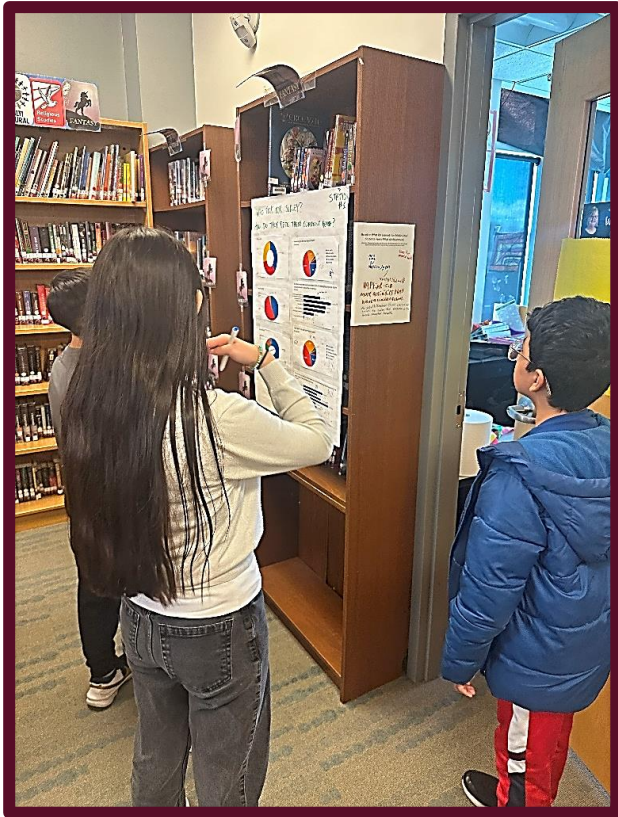better together
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healthy communities — healthy youth

Project support received from

Wallace®

Middle school health mentor model:

Feedback and recommendations

Results of a Youth-Centered Evaluation Process, interviews with middle school teachers and sexual health educators, and published research

July 2024

Project consultant team

Informed Change   **Community research solutions**
Consulting and research to make a difference

Introduction

In 2006, Hennepin County launched Better Together Hennepin, the County's adolescent health initiative. Better Together Hennepin (BTH) supports community-based programs and services and works to leverage systems so young people in Hennepin County can access:

- Evidence-based sex education;
- Adolescent-friendly reproductive health care;
- Healthy youth development opportunities; and
- Connections to caring adults.

The model includes system-level efforts, along with services and supports offered to students one-on-one, in small groups, and in classroom settings.

Project overview

In 2023, Better Together Hennepin (BTH) received a one-year grant from the Wallace Foundation to explore how the Health Mentor Model can best support the health and wellbeing of middle school students. With this opportunity, BTH health mentors and evaluation consultants (Informed Change and Community Research Solutions) partnered with youth, parents, sexual health educators, and middle school faculty to assess, evaluate, and identify youth development strategies to enhance the model's implementation at three existing middle school sites:

- NorthPoint Health and Wellness Center at Sojourner Truth Academy;
- Neighborhood HealthSource at Prairie Seeds Academy; and
- myHealth for Teens and Young Adults at Hopkins West Middle School.

The primary component of this project was a **Youth-Centered Evaluation Process** with middle school students. At each of the three participating middle schools, evaluation consultants from Informed Change facilitated a process designed to:

- Build relationships with and among middle school student evaluators;
- Support research, evaluation, and leadership skill building;

- Provide opportunities for middle school students to serve as leaders and decision-makers; and
- Generate data to inform the health mentor model in middle schools.

Through this process, middle school students gathered feedback and ideas from their peers and parents/caregivers to inform the design of the middle school Health Mentor program, uncovering the unique sexual health and wellness needs of middle school youth. The young people who participated in the evaluation process were enthusiastic partners who shared that they enjoyed the experience. A complete description of the Youth-Centered Evaluation Process can be found in Appendix A.

The consulting team used several other information sources to provide additional perspectives regarding sexual health needs of middle school youth. Community Research Solutions staff conducted **in-depth qualitative interviews** with 12 individuals, including middle school teachers and sexual health educators with experience working with middle school youth. Consultants also reviewed **existing published literature** to identify critical themes emerging from other studies, with an emphasis on studies that directly gathered input from youth.

Student participants at Prairie Seeds Academy

Report overview

Following an overview of the health mentor work being conducted at the three participating middle schools, this report is organized around four primary research questions:

- What topics should be addressed in a comprehensive middle school sexual health initiative?
- What are the characteristics of an effective middle school health mentor?
- What sexual health education strategies are most effective for middle school youth?
- What recommendations emerge for strengthening the middle school health mentor program?

Most of the information in this report is derived from the analysis from youth at each of the three middle schools. Supplemental information is also included to provide additional perspectives or deeper detail, including:

Interviews with teachers and sexual health educators

Information gathered by youth (student and parent surveys and listening sessions)

Review of existing published literature

Health mentor program overview

The following tables provide an overview of the health mentor services implemented in the 2023-2024 school year at the three participating middle schools. The program served a total of 873 youth across the three sites. There are some notable differences in the population served at each school. Hopkins West Middle School served a variety of racial and ethnic groups. Most students served at Sojourner Truth Academy were Black or African American (71%), while most served at Prairie Seeds Academy were Asian (Hmong) (85%). Almost half of the Prairie Seeds Academy students were designated as English Language Learners (47%), compared to 22 percent at Sojourner Truth Academy and 7 percent at Hopkins West Middle School.

Health Mentor Model Middle School Site Demographics (2023-2024)[1]

	Sojourner Truth Academy	Prairie Seeds Academy	Hopkins West Middle School
Enrollment (6-8)	**107**	**211**	**555**
American Indian	0%	0%	3%
Asian	0%	85%	5%
Black or African American	71%	7%	27%
Hispanic/Latino	25%	6%	9%
White	1%	0%	47%
Two or more races	3%	2%	9%
Free or reduced-price lunch	>90%	74%	45%
Special Education	19%	14%	20%
English Language Learner	22%	47%	7%
Experiencing homelessness	11%	2%	2%

Health mentors track their "reach" in each of the major types of services offered. In terms of numbers of students served, reach tended to be highest at Hopkins West Middle School (which has the largest student body). Health mentors provide services using multiple strategies, including one-on-one sessions, small groups, and classroom presentations. They are also involved in school or system-wide efforts to promote healthy and supportive school climates.

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[1] Tables in this section were provided by Better Together Hennepin staff and reflect the current terminology and characteristics tracked on an ongoing basis at all health mentor program sites

Health mentors discuss a wide array of topics during one-on-one sessions with youth. The most common topics discussed included healthy relationships and wellbeing.

Health Mentor Model reach by activity (2023-2024)

	Sojourner Truth Academy	Prairie Seeds Academy	Hopkins West Middle School
1:1 Sessions Held	64	19	92
1:1 Session Participants	14	5	27
1:1 Session Hours	NA	16	46
Small Groups	3	4	4
Small Group Participants[2]	26	28	18
Classroom Education Sessions	31	76	89
Classroom Education Participants[2]	96	314	2535
Systems Work Participants[2]	111	937	2876
Systems Work Hours	7	92	82

One-on-one session topics (all sites combined)

	Frequency
Healthy relationships	101
Wellbeing	85
Other topic outside of sexual health	30
Anatomy/puberty	20
Parent/guardian communication	17
Gender and/or sexual identity	11
Clinic services/access	10
Sexual decision making	8
Pregnancy – general	6
Introduction to health mentor	5
STI: prevention, testing, treatment	5
Consent	4
Contraception - Barrier method	4
Abstinence/delaying sex	1
Pregnancy - all options counseling	1

[2] The reach for these activities could include duplicated participants

What topics should be addressed in a comprehensive middle school sexual health initiative?

OVERVIEW OF KEY FINDINGS: Youth identified a number of core topics that should be included in a comprehensive school sexual health initiative, including: (1) physical development/puberty; (2) healthy relationships; (3) sexual behaviors, terminology, and safety; (4) sexual health decision-making, readiness, and consent; (5) body image; and (6) mental and emotional wellbeing. The youth-generated priorities align strongly with those that emerged from health educator and teacher interviews and from existing research. Adults interviewed for this project also identified sexual orientation and gender identity as critical topics to address in middle school.

① Physical development and puberty

Youth participating in the evaluation process across the three participating middle schools emphasized the importance of addressing **physical development**, including **puberty**. For example, when asked what sexual health and wellbeing mean to them, many students focused on physical/body health and puberty. Within this general topic, youth wanted more information about pubertal changes, hormones, growth, and general physical health.

Related to physical development and puberty, students also highlighted the importance of **hygiene**. For instance, topics addressed with their health mentor include "how to maintain personal hygiene," and "smells and stuff and how to take care of ourselves."

> **Youth voices**
> **"What does sexual health and wellbeing mean to you?"[3]**
>
> *"Making sure your body's healthy."*
>
> *"Embracing changes in your body because you're older."*
>
> *"Learning how to take care of our bodies."*

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[3] Throughout this report, quotes found in the "Youth Voices" sections come from middle school students who participated in surveys or listening sessions.

Sample information gathered by youth

Youth prioritized this topic after collecting a variety of information from their peers and parents regarding core topics to address in a middle school sexual health program. Middle school students surveyed at all three schools rated puberty changes and menstrual health (periods) as the top two most important body health topics. Surveyed parents also rated puberty changes as the most important body health topic to address in middle school (92%); 77 percent rated menstrual health (periods) as important.

