HEALTH EDUCATION IN THE PUBLIC SCHOOLS

REPORT OF THE VIRGINIA ADVISORY LEGISLATIVE COUNCIL

TO THE GOVERNOR And THE GENERAL ASSEMBLY OF VIRGINIA

Senate Document No. 18

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF PURCHASES AND SUPPLY
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TABLE OF CONTENTS

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Richmond, Virginia

January 10, 1977

TO: HONORABLE MILLS E. GODWIN, JR., GOVERNOR OF VIRGINIA

and

THE GENERAL ASSEMBLY OF VIRGINIA

I. INTRODUCTION

During the 1975 Session of the General Assembly, the House of Delegates, in House Joint Resolution No. 244, directed the Virginia Advisory Legislative Council to conduct a study of health education in the schools of the Commonwealth. The text of House Joint Resolution No. 244 is as follows:

HOUSE JOINT RESOLUTION NO. 244

Directing the Virginia Advisory Legislative Council to study health education in the schools of the Commonwealth.

WHEREAS, Virginia has recently established programs to deal with alcoholism, drug abuse and various other specialized health problems; and

WHEREAS, Virginia currently has a communicable venereal disease epidemic of monstrous proportions, and can expect other health crises in the future; and

WHEREAS, it is a waste of Virginia taxpayers' money to fight each State health crisis individually; and

WHEREAS, it appears that the children in our schools are not receiving adequate health education to prepare them realistically to care for their bodies in a manner conducive to total good health and to the prevention of illness and disease; and

WHEREAS, the cost of health care, both to the State and to the

individual, is becoming incresingly expensive; and

WHEREAS, an effective comprehensive health education program in our schools would serve the purpose of preventive medicine; and eventually result in a significant decrease in expenditures for health services; and

WHEREAS, a realistic and effective comprehensive health education program is desperately needed in Virginia; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Virginia Advisory Legislative Council is hereby directed to conduct a study of health education in the schools of the Commonwealth, and to make known its findings and recommendations regarding:

1. The current availability of trained health educators in our schools;

2. Manpower requirements to provide an effective comprehensive health education program in every public school in the Commonwealth, including the separation of health education from physical education in the curriculum;

3. The availability of programs in our colleges and universities designed to produce qualified health educators to serve in Virginia's schools, and to qualify existing teachers for comprehensive health education, including venereal disease;

4. Program requirements for effective comprehensive health education;

5. The need for changes in the Code of Virginia to eliminate barriers to and to provide encouragement for implementation of comprehensive health education programs in our schools, with specific consideration of whether venereal disease education should be removed from the restrictions of sex education and placed in the category with other communicable diseases; and

6. Whether or not venereal disease education is being effectively included in the curriculum to aid in the prevention and/or proper treatment of these diseases; and

7. The feasibility and desirability of periodic physical examinations of public school students to detect venereal and other communicable diseases.

RESOLVED FURTHER, That the State Department of Education and the State Department of Health are hereby directed to cooperate fully with the Virginia Advisory Legislative Council in the conduct of this study. The Council shall also seek the advice of the Commonwealth's area-wide health planning councils in the conduct of this study.

The Council shall conclude its study and make its report to the

Governor and the General Assembly not later than October one, nineteen hundred seventy-five.

Pursuant to House Joint Resolution No. 244, the Virginia Advisory Legislative Council appointed a committee to study health education in the State's schools.

Members of the Committee were Senator Lawrence Douglas Wilder, of Richmond; Dr. Marilyn Crawford, of Harrisonburg; Mrs. Virginia Crockford, of Richmond; Dr. Keith Howell, of Charlottesville; Mrs. Bettie Prentice, of Alexandria; Delegate Norman Sisisky, of Petersburg; Dr. Lindley Smith, of Richmond, and Mrs. Louise C. Toney, of Richmond. Senator Wilder served as Chairman.

As there was not sufficient time in which to examine all of the factors relative to health instruction in the State, the General Assembly directed, through Senate Joint Resolution No. 9, that the Council continue its study. The text of Senate Joint Resolution No. 9 is as follows:

SENATE JOINT RESOLUTION NO. 9

Directing the Virginia Advisory Legislative Council to continue its study of health education programs in the public schools of the Commonwealth.

WHEREAS, the General Assembly, in its 1976 Session, directed the Virginia Advisory Legislative Council to study health education programs in the public schools of the Commonwealth; and

WHEREAS, the Committee appointed by the Council to conduct the study has not had sufficient time to complete its study and make its recommendations; and

WHEREAS, it is important that this study be concluded because an effective comprehensive health education program in the schools of the Commonwealth could result in citizens more knowledgable in the health matteres and enhance the practice of preventive medicine but, at present, health education is not stressed in the public schools; now, therefore, be it

RESOLVED, by the Senate, the House of Delegates concurring, That the Virginia Advisory Legislative Council is directed to continue its study of health education in the public schools. The Council shall examine and make recommendations concerning the formation of a separate health education program in the public schools, the supply of persons trained to teach in those programs, and any other matters it considers relevant to the consideration of comprehensive health education.

The Department of Health and the Department of Education are directed to cooperate fully with the Council in the conduct of this study.

The Council shall conclude its study and make its report to the Governor and the General Assembly not later than September one, nineteen hundred seventy-six.

II. HEALTH PROBLEMS IN VIRGINIA

The most serious health problems in Virginia are heart disease, cerebrovascular disease, arteriosclerosis, cancer, accidents, suicide, alcoholism, infant mortality, alcohol and drug abuse and illegitimate births, all of which have an intimate relationship to patterns of living and poor health practices.

In 1974, 14,766 Virginians died of diseases of the heart, 7,581 of cancer and 2,540 of accidents of all types. Suicide accounted for 713 deaths, infant mortality for 726 and cirrohosis of the liver for 686. Cerebrovascular disease and arterioclerosis were the cause of death for 4,881 Virginians in 1974.[1]

Of the health problems cited for school-age children, alcohol and drug abuse, venereal disease and illegitimate births have the highest rates of incidence. A survey conducted by the Thomas Jefferson Planning District Commission in 1975 revealed that 69% of the students in grades seven through twelve used alcohol, 39% smoked cigarettes and 40% used non-prescription drugs. During the first six months of 1975, 531 young Virginians aged 18 and under were admitted to drug treatment programs. The use of alcohol in the elementary schools was believed by school principals to have increased from 1% to 9% from 1972-1974, and in the senior high schools from 43% to 81% in the same time period.[2]

In 1975, Virginia ranked eighteenth in the nation in the rate of cases of gonorrhea per 100,000 persons.[3] Richmond was listed among the twenty-three cities of the sixty-three large cities with reported infectious syphilis in excess of 24.1 per 100,000 population or more than twice the U.S. rate of 11.9. Richmond's rate was 91.2 per 100,000 population.[4] In 1975, 7,370 cases of gonorrhea were reported for children nineteen years of age and under, including sixty-two children under 10.[5] There were 22,640 cases of gonorrhea reported in the Commonwealth during fiscal year 1975, an increase of 12.8 percent over the 20,106 cases reported in fiscal year 1974. The total number of all reported cases of gonorrhea and syphilis in all stages in 1975 was 24,868.[6] Statistics from the State Health Department indicate that the age group of 0-24 represents 72.6% of the total gonorrhea cases reported in 1975, and that the total of reported cases represents only approximately one-fourth of the actual cases.

In the nation, the number of mothers ages fifteen and under increased 80% between 1960-1973.[7] In Virginia, the number of illegitimate births increased by 224, or 2.4%, in 1974 resulting in an illegitimate birth rate of 137.0 per 1,000 live births, the highest illegitimate birth rate on record in Virginia.

Mothers ages nineteen and under not only account for the highest percentages of illegitimate births, but also the highest

percentages of immature births (less than 5 lbs. 8 oz. at birth), infant and fetal deaths, maternal and infant complications associated with poor or non-existent prenatal care, and other obstetric and gynecological problems resulting from pregnancy in mothers that are not yet physically developed enough to support a pregnancy. In addition, a teenage mother may find herself with insufficient education, a fatherless child to support, the stigma and stress of an unwanted pregnancy and no marketable skills with which to gain employment. Such uneducated, unemployable mothers often have to resort to public assistance.