Sample middle school student survey results – Sojourner Truth Academy and Hopkins West Middle School

STA: Body Health Topics
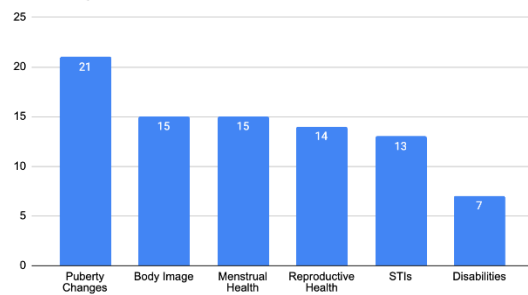
Hopkins: Which topics do you think are most important for middle school students to learn about?(Body Health)
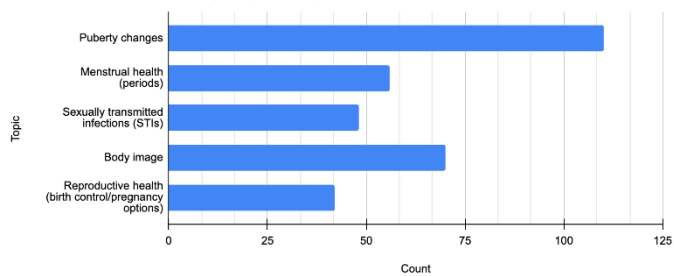
Teacher and sexual health educator interviews

Middle school sexual health educators and teachers also highlighted physical development and puberty as topics important to middle school students.

"A lot of middle school questions are the 'am I normal' sort of questions. A lot of that is around puberty. Like, what are different body parts supposed to look like and what sizes are they supposed to be? And is it weird if I haven't gotten my period yet?" – Middle School Sexual Health Educator

"Puberty is a big one – talking about puberty and anatomy. They are curious about that stuff. They are awkward about it. When is my voice going to change? Those kinds of things – lots of questions about bodies." – Middle School Sexual Health Educator

"Kids have a lot of questions about puberty, but they just don't necessarily have a place to go with these questions, certainly not safe, fact-based questions." – Middle School Teacher

Literature review

The sexual health education literature supports the importance of providing factual information about physical development and puberty. For example, the United Nations Educational, Scientific, and Cultural Organization (UNESCO) published International Technical Guidance on Sexuality Education (2018)[4]. Within these guidelines are specific learning objectives for youth aged 12-15 years related to physical development and puberty. In multiple studies, youth have identified puberty as an important topic to address in middle school.[5,6,7] (See Appendix C for complete references for all works cited).

2 Healthy relationships

Youth identified **healthy relationships** as an important topic to address in middle school. Youth were interested in information and support related to developing healthy relationships, including both romantic/dating relationships and friendships. They highlighted the importance of receiving support for ensuring that relationships are healthy, including helping them establish appropriate **boundaries** and resolve **conflicts**.

Youth voices: Importance of healthy relationships
"Healthy relationships can be a part of sexual health and wellbeing because it's really important to have healthy relationships. It's important to learn what relationships are healthy and which relationships are unhealthy, and how to get out of unhealthy/toxic relationships. I feel like they don't teach that as much in school as they should, especially since in middle school and high school people start dating more. They may not realize the dangers, and they need to be more aware." *"If you are dating someone, make sure that they're not going to hurt you in any way that will hurt your mental health. Just make sure you have good relationships."*

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[4] United Nations Educational, Scientific, and Cultural Organization (UNESCO) (2018)
[5] Allsop, Black, & Anderman (2023)
[6] Byers, Sears, & Foster (2013)
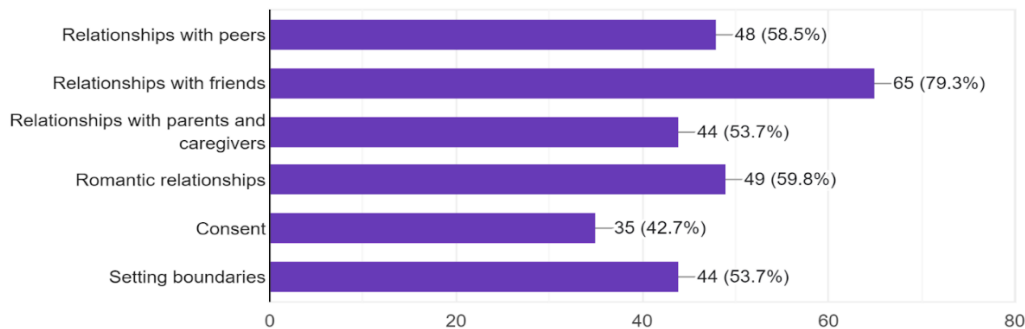[7] Corcoran, et al. (2020)

Sample information gathered by youth

Students at all three schools rated the importance of various types of relationships to address in middle school. Youth at Prairie Seeds Academy and Hopkins West Middle School rated friendships as especially important, followed by other types of relationships (e.g., romantic relationships and relationships with peers). Students at Sojourner Truth also rated relationships with romantic partners, peers, and friends as fairly equal in terms of importance.

Sample middle school student survey results – Prairie Seeds Academy

Healthy Relationships   Which topics do you think are most important for middle school students to learn about? Check all that you think are important.
82 responses

Topic	Responses
Relationships with peers	48 (58.5%)
Relationships with friends	65 (79.3%)
Relationships with parents and caregivers	44 (53.7%)
Romantic relationships	49 (59.8%)
Consent	35 (42.7%)
Setting boundaries	44 (53.7%)

Teacher and sexual health educator interviews

Middle school sexual health educators and teachers also identified friendships and relationship-building skills as critical issues to address.

"We would end up doing a lot more friendship management with students. They would come in saying 'I'm having a hard time with this friend who said this mean thing to me. How do I deal with that?' A lot of her one-one-one or three-on-one conversations were more in that realm than what you might expect from a health mentor conversation at the high school level" – Middle School Sexual Health Educator

"A lot of the conversations with middle schoolers have been around friendships. They can have some issues forming healthy relationships. That's a big part of it. Fake friends... bullying... fighting. There is a need for boundary conversations at this age. They are running around hitting each other."- Middle School Sexual Health Educator

"Middle school is a horrible place – you want to fit in and not stand out, but you are weird and you do stand out. My goal would be for them to see that everyone feels awkward and out of sync. Find your group and trust them. Find the good people. It may not be the people you hang with now…maybe not the mean girls." – Middle School Sexual Health Educator

"[Middle schoolers need] to find boundaries for themselves. What does it mean to hold a positive peer relationship? A lot of students are not able to express negative emotions towards their peers in a healthy way. Developmentally, their critical thinking skills are still developing and their emotions are heightened. When their friends are all calling them names or whatever, they may not be able to see a future in which that won't be the case. And so, they get stuck in this dark space that's hard to navigate out of." – Middle School Teacher

"Healthy relationships is a big thing, because you don't really learn that anywhere else. You're expected to just figure out friendships and romantic relationships, which can lead to a lot of bad situations. That's one of the things that seems most important to me, because it's applicable literally everywhere in life." – Middle School Sexual Health Educator

While students talked generally about the importance of healthy relationships, they also highlighted the importance of **communication skills**.

Youth voices: Importance of communication skills
"I think communication is most important since most people are on the internet more."   *"I need more communication skills because it's scary talking to new people."*   *"...It's good to communicate, and if you don't have good communication, it's not a very healthy*

Youth also identified **social media** and **internet safety** as important issues for students.

Youth voices: Importance of internet safety
"I think I need some internet safety."   *"Definitely internet safety because I use a lot of internet."*

Sample information gathered by youth

Youth at Sojourner Truth Academy rated social media as the most important communication topic to address, followed by internet safety. Surveyed parents rated "how to talk about sexual health and well-being with parents" as the most important communication topic for middle school youth, though most also rated social media and internet safety as important.

Teacher and sexual health educator interviews

In addition to general friendship skills, some of the adults interviewed talked about supporting students to navigate the impact of social media on their relationships.

"Social media is definitely a topic that kids need support with in terms of relationship skills." – Middle School Teacher

"Social media is huge. Middle schoolers literally have no restraints, they're on it all the time. It's both a positive and a negative. They can make friends online but then they can also see everything that's written about them online." -Middle School Teacher

Literature review

Several studies gathered input from students through qualitative information gathering or anonymous questions submitted in a sexual health course. These projects demonstrate student interest in addressing relationships, especially romantic relationships.[8-15]

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[8] Abel & Fitzgerald (2006)
[9] Allen (2008)
[10] Didion & Gatzke (2004)
[11] Helmer, Senior, Davison, & Vodic (2015)
[12] Hilton (2007)
[13] O'Higgins & Gabhainn (2010)
[14] Shorey & Chua (2023)
[15] Waling et al. (2021)

3 Information about sexual behaviors, terminology, and safety

Youth evaluation team participants prioritized providing middle school students with information about **sexual behaviors, terminology, and safety**. Students wanted more factual information about sexual behaviors, especially information about ways to protect themselves from pregnancy and sexually-transmitted infections (STIs).

Youth voices: Importance of information about sexual behaviors, terminology, and safety

"[Sexual health and wellbeing is] basically about when it's time to have sex and what you need for it."

"Staying safe sexually."

"Learning about sexual health and how to be safe and stuff."

"What to do if I get birth control, and I don't really know that much about it."

"What would happen if I got HIV or something?"

"More people around my school to let me know what to do if I get pregnant."

"More people around in my life to tell me about sexual health, STDs, things like that."