In 1974, only 52% of Virginia's children under age two had been immunized against serious childhood diseases. Of the 71,066 births in Virginia in 1974, 6127 children were born without their mothers receiving any prenatal care whatsoever, and 3,190 of the children were born with the mother beginning prenatal care in the third trimester.[8]

The State Health Department has encouraged and provided health education to the public and its Health Education Advisory Committee has indicated that it supports school health education in the State. However, most of the State's health efforts have been directed toward diagnostic, treatment, and rehabilitation programs with very little commitment to prevention through health education though the costs of medical care are staggering.

All Virginians must be educated to the need for and the benefits of good health. The individual must do more to help himself prevent illness, as "it is the individual whose daily living habits often bring about illness. It is the individual who eats too much, drinks too much, rests too little, exercises too little, drives too fast and ignores warning signs that tell him he should seek medical attention. Once he seeks care, it is the individual whose lack of cooperation during and after treatment may blunt the impact of even the greatest of medical skills."[9] The health habits, attitudes and practices of individuals influence to a great degree the success of any present or future health care system.

The implementation of an effective comprehensive health education program in the State's public schools could contribute significantly to a reduction in preventable illness and death and their associated high medical and health care costs.

III. DEFINITION OF HEALTH EDUCATION

Health education can be defined as an "essential component of comprehensive health planning and the major catalyst in the maintenance of optimum health throughout the life cycle. Through the dissemination of information and by promoting understanding and positive health habits, attitudes, and practices, health education bridges the gap between appropriate medical findings and their daily application to life."[10]

The commitment of health education extends beyond

knowledge to include attitudes and behavior. It is never the mere transmission of health information to students as measured by their ability to recite, but what people do to improve, maintain and/or regain their health.

"Health eduction is an area of the total school curriculum with its own vast body of knowledge, its own identity and its own integrity. It borrows health data from other health sciences and its teaching techniques and methods from general education, but the sum of these factors is far greater than the separate parts, dipping into psychology, sociology and even anthropology."[11]

To be effective and beneficial, the school health education program must be comprehensive and sequential. A comprehensive school health education program is a "cohesive, interrelated, continuing series of learning experiences relevant to the interests, needs, and values of students. It is a graduated program of teaching and learning which proceeds with orderly scope and sequence from kindergarten through the secondary schools and colleges."[12]

The comprehensive and sequential school health education program begins in kindergarten and progresses from grade to grade with increased organization and sophistication in keeping with the maturity and capability of children and youth concerned. The curriculum in a comprehensive school health education program should emphasize the prevention of emotional and physical disorders and focus upon the development of a positive concept of health. Implementation of the curriculum should also reduce the fragmented, crisis-oriented approach to health instruction throughout the school system. It is not the "same old stuff" taught year after year or "organized nagging and badgering sessions" designed to shape young people into the adult mold. Instead, when taught at a level consistent with the ability of students to learn, it enables them to evaluate and make decisions affecting their health now and in the future.

The primary purpose of health education is to help people establish patterns of living that discourage disease and promote positive health. Past health education efforts have frequently been crisis-oriented or have been directed towards adults whose habits and attitudes are already learned. Comprehensive school health education is an attempt to present health information in a unified, sequential manner throughout the total school career of the child, in order to develop health behaviors conducive to positive health.

IV. THE NEED FOR A COMPREHENSIVE HEALTH EDUCATION PROGRAM

IN THE PUBLIC SCHOOLS OF VIRGINIA

Part II of this report reviewed the scope of serious health problems in Virginia. Another aspect of the health problem is the expense of medical care. During the last fifteen years, the medical care effort in our nation has increased enormously. "Annual

expenditures have increased from $26 billion in 1960 to approximately $118 billion in 1975. Public expenditures have grown from 6.4 billion to 41.3 billion in 1974. Private insurance benefits have increased from 4.7 billion to 23.1 billion and employment in the health industry from 2.5 million to almost 5 million. Despite the huge increase in expenses for medical care, there is growing evidence that people are not substantially healthier than they were."[13] The major causes of illness and death used to be preventable, treatable, infectious diseases. Now the major causes are chronic illnesses such as stroke, heart disease and cancer, that are intimately related to patterns of living learned throughout life.

It has been recognized that life expectancy and health are significantly related to good basic health habits, and that the prevention and reduction of chronic illnesses can be effected to some extent through health education.

The logical vehicle for disseminating health information is the educational system. Most people spend at least twelve years of their lives in school, and more if they have the benefit of early childhood education and college. "No other community setting even approximates the magnitude of grades K-12, with an enrollment in 1973-74 of 45.5 million and nearly 17,000 school districts comprising more than 115,000 schools and some 2.1 million teachers."[14]

The school curriculum provides an opportunity to view health issues in an integrated context. "Schools provide an environment conducive to developing skills and competencies which will help the individual confront and examine a complexity of social and cultural forces, persuasive influences, and ever-expanding options, as these affect health behavior. However, today's health problems do not lend themselves to yesterday's solutions. Often schools are requested to deal with a multitude of separate health issues, with only a few of these given priority at any time. Too frequently, programs developed to deal with crucial issues are eliminated although the problems remain, because another crisis emerges calling for more crash programs. The result is a revolving critical issue syndrome"[15] which is costly both in manpower and financially.

The alternative to the traditional crisis approach to health care and the spiraling costs of medical care is a redirection of health goals to include primary prevention through health education for every individual.

The recognition of the need for comprehensive school health education has been demonstrated not only through the development of such programs by an increasing number of states, but also through the position statements of several national professional organizations and groups concerned with the public's health and the public's education. Such organizations and groups include:

1. American Academy of Pediatrics

2. American Alliance for Health, Physical Education, and Recreation

3. American Association for the Advancement of Health Education

4. American Association of School Administrators

5. American Dental Association

6. American Medical Association

7. American Public Health Association

8. American School Health Association

9. Chief State School Officers

10. Department of Health, Education, and Welfare

11. International Union for Health Education

12. Joint Committee on Health Problems in Schools of the National Education Association and the American Medical Association

13. National Association of State Boards of Education

14. National Association of Elementary School Principals

15. National Association of Secondary School Principals

16. National Congress of Parents and Teachers

17. National Education Association

18. National Health Council

19. National School Boards Association

20. School Health Education Study (1961-1972) Examples of Reports from:

1. National Commission on Community Health Services, 1966

2. President's Commission on National Goals, 1960

3. President's Committee on Health Education, 1973

4. Quality of Life Conferences (AMA), 1972, 1973

5. Schools for the Sixties (NEA Project on Instruction)

6. Schools for the Seventies (NEA Project on Instruction)

7. White House Conference on Children and Youth, 1970[16]

These organizations have all endorsed the concept of comprehensive school health education and support its implementation.

"Health is the first of the Seven Cardinal Principles of Education. However, over the years health has become peripheral to

the central purpose of education."[17] Strong health education programs in the public schools have the potential for enhancing the quality of life, raising the level of health of the students by reducing health problems susceptible to educational intervention, and helping the public to understand the nature of disease, how to preserve good health and how to make intelligent use of available health resources and services.

Health education is postulated on the theory that the individual can exert significant, positive influence on his own health status, and that health education assists in the development of attitudes which serve to direct the individual's behavior toward better health.

School health eduction is an important component of the child's total education experience. The best time to begin health education is in the habit-forming years of childhood. Viable and effective health education programs in the public schools can provide students with a "core of knowledge that will enable them to think critically about health issues, understand health problems, use healthful living habits and acquire a sense of responsibility for health problems of themselves and their community, local, state and national."[18]

V. RECOMMENDATIONS

A. THE HEALTH EDUCATION CURRICULUM IN THE PUBLIC SCHOOLS

1. Health education should be an integral part of the schools' curriculum from kindergarten through grade 12.

2. The health education curriculum in the public schools should be separate and distinct from physical education and driver education.

3. The curriculum should place instructional emphasis upon the following topic areas throughout the K-12 program:

a. chronic disease prevention

b. communicable diseases, includes venereal

diseases

c. community health services

d. consumer health

e. emergency care and safety

f. emotional and mental health

g. environmental and public health

h. health careers

i. hereditary and developmental conditions

j. human growth and development

k. nutrition

l. personal health (dental, vision, hearing,

fitness), habits and hygiene, and body systems

m. substance abuse (includes tobacco, alcohol and

drug use and abuse)

4. The State Department of Education should serve in a leadership role in the development and implementation of the comprehensive and sequential curriculum in school health education in the school divisions.

5. School health education should be taught as a separate semester course required in each of grades seven through ten, and offered as electives for grades eleven and twelve. Driver education and physical education should not be included in the health education curriculum.

6. Each school in the State should provide adequate facilities and proper learning materials appropriate to quality health education.