Sample information gathered by youth

Students at all three middle schools rated reproductive health (birth control and pregnancy options) as important topics to address. Of the parents surveyed, 85 percent rated information about sexually-transmitted infections (STIs) as important, while 69 percent rated reproductive health information (birth control, pregnancy options) as important.

Teacher and sexual health educator interviews

Middle school teachers and sexual health educators consistently highlighted the importance of middle school students having access to sexual health information. They emphasized the importance of fact-based information to combat the potentially incorrect or misleading information that they may be

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hearing from peers or other sources. While the sexual health educators reported that some middle school students may already be engaging in sexual behaviors, others wanted students to have access to this information before making some of the sexual decisions forthcoming in high school and beyond. A few felt that middle schoolers may be especially receptive to learning this information, as compared to high school students.

"If they feel comfortable, they'll ask questions around terminology that they've heard but don't know what it means. They might have heard slang around different sexual acts, and have no context for what that activity actually is." – Middle School Sexual Health Educator

"People are sometimes shocked or surprised by the questions that middle schoolers will ask. A lot of their questions are about sex acts and behavior and contraception. They're hearing it in their worlds, so having a place that they can talk about it and ask those questions is really helpful." – Middle School Sexual Health Educator

"Middle schoolers may have heard a word or something described and have no idea what it is at all. It's important to remember that you're working with children. By the time kids get to the high school level, there may be more exposure and more understanding. But kids are truly learning about the birds and the bees for the first time at this level. A young guy came to the health mentor the other day and asked 'what is sex?' What a reminder about where these kids are at. There's a lot to learn." – Middle School Teacher

"I know that sexual health is not as big as a topic in middle school education, but that's when they need to be talking about. It needs to happen before high school. They're so curious about it at this age." – Middle School Teacher

Literature review

Research literature strongly supports the importance of providing factual information about sex prior to high school. Studies have shown that "sexual health education programs are most effective when delivered before sexual debut"[16], and high school and college-aged youth wish that they had received more information prior to high school.[17-19]

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[16] Corcoran et al. (2020)
[17] Helmer et al. (2015)
[18] Lloyd et al. (2012)
[19] Rose & Friedman (2017)

As summarized by Corcoran and colleagues,[16] "findings from several studies suggest that young adolescents request basic sexual health information that can be used as a foundation to build more complex sexual health topics at older ages".[20-22]

There is a significant body of research focused on adolescent perceptions of comprehensive sexual education programs. In these studies, adolescents consistently identify a preference for comprehensive sexual health information, as opposed to abstinence-based education or education that implies that engaging in sexual behavior is implicitly immoral.[23-32]

Other research also highlights the importance of fact-based sexual education. The UNESCO technical guidance for sexual health education (2018)[33] includes a variety of learning objectives for middle school students related to sexual behaviors, terminology, and safety. A recent analysis of anonymous questions submitted by early adolescents found that the most frequent topics addressed "pregnancy, STIs, and how to prevent these outcomes."[34] Another study using similar methodology found that questions about sexual behaviors and terms was the third most common theme in anonymous questions (after puberty/the reproductive system and sexual orientation and gender identity questions). The authors identified five core themes among these questions: norms about sex, the purposes and processes of sex, age and sexual experiences, masturbation, and terminology.[35]

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[20] Allen (2008)
[21] Gardner (2015)
[22] Meaney et al. (2009)
[23] Allen (2008)
[24] Barbagallo & Boon (2012)
[25] Barlow et al. (2016)
[26] Brown, Sorenson, & Hildebrand (2012)
[27] Byers, Dawn Hamilton & Fisher (2017)
[28] Corcoran et al. (2020)
[29] Gardner (2015)
[30] Kimmel et al. (2013)
[31] Lloyd et al. (2012)
[32] Smith, Realini, Buzi, & Martinez (2011)
[33] United Nations Educational, Scientific, and Cultural Organization (UNESCO) (2018)
[34] Wetzel & Sanchez (2024)
[35] Allsop, Black, & Anderman (2023)

4 Sexual health decision-making, readiness, and consent

In addition to details about sexual behaviors and terminology, youth also wanted to discuss less tangible topics related to **sexual health decision-making**. For instance, youth wanted more information about how to know if they were ready for sexual behavior, how to make decisions about sexual experiences, and how to negotiate **consent**.

Youth voices: Importance of information about sexual decision-making and consent

"When somebody says sexual health and well-being, I think of...staying safe sexually and being able to also feel safe sexually."

"Maybe the word consent, that you can consent to things. I don't know, like if you don't want to do something, you don't have to."

"They should be able to know what 'yes' and 'no' mean, and they should also learn about consent."

"Teaching us or kids that sometimes, doing what other older kids is doing is not the best situation or thing for you to do. I guess I'm saying like you don't have to do something to feel you're grown or feel you belong or whatever."

Teacher and sexual health educator interviews

Adults interviewed for this project also mentioned consent and decision-making, though they did not emphasize this topic as strongly as the youth did. A few sexual health educators and teachers highlighted the importance of addressing these topics within the cultural context of families and communities.

"It is important that young girls understand their bodies and consent. Within the Hmong community, we still have a lot of teenage pregnancies, and families will still have young girls culturally marry. Young Hmong girls in the school may feel that [early sexual initiation]is normal, because a lot of them have aunties or sisters who got married at a young age, even in this generation. We have to work on this as a community." – Middle School Teacher

Literature review

Adolescents consistently request not only factual information about sexuality, but also relationship-based information related to decision-making and consent.[36-45] According to Corcoran et al. (2020)[46] programs that did not include relationship-based components in addition to factual sexual health information were critiqued by adolescents as "too didactic, scientific, or irrelevant."

5 Body image

Youth also highlighted the importance of addressing **body image**. They defined this in a number of ways, including body positivity, healthy body image, appreciation for body changes, and eating disorder awareness.

Youth voices: Importance of information about body image

"Some people don't really like their body, and I think they should talk about that, they should love their body. Even though they're changing, it doesn't matter how they look."

"Body image is really important for young girls, especially in today's day and age. I feel they should definitely be teaching us more about body image and health."

"I think there should be more awareness. I think there should be more awareness about that because a lot of people don't know what it is and stuff, and so there needs to be more awareness about eating disorders and body dysmorphia and stuff."

"I think that a lot of middle school girls and boys, like a lot of middle schoolers, I feel like they don't like how they look or how-- Some people stop eating and make themselves throw up. I think there should be more support for that."

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[36] Corcoran, et al. (2020)
[37] Allen (2008)
[38] Barlow et al. (2016)
[39] Byers, Dawn Hamilton, & Fisher (2017)
[40] Ezer, et al. (2019)
[41] Gardner (2015)
[42] Helmer, Senior, Davison, & Vodic (2015)
[43] Lloyd, et al. (2012)
[44] Manda, Pilgrim, Kamndaya, Mathur, & Sikweyiya (2021)
[45] McKee, Watson, & Dore (2014)
[46] Waling, et al. (2021)

Sample information gathered by youth

On average, youth rated body image as the second most important "body health" topic to address (after puberty). Body image was also identified as an important topic to address by 77 percent of the parents surveyed.

Teacher and sexual health educator interviews

Some of the adults interviewed mentioned body image, though less frequently than they referenced other topics. A few mentioned this in the context of puberty and other physical changes, and the importance of middle school youth having positive body images throughout this process. A few others highlighted the growing awareness of middle school youth of the often-unattainable beauty standards reflected in social and mass media, and the need to provide more realistic images of health and beauty.

6 Mental and emotional wellbeing

Finally, youth identified mental health and emotional wellbeing as critical issues to be addressed in middle school. They described a holistic approach to wellbeing (i.e., "wellbeing is your total health. Physical, mental, and social."). They saw value in addressing emotional wellbeing for its own sake, while also identifying linkages between mental health and sexual health (i.e., "if you aren't in a healthy relationship, it's not going to go well and it's going to ruin your mental health and it just won't work").

For some youth, the focus was on **mental health** (especially anxiety and depression).

Youth voices: Importance of information about mental health
"How our mind works." *"I feel like mental health support is important, because middle schoolers and high schoolers, they deal with depression and anxiety."* *"Learning mental health coping strategies."*

More often, youth requested support with **managing emotions or stress**.

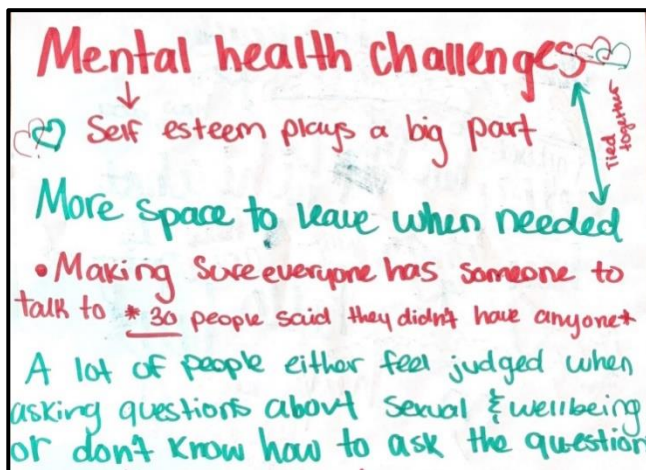| Youth voices: Importance of information about managing emotions |
| --- |
| *"I would say I need to work on my mental health because if I'm mad or sad or something, I'll bottle it all up instead of expressing it."*

"Helping with problems or just listening."

"When I cry, I scream as loud as I can to someone, and then I keep saying bad words. I'm socially not okay."