7. An administrative unit on health education should become a separate part of the administrative structure of the State Department of Eduction.

a. This unit should be administered by a professionally qualified school health educator.

b. The unit should function similarly to units responsible for other academic subject areas in the public schools.

c. The size of the unit should be determined with consideration given to the extra responsibilities involved in introducing new programs.

DISCUSSION

Through an extensive review of various studies and comprehensive health education programs of other states, the Council found that the quality, and even the existence of school health education programs varies greatly throughout the country. National findings have also indicated that school health education in most public schools is absent or offered in an uninspired manner through scheduling procedures that limit effectiveness and through teachers who lack proper academic preparation or motivation to teach health properly.

The Council found this to be true in Virginia also. Whereas there are many exemplary health education programs in some of the State's public schools, such programs are the exception rather than the rule. In a study in May 1975 entitled "School Health Element," the Capital Area Comprehensive Health Planning Council concluded that in many public schools in Virginia, "the teaching of health is limited or non-existent. Often it is taught by teachers who do not possess any interest in the subject matter and are unqualified to teach health education. This lack of enthusiasm by some teachers and administrators is transferred to the students and is translated into their lack of basic health knowledge and the development of poor health practices.[19] A recent Virginia study by William W. McAdams indicated that students in Virginia did not compare favorably with national norms, ranking only in the tenth percentile in health knowledge.[20]

The Council also found that while the present State curriculum guide for health education lists all the topic areas it has identified as essential components in a comprehensive school health education program, such topic areas are not being taught.

The policy statement relative to health education which was approved by the State Board of Education on September 26, 1975, addresses the need to strengthen health education in the elementary and secondary schools of the Commonwealth. Though the policy statement requires that comprehensive health education be taught in the State's public schools, it does not require separate health instruction; rather, it combines the instruction of health education with physical education and driver education on the 60-40 plan or an alternate semester plan at both the eighth grade level and either the ninth or tenth grade level. Under this plan, the remainder of the instructional time at the eighth, ninth and tenth grade levels must be devoted to physical education.

While a viable physical education program is an essential part of the students' total school experience, so also is health education. Health education must be given emphasis in the curriculum comparable to that given physical education and other traditional subject areas. Though the two subjects, health education and physical education, (see Dr. Pat Byrd's statement Appendix E) are two distinct areas of knowledge, the attainment of physical fitness ultimately depends on the attainment and maintenance of good health. Therefore, the Council recommends that comprehensive school health education become an intregal part of the school's curriculum.

The McAdams study also noted, as have other state and national studies, that health education, when taught or combined with other subject areas, especially physical education, receives low priority. It indicated that teaching health education as a separate and distinct course is superior to combining health education with physical education and/or driver education. In a survey conducted by the Bureau of Educational Research of the University of Virginia, Appendix B of this report, the most common recommendation for the improvement of health education was the separation of health education and physical education. Students, teachers and principals

addressing the Council's study Committee at its meetings and at its public hearing on September 6, 1976, also attested the need to separate health education and physical education and/or driver education.

Other factors found in the McAdams study, as well as in other state studies such as those of Colorado, Illinois, Florida, and Maryland, to be definitiely related to students' health knowledge, attitudes and skills were teacher preparation, adequacy of teaching facilities, materials and resources, and the number of topics included in the health education curriculum.

Students present at the Council's study Committee's public hearing seemed to agree with the studies discussed above. They felt that they benefited little from health education when it is combined with physical education in a single course and 60% of class time is devoted to physical education and 40% to health instruction. This scheduling of health classes as an adjunct of physical education makes it very hard for them to understand what health education is as they associate it with physical education and when health is taught every other day or every several days they retain little health knowledge. The students also pointed out that they and many of their peers think of health education as "free time", a subject not to be taken seriously. And when, as is often the case, grades for health education and physical education are combined, they may not worry about failing health as long as the grade they receive in physical education is high thus yielding a passable grade for the semester. Students indicated that usually health is relegated to a "rainy day" activity and is taught in areas of the school building least conducive to learning (i.e. floating classroom, trailor, gym, lockerroom, closets, boys' toilet) and by teachers who either are academically unprepared to teach the subject matter or prefer not to teach health at all or both. Students also cited a lack of proper learning materials, use out-of-date books and the omission of certain topics as obstacles to proper health instruction.