"I think it's good to get help to deal with your emotions." |

Students emphasized the importance of the health mentor being a person they can vent to and providing a space they can go "if you're having a stressful day." They appreciate that they can **decompress, vent, and relax** in the health mentors' offices. They also described how health mentors are able to just **listen or to provide advice** and tend to be good about asking which would be most helpful to the student at that time.

Youth voices: Importance of information about mental health
"I do think it's good that our school has a place where you can just go and freely talk if you're having a tough time." *"Sometimes, during class period, I just come here to vent. Like if a teacher was getting on my nerves or if a classmate was being loud and irritating, I just come here, I tell her and then she'd like, say a few words. It just helps me get anger or frustration off my chest."*

Sample information gathered by youth

The surveys youth conducted with peers and parents included questions about mental health. Results included:

- Two-thirds of the Prairie Seeds Academy students who were surveyed rated mental health challenges (anxiety, depression) as important topics for middle school students to learn about, falling between their ratings for self-esteem and peer pressure. A similar pattern was seen in the student survey at Sojourner Truth Academy.
- Students at Hopkins West Middle School rated mental health challenges as equally important to address as peer pressure, but slightly less important than self-esteem.
- Most of the parents surveyed (92%) rated mental health challenges as important for middle school students to learn about.

Sample middle school student survey results – Prairie Seeds Academy

Mental Health   Which topics do you think are most important for middle school students to learn about? Check all that you think are important.

82 responses

Topic	Responses
Self-esteem	56 (68.3%)
Peer pressure	40 (48.8%)
Mental health challenges (anxiety, depression)	54 (65.9%)

Teacher and sexual health educator interviews

Mental health and emotional wellbeing was discussed occasionally by the adults interviewed for this project, primarily among those who currently work with students in school settings. A few also referenced wellbeing in a holistic way, such as addressing other physical health elements (i.e., substance use).

"We did mental health for everyone in the school. That's a good thing to cover. Self-care. There have been some students doing vaping – other health concerns...health and wellness in a well-rounded way. Health and wellness all around." – Middle School Health Educator

"For me, mental health is definitely the big thing that pops out. A lot of kids in middle school don't know how to express their feelings, or that they can express their feelings, especially with the Asian American population." – Middle School Teacher

7 Gender identity and sexual orientation

Teacher and sexual health educator interviews

Almost all adults (sexual health educators and teachers) who were interviewed for this project highlighted the importance of middle school students having opportunities to learn about and discuss topics related to sexual orientation and gender identity. This issue was not identified by the youth participating in the Youth-Centered Evaluation process, however.

"There are a lot of questions about identity. How do I know if I'm bisexual? How do I know if I'm transgender?" – Middle School Sexual Health Educator

"We should cover sexual orientation and gender because there is so much to explore there. Not everyone is cisgender. Not everyone is heterosexual." – Middle School Sexual Health Educator

"The biggest two [anonymous question topics submitted in a sexual health program] related to gender identity and sexual orientation." – Middle School Sexual Health Educator

"Many of our students are Hmong. Considering the lens that the community has on gender identity or queerness, it can be really dangerous for students to come out to their family. If you're in this role, particularly at a school where the community is not quite so progressive with those ideas, they're putting themselves in more danger [by talking to you]. Their bodies are developing, their health is on the line, and they don't know how to address this stuff. They're not going to go home and talk with their parents about it. So having a health mentor able to talk with them about that is really important." – Middle School Teacher

Literature review

Studies have also confirmed youth interest in learning about sexual orientation and gender identity. For example, Allsop and colleagues[47] reviewed anonymous questions submitted by middle school youth in a sexual health education program. Sexual orientation/gender identity was a prevalent theme in their questions, second only to questions about reproduction and anatomy. Their questions encompassed a variety of topics, such as terminology, normality, social acceptance/support, confusion, and coming out.

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[47] Allsop, Black, & Anderman (2023)

What are the characteristics of an effective middle school health mentor?

OVERVIEW OF KEY FINDINGS: Not everyone is well-suited to deliver sexual health information to middle school youth. Youth emphasized the importance of health mentors being: (1) authentic and trustworthy; (2) knowledgeable and comfortable discussing sexual health topics; (3) relatable for students; and (4) representative of student diversity. Middle school teachers and sexual health educators agreed with these recommendations, while also offering the suggestion that health mentors be fun and engaging.

1 Authentic and trustworthy

The characteristics of health mentors are critical in effectively reaching and supporting youth. Health mentors need to demonstrate characteristics to help youth feel comfortable. Middle school students described this in terms of being **trustworthy and authentic**.

Youth voices: Importance of adults being authentic and trustworthy
"She's one of the people in the school you can count on basically."   *"Somebody that's going to keep it real, keep it a buck."*   *"Somebody else going to probably tell half the question, like they only answer half of the question there, and she going to answer the full question, and she going to answer it with honesty."*   *"If a regular adult, like a teacher, we ask a regular question that got to do with relationship or something like that and it's like, 'Well, at my age, I didn't do none of that. At my age, I didn't do all that.' [Our health mentor will] be like, 'Well, this is how things go, this is how it happens, and this is normal.' She'd break it down more."*   *"If you don't understand, please don't lie to me."*

Teacher and sexual health educator interviews

Teachers and sexual health educators described similar themes of being honest and authentic. They also described the importance of genuinely liking this age group, and having compassion and empathy for students.

"You must like kids. You don't really want to send someone in that likes the content, but hates middle schoolers. Kids are going to pick up on that." – Middle School Sexual Health Educator

"Number one, it sounds kind of dumb and obvious, but empathy and compassion are the most important things. I've met some people who work in that field who are very logical and scientific about things. For the middle school age, a lot of empathy is what they need. They're looking for someone to hear them and listen to them. Once you build connections with middle schoolers, they're more likely to listen to what you might have to say, too. So, building that relationship is key first, and to do that requires that empathy, that lack of judgment, being able to say anything, is okay with this person." – Middle School Teacher

② Knowledgeable and comfortable

In addition to being authentic and trustworthy, youth thought that it was important for health mentors to be **knowledgeable and comfortable** giving complete and accurate sexual health information. Having knowledgeable and comfortable sexual health educators also helps students feel comfortable discussing sensitive and personal topics.

Youth voices: Importance of adults being knowledgeable and comfortable

"Make conversations about sexual health feel normal, not awkward."

"If you go and have a conversation with someone who's totally just acting comfortable and chill, then you act like that too, and then everything just feels easier."

"Being able just be very head on with it without being awkward, because for a lot of people, it's awkward. A health mentor that can approach things right."


Sample information gathered by youth

Parents and students surveyed by the youth evaluators also referenced the importance of comfortable and supportive relationships. A significant percentage of the youth said that they did not have any adults that they felt comfortable talking to about sexual health and well-being. Students identified barriers to talking to adults about sexual health and wellbeing, such as adults jumping to conclusions, being worried that adults will judge them, and adults being awkward about sexual health and well-being.

Sample middle school student survey results – Prairie Seeds Academy

Do you have one or more adults you feel comfortable talking to about your sexual health and wellbeing?

82 responses
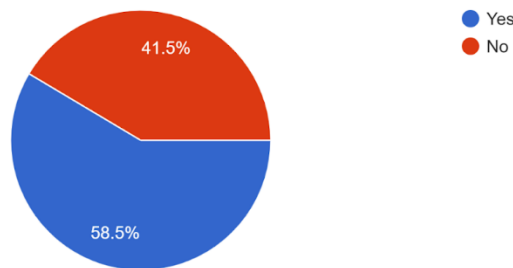
- Yes
- No

41.5%

58.5%

Teacher and sexual health educator interviews

Middle school teachers and sexual health educators also highlighted the importance of being comfortable discussing sexual health. Several specifically referenced the ability to remain comfortable, even if students ask questions that may be intended for "shock value."

"You have to be really comfortable, not be shocked if they say something. Last time I taught, masturbation came up. It's important to meet them where they're at. Don't let them shock you. I don't think 3rd-5th graders are trying to shock, but middle schoolers do. You have to be very nonjudgmental." – Middle School Sexual Health Educator

"One of the big things is that the person should be passionate about [sexual health]. They shouldn't be there just because it's their job. Ideally, they would care about this content

and know it and care about teaching accurate and comprehensive information." – Middle School Sexual Health Educator

"[Sex] can be uncomfortable for a lot of people to talk about, because it isn't talked about anywhere else. Having someone that feels comfortable can make it feel totally normal to talk about sex. Totally, totally normal to talk about your sexual orientation, your relationships, whatever." – Middle School Sexual Health Educator

"Middle school is an interesting developmental time. They're moving from this space of adults dictating all or a lot of their life into a space where they have more agency. In any youth work, it's helpful to have a person that can create a safe space for young people. It's a good listener and someone who's not going to put on a teacher voice when they're talking… someone who can really be comfortable with young people. They should have a casual attitude and make a comfortable space." – Middle School Sexual Health Educator

Literature review

A variety of studies support the importance of educator characteristics.