The Bureau's report showed that teachers were divided on their view of the quality of available textbooks and audio-visual materials. The curriculum guide in health education was indicated as being available to almost all of the teachers, but less than one-half of the teachers indicated that the VD Resource Guide was available to them. (The VD Resource Guide was developed by the State Department of Health and the State Department of Education as requested by House Joint Resolution No. 245 of the 1975 Session of the General Assembly).

The Board of Education has restricting guidelines and procedures governing venereal disease eduction materials. Though the VD Resource Guide has been approved by the Board and though venereal disease is an approved and required topic in the State's health education curriculum guide, classroom teachers are not always apprised of available resources or are prevented from using what materials are available. In view of the magnitude of the venereal disease problem in this State and of the fact that education could be a very effective means of combating this problem, the Council recommends that venereal disease education be considered

an integral part of health education and be exempt from the special restrictive guidelines and regulations of the Board of Education. A resolution to that effect is appended to this report.

B. TEACHERS OF HEALTH EDUCATION

1. School health education should be taught in the elementary grades by classroom teachers academically prepared on the total school health program. Health education should be taught in secondary schools by teachers endorsed in health education.

2. Elementary teachers.—The Board of Education should revise the requirements for endorsement in elementary education in the area of health education by requiring academic preparation or competencies in the total school health program including health services, health environment, health instruction and the content areas included in the comprehensive health education program.

3. Secondary teachers.—The dual endorsement in health and physical education should be deleted as an option to prospective teachers of health and/or physical education. Separate endorsement in physical education and health education should be required no later than the 1981-1982 school year.

4. Secondary teachers.—The State Board of Education should encourage health teachers with the present health and physical education dual endorsement to achieve the new, separate endorsement in health education and should require all courses and credit taken for renewal of certificates to contribute to the requirements for the new endorsement.

5. Secondary teachers.—A 'phase-in' approach should be used to provide reasonable time for middle and high schools to employ health education teachers who meet the current requirements for the separate endorsement in health education. Recommendations regarding the 'phase-in' approach are as follows:

a. A minimum of fifty per cent (50%) of all secondary school health teachers initially employed between 1977 and 1981-1982 school year should have a separate endorsement in health education.

b. All secondary school health teachers initially employed after the 1983-1984 school year must have a separate endorsement in health education.

6. There is a need for new health education programs at the institutions of higher learning in the Commonwealth to prepare qualified school health educators, and the State Council of Higher Education for Virginia should recognize this need in acting on health education program proposals. The Council should encourage the development of an adequate number of health education programs.

DISCUSSION

In June 1976, the Bureau of Educational Research at the University of Virginia conducted a survey of all secondary health teachers in the Commonwealth for this study. The survey was designed to determine (1) the academic preparation of teachers engaged in health instruction during the 1975-76 school year, (2) health topics taught by these teachers, (3) their attitudes toward health education, (4) the use and availability of teaching resources, and (5) the relationship between health topics taught and academic training.

The study determined that only 0.4% of teachers responsible for school health instruction have an undergraduate major in health education, less than one-third of the teachers held master's degrees, and almost all of the health teachers also taught physical education and/or were responsible for teaching other subjects and/or had coaching responsibilities. Though almost all of the teachers who responded to the questionnaire had completed a general health course and safety and first aid and driver education courses, only a small proportion had received credit in any other health courses.

Further results indicated that the majority of teachers had not received academic training in the topics of alcohol, mental and emotional health, nutrition, smoking, venereal diseases, family life education, environmental health, chronic diseases, consumer health, health careers, and body systems. Less than one-third of the teachers had received in-service training in any health topic. Some teachers with academic preparation for teaching certain health topics were not teaching those topics and many topics were being taught by teachers with no academic preparation in the subject matter.

A study conducted by Dr. Keith A. Howell, a member of the Council's study Committee and Assistant Professor of Health Education at the University of Virginia, also attests to the need for improvements in the preparation of health teachers. All city and county directors and supervisors of health, physical education, and safety in Virginia were surveyed during the 1975-76 school year to determine their perceptions of major obstacles to the improvement of school health education. According to the respondents, the most important obstacle to improved health education in the State was the inadequate preparation of teachers for health instruction. The second most significant problem was the ineffectiveness of instructional methods used by individuals teaching health. Supervisors also pointed out the lack of support from school administrators, the need for specialists to aid classroom teachers, and lack of interest and motivation by health teachers as major problems in health education in the State.