- Some studies have explored adolescents' perceptions of health educators, finding that they were most satisfied with educators who were trustworthy and credible.[48-49]
- Students want educators who are knowledgeable and comfortable with the content.[50-59]
- If educators are seen as biased or "out of touch", students disengage from the material.[60]

[48] Corcoran et al. (2020)
[49] Kimmel et al. (2013)
[50] Barbagallo & Boon (2012)
[51] Brown, Sorenson, & Hildebrand (2012)
[52] Byers, Sears, & Foster (2013)
[53] Corcoran, et al. (2020)
[54] Helmer, Senior, Davison, & Vodic (2015)
[55] Jarpe-Ratner et al. (2022)
[56] Kimmel et al. (2013)
[57] Likupe et al. (2021)
[58] Meaney et al. (2009)
[59] Waling et al. (2021)
[60] Barbagallo & Boon (2012)

- Another study found that that adolescents defined "youth-friendly" education as having "young, non-judgmental educators who were honest and used real stories to discuss sexual health content."[61]
- Some studies have found that adolescents prefer to receive sexual education from outside adults, rather than from school staff or peer educators. Outside trained adults were seen as less biased, more knowledgeable, and more likely to uphold confidentiality.[62-68]

Youth recommendations for health mentors

Build relationships and trust with students, make them comfortable

"If the students are more comfortable with the teacher, then it would be easier for the student to explain what they're going through so the teacher can know what to talk about."

"I don't feel comfortable talking about sexual health with people who I just don't know at all."

Be professional

"Just don't make it weird. Like, it's not as uncomfortable if they just don't make it more weird."

"Don't be awkward or make jokes with the students."

Be non-judgmental

"Just not judge.Just be supportive and just let them know what they're doing wrong. Yes, just not judge."

Base conversations on the interests of students

"Just ask students that they're going to be teaching what they want to learn about so that they can teach the students things they want to know about and are curious about."

Share information in simple terms

"Don't use big words."

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[61] Brown, Sorenson, & Hildebrand (2012)
[62] Achora et al. (2018)
[63] Allen et al. (2005)
[64] Chirwa-Kambole et al. (2020)
[65] Mturi & Bechuke (2019)
[66] Ramukumba et al. (2020)
[67] Shorey & Chua (2023).
[68] Waling, et al. (2021)

③ Relatable

Students want to **relate** to the health mentors in core ways. They describe the importance of knowing that health mentors had had similar experiences to the students and could understand what they were facing.

Youth voices: Importance of adults being relatable

"Not a therapist because therapists, to be honest, don't be really going through things in life. They just like helping people. It's rare to find a therapist who is like, 'I've been in the same position you was and that's how I got out of it.' Most therapists just like helping people and that's what they want to do. Nobody likes a therapist [that has] not a lot of stuff going on in their life, but [people would prefer therapists who have faced] challenges, real challenges. It would be like having multiple kids at a young age and how to deal with it, or like how they didn't know how to communicate when they was little or something like that."

"Older, but not too older, but in our age range."

"I think they could share their personal experience and how they coped with it. Maybe that will help by saying I'm not alone and stuff."

"Somebody's who keep it that they understand, and they actually understand."

"Maybe more stories about our age group instead of older kids."

Teacher and sexual health educator interviews

Teachers and sexual health educators did not typically emphasize relatability when asked about characteristics of effective health educators. However, one teacher did feel that this was important.

"Connecting students who are struggling a lot with someone who has gone through all that and who has navigated that minefield is really beneficial." – Middle School Teacher

4 Representation/diversity

It is important that health mentors reflect the population that they are serving. Youth recommended that schools have multiple health mentors of **multiple identities**, to increase capacity to serve youth and to ensure more students can relate to the health mentors.

Youth voices: Importance of representative health mentors

"Have more time and counselors for students to talk with about sexual health."

"Make sure that there's always somebody available for students to talk to."

"Have more than one health mentor."

Teacher and sexual health educator interviews

A few of the adults interviewed for this project also referenced the importance of having health educators represent the population served.

"I think it's really important to find educators that hold the cultural identities and lived experiences of the students that they're working with. It can be a helpful thing for a student to be able to identify possible versions of themselves as an adult in multiple different pathways, and so forth. Like a Queer Student, being able to connect with an educator that is queer or a student of color; being able to connect with the educator that is a person of color can be really important too."– Middle School Sexual Health Educator

Literature review

A variety of studies support the importance of educator relatability. Some studies focused on the importance of educators who could relate to different cultural backgrounds, genders, and sexual orientation.[69-79]

5 Fun and engaging

Teacher and sexual health educator interviews

While not identified as a core theme by the youth evaluators, several of the adults interviewed for this project emphasized the importance of having a fun and engaging approach with students.

"It's good to be someone who actively tries to engage kids...just a general personality of being engaging would be good." – Middle School Sexual Health Educator

"Someone who has energy...be assertive, but also fun and engaging." – Middle School Sexual Health Educator

[69] Achora et al. (2018)
[70] Chirwa-Kambole et al. (2020)
[71] Ezer et al. (2019)
[72] Hirst (2004)
[73] Jarpe-Ratner et al. (2022)
[74] Likupe et al. (2021)
[75] Mturi & Bechuke (2019)
[76] Ramukumba et al. (2020)
[77] Shorey & Chua (2023)
[78] Waling, et al. (2021)
[79] Wetzel & Sanchez (2024)

What sexual health education strategies are most effective for middle school students?

OVERVIEW OF KEY FINDINGS: Youth recommended a variety of strategies that health mentors could use to support youth, including the existing strategies of one-on-one, small group, and classroom education. They also requested distribution of hygiene, menstrual, and sexual health supplies in accessible locations throughout the school. In addition, they wanted to use the health mentor office as a "safe space" to take a break from stressful situations. Teachers and sexual health educators had varying opinions about the most effective strategies for serving youth, but agreed that activities needed to be engaging, interactive, and comfortable.

① Distribution of hygiene, menstrual, and sexual health supplies

Middle school students participating in the Youth-Centered Evaluation process emphasized the importance of providing hygiene products, menstrual supplies, and sexual health supplies in accessible and discreet locations throughout the school buildings. While health mentors have supplies available, students said that having them in every bathroom would make them easier to access.

Youth voices: Distribution of hygiene, menstrual and sexual health supplies

"Put menstrual products in every bathroom. Make sure there is a variety of sizes and products (for example, pads and tampons)."

"They should put tampons in the bathrooms."

"Have a table with hygiene products students can get so they don't have to be embarrassed."

"I need deodorant."

"I would help everybody by giving them deodorant."

Youth at Sojourner Truth Academy recommended that the following items be available for distribution:

- Condoms;
- Pads/tampons;
- Deodorant;
- Soap
- Moisturizer/lotion
- Toothpaste
- Toothbrush
- Chapstick
- Pimple patches
- Dental floss
- Q-tips
- Napkins
- Stress balls
- Fidgets
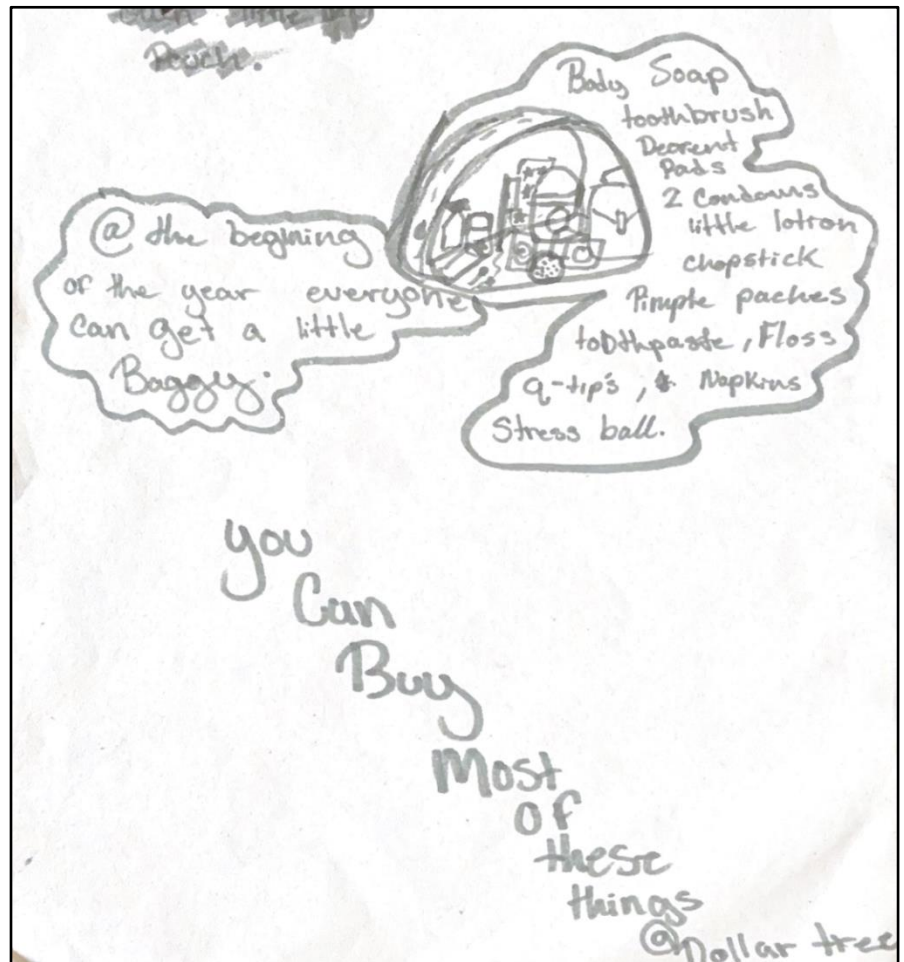
2 Structured classroom education

Students typically did not emphasize classroom education as a preferred health mentor strategy. However, **structured classroom education** is a common forum for health mentors to provide information about sexually-transmitted infections (STIs), safe sex/choices, and other topics. When classroom education is used, students recommend that health mentors scaffold sexual health education and take it slow. Some students said they wished they had more of a heads up before sexual health lessons and that the content could feel overwhelming.