Given the results of the Bureau's study, the State Board of Educations' current guidelines and requirements for certification and endorsement and the physical and health education programs of the State's colleges and universities were examined.

It was found that new guidelines and requirements had been issued providing for separate endorsement in health education and in physical education. The new regulations regarding the separate

endorsement requirements became effective July 1, 1975. However, the dual endorsement in health and physical education has been retained.

The Virginia Advisory Legislative Council is opposed to the retention of the old dual endorsement. It is now superfluous as the Board of Education has approved separate endorsements in health education and physical education. More importantly however, teachers with the dual endorsement are often unprepared academically to teach health because of the significance and priority given physical education throughout the educational system. Several college administrators and teachers and several public school teachers (for statements see Appendix E) who addressed the Council's study Committee at its September public hearing also pointed out this fact and recommended the deletion of the dual endorsement as an option to prospective teachers of health education or physical education in the State.

In the State's colleges and universities the programs for the preparation of health teachers are not separate from but are a part of physical education teaching programs. The State's colleges and universities also place health education in the same department and under the administrative authority of persons responsible for teaching physical education. As in the public schools, health education is taught at the college level by persons prepared basically in physical education.

There are fifteen four-year State-supported institutions of higher education. Nearly all offer a degree program in health and physical education. However, only two institutions in the State offer a specialization in school health education. The two institutions are Madison College (baccalaurate) and the University of Virginia (graduate). In June 1975, these two schools graduated a total of fifteen (15) persons with majors in health education. To date, only three persons in the State have been endorsed in health education under the new separate endorsement regulations adopted by the State Board of Education. The Department of Education has estimated that Virginia would require approximately four hundred fifty additional (450) school health education teachers if health education and physical education programs are separated.

In order to implement the recommendations contained in the report, new, separate programs in the colleges will be needed to prepare techers of health education.

Representatives from the State Council stated that the Council's staff has already developed a mechanism for establishing separate health education programs. Three colleges in addition to Madison and the University of Virginia have indicated a desire to separate the programs in health education and physical education.

The Council believes that the interest of some colleges in separating their health education programs and the requirements and regulations regarding new program proposals that the State Council of Higher Education has set forth will aid the establishment of quality health education programs in the State's colleges and

universities.

The establishment of such programs need not result in additional costs for colleges, as a re-emphasis and shifting in resources and allocation can provide the finances needed for such programs.

The Council is cognizant of the fact that the statutory power of the State Council of Higher Education does not allow it to initiate new programs. However, the Council recommends that the State Council of Higher Education recognize the need for new health education programs in the State and encourage the development of an adequate number of them.

C. COST AND FUNDING CONSIDERATIONS

1. If possible, financial assistance should be provided to help teachers update and improve their knowledge and teaching skills in health education.

2. School divisions should be urged to use health care specialists in their area as resource people.

3. When comprehensive school health education programs are implemented, costs and funding should be considered as affecting the school divisions.

DISCUSSION

The "Report of the President's Committee on Health Education" in 1973, stated that approximately seventy-five billion dollars ($75 billion) is spent each year on health care and that the health care field is the third largest industry in terms of manpower. While the need and demand for health care services have been rising, health education has been neglected. Most major causes of death and sickness are affected and can be prevented by individual behavior. Of the $75 billion spent per year in health care, about 92 percent was spent for treatment after illness occurs, and only $30 million was spent for specific programs in health education, which amounts to less than one-fourth of one percent out of the total budget of $18.2 billion allocated for health purposes in 1973.

The President's Committee found that programs in most primary and secondary schools are either not provided at all or are tacked onto other subject matter such as physical education or biology and assigned to teachers whose main interests and qualifications lie elsewhere, and that in many states, laws which have not been changed since the late 1880's actually impede development of effective school health programs. The President's Committee also found that what is taught to children is not made meaningful enough to stay with them and that on the state level, health departments spend less than half of one percent of their budgets for health education. That Committee recommended that every State be encouraged to adopt model state laws covering

school health education programs, teacher preparation, evaluation of results, and reporting.[21]

Congress responded to the needs identified in the President's Committee Report with the passage of "Public Law 94-317, National Consumer Health Information and Health Promotion Act of 1976" and with proposed legislation, Senate Bill No. 544, "Comprehensive School Health Education" and proposed legislation to fund programs provided for in the public law. It is not unlikely that some form of legislation regarding school health programs and an appropriation therefor will be considered and passed during the 95th Congress as both the Nixon and Ford Administrations have supported the concept of and recognized the need for health education programs. The in-coming administration has also publicly taken the position of supporting such programs.