"One thing that might make it more comfortable is talking about it more slowly. Going into these topics, I think one of the reasons I felt uncomfortable and wanted to leave was just because of the way it was like so head-on about it."

"Definitely normalize that it's a normal thing, but also normalize that some people aren't as comfortable."

"Preparing me, because it was so unexpected when my mom just came up to me and said, 'We need to talk about you wearing a bra.' I was really uncomfortable. I don't think there's a lot adults can do, because they try to make it as un-awkward as possible, and I think we just need to toughen up and brave through it but have some calming tools with us, be able to stop at any point and take a break, things like that."

"Personally, I feel like we should have a warning to get ourselves prepared for it, but not like an hour before. I feel like we need a day. We need to know a day before at least. Then I feel like we should be able to stop at any point in time if we feel too uncomfortable."

Teacher and sexual health educator interviews

Teachers and sexual health educators also did not tend to focus specifically on classroom education when describing strategies for supporting middle school students. They did, however, offer some recommendations for making classroom lessons fun and engaging.

"When I am teaching health, I try to keep things to 30 minutes. [Middle school students'] attention spans can be shorter. Some strategies work well, like jokes and activities. Rein in some of the awkwardness by giving them time to process and prepare. If there is time and availability, introduce yourself in a way that is not about sexual health. Just tell them a joke."- Middle School Sexual Health Educator

"[Our health mentor] draws kids in with prize wheels and candy. It works well to have the option of writing down a question and submitting it anonymously and then getting them answered in class." – Middle School Teacher

"[Middle school students] definitely prefer more hands-on stuff. I also have them get up and move. For example, we'll read some statements on a continuum and have them line up based on their beliefs. If we did all activities all the time, they would get bored. But I do think that incorporating more active or more hands on methods is definitely better. When it's more engaging, it seems like they care a little bit more." – Middle School Sexual Health Educator

Literature review

Some research also supports the recommendation to keep classroom education engaging and relevant. A recent review of available research found that adolescents prefer more classroom discussions, including interacting or listening to personal stories from people impacted by sexually-transmitted infections or unplanned pregnancies.[80] Adolescents have also provided positive feedback regarding anonymous question boxes.[81-83]

There is also a growing emphasis on integrating technology into sexual health education. For instance, researchers have been testing the use of animations, video games, anonymous text messaging, computer-based learning, and game-based learning.[84-87] Adolescents provide positive feedback about these strategies, while indicating that face-to-face interactions are still important.[88]

3 | Unstructured individual/small group support

Students valued opportunities for **unstructured time** with health mentors, where they could discuss issues individually or in small groups. They appreciated receiving support from someone who was not a teacher and who would maintain confidentiality.

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[80] Shorey & Chua (2023)
[81] Barbagallo & Boon (2012)
[82] Brown et al. (2012)
[83] Byers et al. (2017)
[84] Brüll et al. (2016)
[85] Widman et al. (2016)
[86] Haruna et al. (2018)
[87] Nwokocha et al. (2015)
[88] Cornelius et al. (2012)

"It makes it better to have other people here with us."

"It's someone out of your personal life so that if you have something on at home that you can't talk to someone then you have someone at school to talk to."

"When I went through problems, I talked to her. She was my therapist. One thing is that she listens. Because if I told my parents anything about that, I don't think they would listen. Or they get mad, yell at me. Unlike [my health mentor] - she don't yell at me at all. She just sat there and listened and talked to me."

"Getting different inputs on situations because sometimes I'll be so focused on my own opinion, but I like to hear it from another person too, kind of get feedback."

Teacher and sexual health educator interviews

Teachers and sexual health educators also emphasized the power of one-on-one and small group support. They felt that students may be more comfortable asking questions in smaller settings.

"Middle schoolers like the one-on-ones and may bring 1-2 friends. There is confidence in doing this with their best friend. Sometimes in a classroom, there is some awkwardness. They are nervous to get the information. Small groups are probably best or even one-on-ones." – Middle School Sexual Health Educator

"In large groups, a lot of students retreat into their own bubble, or they will say just what they think is right. They're scared to share in a large group. Once you work with students one-on-one, they get comfortable. Then, having a smaller peer group where they can see other people who relate to them is also really powerful." - Middle School Teacher

Literature review

There is strong research support for providing adolescents with opportunities to have sexual health discussions in small groups or individually with a health educator. Studies have found that adolescents often feel more comfortable receiving sexual health information in private or semi-private settings. These

settings may feel more safe, and students may feel less worried about disrespectful or judgmental responses from classmates.[89-104]

4 Safe space

Students need a trusted adult they can go to during the school day. Middle schoolers named that they need a place to go for help with stress, emotions, or mental health during the day. Students did not always feel like teachers allow them to see the health mentor when desired, and they wanted more flexibility/freedom to go see the health mentor when needed.

As reported to the consultant team by health mentors, typically when students want to leave class to come see them, they are looking for support with emotions or mental health, rather than sexual health per se.

[89] Shorey & Chua (2023)
[90] Kimmel et al. (2013)
[91] Barbagallo & Boon (2012)
[92] Brüll et al. (2016)
[93] Merrill et al. (2018)
[94] Pendergrass et al. (2016)
[95] Widman et al. (2016)
[96] Zanatta et al. (2016)
[97] Adams Tucker et al. (2016)
[98] Chirwa-Kambole et al. (2020)
[99] Jarpe-Ratner et al. (2022)
[100] Smith (2015)
[101] Haruna et al. (2018)
[102] Corcoran et al (2020)
[103] Waling et al. (2020)
[104] Mturi & Bechuke (2019)

"Making it easier to leave class to see the health mentor."

"Dealing with crises during the day."

"A person/place to go to just to talk."

"Have resources people can reach out to about at-home struggles, friend issues, and other non-sexual health topics."

"Have an unstructured place where you can check out during your lunch and hang out with your friends."

"I think like having a place where you can just go to relax, because in the student service center, there's this one room and it's like a-- What room is it? We've tried to go there so many times and we always get kicked out after two minutes and it's like, doesn't really do much help. Just being able to chill if you need it. Not for the whole day or whatever, but just taking the time that you need."

Teacher and sexual health educator interviews

Middle school teachers also tended to note the importance of a safe place. They found it important that students could drop in to ask questions and build relationships with the health mentor.

"She has an office that feels private that kids can access and meet with her without judgment." – Middle School Teacher
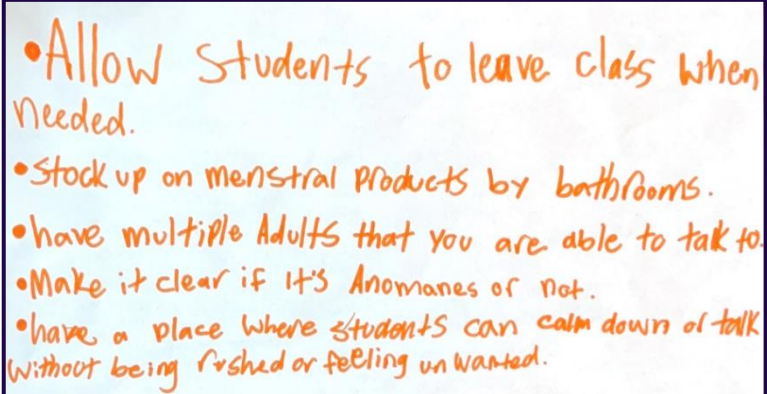
"Certainly, having access during the school day, to go and find [the health mentor] has been huge. I've been surprised recently to see the number of kids going in and out checking to see if she's in, whether it's for a tampon or a pad or to ask a question or to grab a piece of candy. It's that accessibility and comfortability, knowing she's there and growing in relationship with her." – Middle School Teacher

What recommendations emerge for strengthening the middle school health mentor model?

OVERVIEW OF KEY FINDINGS: Youth participating in the Youth-Centered Evaluation process developed recommendations for strengthening middle school sexual health initiatives. Youth guidance, along with published literature and recommendations from teachers and sexual health educators, yield the following priorities for strengthening middle school health mentor services: (1) proactively manage expectations related to confidentiality; (2) strengthen support for emotional wellbeing; (3) provide training and resources to other school staff; (4) provide training and resources to parents; and (5) continue strategies for engaging youth in program leadership, design, and evaluation.

1 Proactively manage expectations related to confidentiality

Middle school students participating in the Youth-Centered Evaluation Process emphasized the importance of being very clear about what is – and what is not – confidential. In order to trust the health mentors, students need to feel confident that the information that they share will not be disclosed to other school staff or their families.

- Allow Students to leave class when needed.
- Stock up on menstral Products by bathrooms.
- have multiple Adults that you are able to talk to.
- Make it clear if It's Anomanes or not.
- have a place where students can calm down or talk without being rushed or feeling unwanted.

Youth voices: Recommendations regarding confidentiality

"Having someone that you trust they're not going to tell other people about something you told them or spread rumors about you or anything."

Teacher and sexual health educator interviews

Interviews with teachers and sexual health educators illustrate the complexity regarding confidentiality. Sexual health educators tended to argue that confidentiality is the foundation of a trusting relationship with students, and that it should be preserved as much as possible. On the other hand, some of the middle school teachers expressed concern that middle school students might be vulnerable to high-risk situations, and that health mentors should be engaging other school staff (such as administrators and counselors) or students' families in order to support and protect youth well-being.

Ultimately, however, there was some agreement that health mentors should be aware of school policies and provide clear guidance to students about any potential limits to confidentiality in advance, so that students can make informed decisions about what to disclose.

"There's this line with the Minnesota minor consent law. If it's related to sexual health, the young person has the right to get that information and that care without a parent being involved. It's important that the school upholds that, and that there aren't situations where a student thought services were confidential and then they become not confidential. That could do a lot of harm within the student body. With middle school students, there's also a lot of things that fall outside of that, such as friendships, romantic relationships, things that are going on at home. There are so many things that don't fit into that category that health mentors get exposed to when a young person comes in and talks to them. Part of that is adjusting what the health mentor says to the student at the beginning, starting the conversation off by saying, 'These are the situations in which I'm going to have to bring in another adult.' A lot of that is mandatory reporting, saying, 'If I hear that you're harming yourself or someone's harming you, or you might harm someone else, I am legally required to bring in another adult.' Then the student gets to choose what they're disclosing to me." – Middle School Sexual Health Educator

"I don't know if the school defines certain boundaries - 'In these situations, we call a parent or schedule a meeting with a counselor and a parent.' Giving that information to the [young] person at the beginning allows them to choose how they share and puts the power in their hands. I'm sure a lot of parents want to know that information. But I also wonder about the students that don't have a safe place to go to and they're going to the health mentor because that's the only trusted person they have and that confidentiality is everything." – Middle School Sexual Health Educator

"[I wouldn't recommend health mentors go] to parents, but they may need protocols to go to an administrator if they have a concern. Going straight to parents can be risky – you never know how a parent will react." – Middle School Sexual Health Educator

"We need to refer back to the law and our students' rights. I have parents who want to be involved every step of the way, and want to control based on religious or cultural value systems. With all the different value systems and that child at the center of it with questions about themselves, we have got to know what the law is. I think that needs to be a lot more transparent for all involved, to know the child's rights, and at what point a parent is or is not involved." – Middle School Teacher

"We are mandatory reporters, so if there is a concern for abuse or a dangerous situation, we have to take it to [administration]. I understand the importance of that. But if you have a kid who's really nervous about saying that something's happening, we've set it up as a safe space. [If we disclose information] we break that trust and may never get it back. This content is really hard, and relies on having at least some amount of rapport and trust built up between students and facilitators. In terms of safety, we have to at least do that mandatory reporter stuff. Then, we need to clearly define where that limit is. What is concerning, but we can work through it without parents or higher-ups being involved? And what is something that I need to report, not necessarily directly to parents, but to the school administration, law enforcement, or whoever needs to be involved?" – Middle School Sexual Health Educator

"I always let students know that we're mandated reporters. We need to be really sure that they understand. Sometimes once a student gets comfortable, they might overshoot or say something they didn't intend to. If they're not ready to talk with family yet about an issue but they overshare that, we have to report that and then they can become very upset. We need to make sure they know what those lines are. They have to know that we're not just a friend who's going to keep a secret. If it gets to a point where we have to involve family, we should be prepared for that." – Middle School Teacher

② Strengthen support for emotional wellbeing
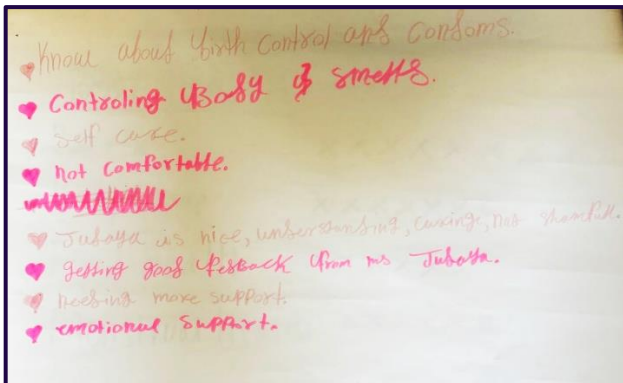
Youth identified mental health and emotional wellbeing as important topics for middle school students, and some expressed that they would like to receive these supports from the health mentors.

It is important to note that middle schools typically have staff with deeper training or expertise related to mental health, such as counselors or therapists. The health mentor program should develop clear boundaries regarding the issues that are appropriate for health mentors to support, along with procedures for coordinating or collaborating with other school support staff.

That being said, there are topics that health mentors could support that may not warrant referrals to other school staff. For example, health mentors could offer resources and guidance to students related to expressing emotions, managing stress, or coping with anxiety.

Youth voices: Recommendations for mental health/emotional support

"We are aware of anxiety and depression, but we don't touch bases on how we deal with that stuff."

"What we really need to touch base on as teenagers, is how to control our emotions and anxiety and stuff like that."

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3   Provide training and resources to other school staff

Health mentors may want to provide more training and resources to other school staff, to help them better understand the health mentor role and to strengthen the capacity of all staff to support youth who may be looking for support. Youth did not specifically make this recommendation. However, this recommendation did emerge indirectly, through student comments about wanting teachers to allow them to go see the health mentor whenever desired and about ways that health mentors could serve as models for how other adults in the school interact with youth.

Youth voices: Recommendations for providing training and resources to school staff

"Make sure that students actually are allowed to leave the classrooms if they have problems, just because I know a lot of teachers here don't really let their students leave even when their students are very frustrated or upset and actually need some help about stuff."

"I used to be getting in trouble when I came during passing period, just to chat with [the health mentor] because [teachers would] be like, 'Stop going to her room. She's busy. Leave her alone.' Just for them to know that it's an open space. If she's having a one-on-one conversation with a student, she'd always have her door closed and a thing on the whiteboard. I feel like if the teachers knew more what she's there for - because I don't feel like they get why she's here, many students would be more open to coming in here, I guess."

Teacher and sexual health educator interviews

Recommendations related to training and supporting other school staff did not emerge frequently in the interviews. However, a few middle school teachers felt that it was important that all school staff understand the health mentor role and services. These teachers focused on the importance of the health mentor being an integrated part of the student support system.

"We've had some different student behaviors come up where we might call upon [our health mentor] as a resource to help repair a situation between kids when some really harmful things were said or done. It's really important for school staff to clearly understand what the resource is and what it isn't and to know how to call upon it when things come up. It's part of a bigger school culture of how do we support and work with their kids?" – Middle School Teacher

4   Share resources/information with parents

Teacher and sexual health educator interviews

Middle school youth did not identify recommendations related to support for parents. However, teachers and sexual health educators frequently recommended family support. Sexual health educators, in particular, recommended offering training or resources, to enhance families' ability to support youth physical/sexual health and emotional well-being.

"I could see a real opportunity for health mentors to do parent classes. They could talk about ages and stages and what's normal developmentally, but they also could dive into cyber safety and social media use which I know parents are really interested in. They could talk about how to notice signs of an unhealthy relationship in your children. Parent programming could be really powerful." – Middle School Sexual Health Educator

"I focus on things like puberty and menstrual health for middle school parent night. Some parents get really excited about that...and some scurry off because they think their child is too young for that. [If I were to expand parent support], maybe we could train parents around answering awkward questions or offer more mental health resources." – Middle School Sexual Health Educator

"We should really be leaning into parent engagement, like offering parent toolkit or Q & A. We should have a process for any and all parents to come in and utilize the mentor as a resource. There's a lot of mystery that can swirl for folks, especially at this age level, anytime you say 'sexual.' There are lots of people who want to know how they can talk to their kids using this information. So there's a huge kind of family caregiver

component that could be really powerful, I think." – Middle School Sexual Health Educator

"I think the biggest groups of parents that will have trouble are some of the immigrant parents that culturally do not talk about sex, it's such a taboo. We could maybe have parent groups to provide them with education and resources?" – Middle School Teacher

In addition to providing parents with resources and information that they can use to support their youth, some adults recommended more outreach to parents to help them understand the health mentor role. They acknowledged that not all parents are comfortable with their middle school students having access to sexual health information, and they recommended communication and transparency to build parent understanding.

"I think getting in relationships with families at the school level is really important. I work with our family liaison, and our cultural liaison to help families understand the content and the curriculum and coming together so that folks have a chance to see it. They have a chance to ask questions, and really understand their rights." – Middle School Sexual Health Educator

"There is a tricky spot of wanting to talk about the services that you're doing and making sure that people know about the services but also knowing that that exposure can sometimes come with negative feedback from parents. Schools have to have that delicate balance with parents. I think that proactively letting parents know that a health mentor is there as a resource for them too could be great. Because then it's something that they at least they're familiar with, and they know what it is, and then it prevents the situation of a parent being concerned about what the health mentor is doing."– Middle School Sexual Health Educator

"I just met with a Somali parent group who are really concerned about things being taught to their children outside of their knowledge. We have such a diversity of backgrounds. We're trying to really be inviting and transparent with families, and helping to generate that trust and openness and being a resource to families to talk with their kids to ways that help them." – Middle School Teacher

5 ## Continue offering youth engagement opportunities

The consultant team for this project further recommends that the health mentor program continue to explore meaningful ways to engage youth in shaping the health mentor program. Engagement can take a number of different forms, such as youth leadership councils or participatory evaluation approaches.

Opportunities to participate in program design or implementation can be beneficial to participating students, allowing them to build relationships with health mentors and develop evaluation and leadership skills. However, engagement opportunities also play an important role in ensuring that health mentors are delivering effective sexual health content using strategies that align with student needs and interests.

Literature review

There is an extensive literature base establishing the importance of meaningful and authentic youth engagement across a wide variety of topic areas. Some researchers have also argued specifically for stronger youth engagement in sexual health programming. As noted by Corcoran and colleagues (2020), "the vast majority of sexual health education standards and programs are created without input from the group for which they are intended to influence, adolescents"[105]. This is problematic as adolescents have the right to be involved in the development of sexual health education. For sexual health education programs to be the most effective at improving sexual health outcomes (e.g., increased condom usage, increased age at sexual debut, decreased number of lifetime partners) adolescents must be engaged and consulted regarding every aspect of sexual health education program development."[106]

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[105] Sorace (2010)
[106] McKee, Watson, & Dore (2014)

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Appendix A

Better Together Hennepin Middle School Health Mentor Youth Engagement & Evaluation Process Overview

Introduction

Over the course of the 2023-2024 school year, Informed Change facilitated a **Youth-Centered Evaluation Process** with middle school students at Hopkins West Middle School, Prairie Seeds Academy, and Sojourner Truth Academy. Goals for this process included:

- Building relationships with and among middle school student evaluators;
- Support research, evaluation, and leadership skill-building;
- Provide opportunities for middle school students to serve as leaders and decision-makers; and
- Generate data to inform the health mentor model in middle schools.

Through this process, middle school students gathered feedback and ideas from their peers to inform the design of the middle school Health Mentor program, uncovering the unique sexual health and wellness needs of middle school youth. The young people who participated in the evaluation process were enthusiastic partners who shared that they enjoyed the experience.

Logistics

Recruitment: Health mentors recruited thirty students across the three schools to participate in the Youth-Centered Evaluation Process. At Prairie Seeds, eleven students participated along with their Health Mentor as part of a life skills course. Ten students from Sojourner Truth Academy participated as a youth leadership council their Health Mentor convened specifically to work on this project. At Hopkins, we partnered with the Teen Leadership Council, a group of nine students who work with the Health Mentor each year to lead sexual health and wellness initiatives at their school.

Health mentors shared an informational flier about the project with students' parents/caregivers and had them complete a participation consent form prior to the start of the project.

Commitment and Retention: Over the course of the school year, youth evaluators participated in ten sessions ranging from 45 minutes to an hour. See session content below. All three schools' teams maintained 100% student participant retention: all youth participants completed the process and most students attended all ten sessions.

Incentives: We provided compensation for students' time in multiple ways. At Hopkins and Sojourner Truth, we gave each youth evaluator a $30 gift card stipend for each session they attended. As Prairie Seeds students did the project as part of an academic course, they received gift cards related to different project tasks, such as conducting an interview with peers or recruiting students to take a survey.

Designing the Process

Informed Change's Youth-Centered Evaluation Process blends the **Informed Change Process**, principles of our **youth engagement approach**, and **participatory research and evaluation practices**.

The [Informed Change Process](#) is rooted in equity-focused qualitative methods that create space for people to feel heard. The process includes four phases:

- **Listen:** We start by connecting and engaging with people in their own context through their experiences and stories. We generate data through focus groups, interviews, document and literature review, interactive experiences, and participant observation.
- **Learn:** We explore data from our listening sessions and surface themes about impact and opportunities for change. We synthesize data through qualitative data analysis and iterative processes that continuously engage participants.
- **Inspire:** We help organizations tell their impact story and co-create a roadmap for action and transformation. We share data through creative reports, presentations, keynotes, and facilitated dialogue. We use data to inspire strategic planning, action planning, program design, and reflection.
- **Implement:** We support organizations by developing custom tools and processes to achieve their goals. We activate data through custom and tailored tools, programs, and curriculum. We provide implementation assistance to ensure sustainable success.

Youth Participatory Action Research (YPAR)/Youth Participatory Evaluation (YPE)

Youth participatory action research (YPAR) simply put, is a cycle of learning and action that centers issues that are important to young people. It is not about research or evaluation for the sake of learning alone, but focused towards generating actionable solutions. "YPAR is a youth-led, adult-facilitated empowerment process whereby young people are supported in building research and advocacy skills to study and improve their schools and communities."[107] Youth participatory evaluation (YPE) is similar to YPAR when the goal is to evaluate a particular program, service, or organization.

While rooted in YPAR and YPE principles, our Youth-Centered Evaluation Process allows for flexibility. Many organizations attempt YPAR or YPE but are unable to implement the processes with fidelity due to requirements from funders, time constraints, and even the interests and goals of the young people involved. We designed the Youth-Centered Evaluation Process to provide opportunities for organizations to collaborate with youth in research and evaluation with fewer barriers to entry.

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[107] Ozer, E. J., Shapiro, V., & Duarte, C. (2021). Opportunities to strengthen SEL impact through youth-led participatory action research (YPAR). Innovations for Youth (I4Y) Center.

The **Informed Change Youth Engagement Approach** is a values-based set of principles that guide our evaluation work with young people:

Relationship-Based

Positive and meaningful relationships are at the heart of successful projects. They allow young people to feel safe taking risks with their learning. We start new evaluation projects involving young people with a "get-to-know-you" phase, using fun activities and rapport-building discussions that create trust among youth and adults.

Equity-Focused

Adults do not often invite young people into decision-making processes. Partnering with young people throughout the evaluation process - creating tools, gathering data, conducting analysis, and making recommendations - teaches valuable research and evaluation skills and empowers youth to create change in their communities.

Co-Creative

Setting a tone of collaboration and creativity allows youth and adults to bring valuable insights from their unique experiences to the evaluation process.

Scaffolded

Learning how to conduct evaluation takes time and effort. We don't expect young people to learn everything they need to know to conduct a successful evaluation in a day. We scaffold learning by building a foundation of evaluation knowledge together and adding new skills over time.
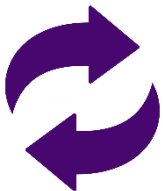
Responsive

Responsiveness supports a scaffolded learning environment. As we get to know young people and their talents, skills, and needs, we respond by creating activities, discussions, and materials to support their specific interests and growth.

Youth-Centered

In our evaluation work with young people, we constantly check in with ourselves to ensure we are centering youth voices and experiences. Even in a structured process, the tendency for adults (even us!) to take over can easily creep into a project. Unexpected obstacles or changes, such as funders' timelines or data collection obstacles, can create pressure that makes adults want to take over. However, our experience has shown us that holding space for a youth-centered process yields the most meaningful and successful outcomes.

Process Overview

Informed Change facilitators worked with middle school students at each of the three schools starting in late fall and continuing through the end of the school year. Facilitators typically met with the students once or twice per month for 45-60 minutes, partnering with each school's health mentor to run meetings.

Session	Objectives	Activities
1. Team Building	- Participants get to know each other - Participants learn about the project and goals - Participants decide how they want to work together as a team - Participants build an understanding of the skills and strengths of themselves and of the group	Introductions Team-building activity Introduce the project, its goals, and why the youth have been invited to participate Establish group norms Skills/strengths inventory activity Group reflection
2. Introduction to Research & Evaluation	- Learn about different types of data (qualitative/stories and quantitative/numbers) - Learn about focus groups/listening sessions and participate in a practice focus group - Generate questions to ask peers about the Health Mentor program	Warm-up/check in Qualitative vs. quantitative data activity Introduce qualitative data collection methods Facilitate listening session (focus group) with the youth team Reflect on the listening session and discuss the questions the youth team would like to ask their peers about the Health Mentor program and their needs Group reflection
3. Learning About Qualitative Data Collection	- Participants practice facilitating a focus group or interview - Participants make a plan to facilitate focus groups or interviews with their peers	Warm-up/check in Youth team members self-facilitate brief focus groups with other members of the youth team Provide facilitation resources and make plans for youth team members to collect data from their peers through listening sessions and/or interviews Set a goal for qualitative data collection (e.g., number of listening sessions, number of peers reached, etc.) Group reflection
4. Learning About Quantitative Data Collection	- Learn about surveys as a data collection tool - Learn how to write high-quality survey questions - Make a plan to share the survey with peers	Warm-up/check in Mini survey activity Writing high-quality survey questions activity Review proposed Health Mentor survey questions and edit based on youth team members' feedback

Session	Objectives	Activities
		Make plans for youth team members to share the survey with peers
		Set a goal for quantitative data collection (e.g., number of completed surveys)
		Group reflection
5. Understanding Qualitative Data Analysis	• Learn how to analyze qualitative data (focus groups/listening sessions and interviews)	Warm-up/check in
		Provide an overview of qualitative coding
		Review and discuss listening session transcripts to identify themes and illustrative quotes
		Reflection
6. Understanding Quantitative Data Analysis	• Reflect on the project • Continue data collection	Warm-up/check in
		Depending on status of data collection, teams may do one or more of the following activities: • Mid-year reflection on the project and youth team's leadership growth • Spend time during the meeting to collect additional youth data • Review and discuss youth survey data
		Group reflection
7. Putting it all Together (data synthesis)	• Look for patterns that bring all of our data sources together	Warm-up/check in
		Data synthesis gallery walk activity to produce insights from the findings
		Group reflection
8. Putting it all Together (data synthesis continued)	• Look for patterns that bring all of our data sources together	Warm-up/check in
		Continue data synthesis
		Group reflection
9. Making Recommendations	• Create a set of recommendations based on learnings from the data	Warm-up/check in
		Review data synthesis and brainstorm recommendations informed by evaluation findings
		Group reflection
10. Celebrating our Accomplishments	• Reflect on the project • Celebrate success	Warm-up/check in
		"Envisioning the Future" activity
		Overall project and skill-building reflection
		Celebration and presentation of certificates

Appendix B

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