While the Council believes that health education programs are desparately needed, the Council is also very much cognizant of the fiscal realities in this State. Nonetheless strong, effective school health education programs could do much to reduce the State's expenditures for medical and health care. While health education is not a panacea that will solve all health problems, it is undeniably a fundamental part of any logical attack on the problems.

Testimony from several health educators and from representatives of the State Departments of Health and Education and the State Council of Higher Education indicates that school health education programs need not be costly to public schools or institutions of higher learning. What will be necessary is a re-emphasis or shifting of priorities by the State agencies that will be responsible for developing, implementing and administering school health education programs.

The State's need for qualified and endorsed health educators can be satisfied by in-service education of teachers who are presently employed to teach health, by utilizing the health science staffs at State colleges and universities and other professional health personnel as resource people in the classrooms, and in the future, by hiring qualified and endorsed school health educators to fill positions vacated through retirement, resignation, etc. The Council also recognizes the need for all community and volunteer organizations, private and public, to coordinate their health education efforts and to participate fully in the school health education programs in their areas. The Council believes that such organizations should be encouraged in this endeavor.

CONCLUSION

Legislation to mandate implementation of the recommendations in this report is not recommended at this time; rather resolutions demonstrating their endorsement by the General Assembly are suggested and are appended to this report.

The Council is appreciative of the support of all persons who

contributed to this study.

Respectfully submitted,

Edward E. Lane, Chairman

Lawrence Douglas Wilder, Vice Chairman

George E. Allen, Jr.

Peter K. Babalas

Vincent F. Callahan

Joseph V. Gartlan, Jr.

Jerry H. Geisler

Robert R. Gwathmey, III

C. Hardaway Marks

Lewis A. McMurran, Jr.

Willard J. Moody

James M. Thomson

J. Warren White

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Appendices

Appendix A

SENATE JOINT RESOLUTION NO. ....

Relating to health education in the public schools and the development of and implementation of a comprehensive and sequential health education curriculum.

WHEREAS, the costs of health care are continually rising and account for ever greater expenditures of public and private funds; and

WHEREAS, this State has generally dealt with each health problem separately and in response to a crisis and usually by treatment rather than prevention; and

WHEREAS, many of the major causes of illness and death in today's society, such as stroke, heart disease and cancer, are affected by learned patterns of living; and

WHEREAS, knowledge and understanding of the total human mind and body and how they can be affected both adversely and beneficially could effect better emotional and physical health; and

WHEREAS, at present in the public schools of Virginia, health education is generally taught merely as a component of physical education and driver education is included as part of health education; and

WHEREAS, health education is too important to be relegated to a subordinate role and presented piecemeal; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That it is the sense of the General Assembly that health education, organized and scheduled as a separate and distinct course from both physical education and driver education, should be an integral part of the curriculum in the public schools from kindergarten through grade 12.

RESOLVED FURTHER, That the State Department of Education is requested to provide leadership in the development and implementation of a comprehensive and sequential curriculum in health education and to establish an administrative unit on school health education, similar to those for other academic subject areas and of a size commensurate with its responsibilities, to be administered by a professionally qualified school health educator.

SENATE JOINT RESOLUTION NO. ....

Relating to measures to assure adequate preparation of teachers of health education and of elementary teachers and requesting certain actions by the Board of Education and the State Council of Higher Education related thereto.

WHEREAS, few teachers of health education in the secondary grades and few, if any, elementary teachers receive adequate preparation for teaching comprehensive health education; and

WHEREAS, in-service training in health education is inadequate; and

WHEREAS, until recently, endorsement to teach health education was always included in a dual endorsement to teach health and physical education; and

WHEREAS, it is now possible to be endorsed in health education independently rather than endorsed dually; and

WHEREAS, it is essential that teachers of health education be adequately prepared to teach this most important subject; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Board of Education is requested to review its requirements for endorsement in elementary education with a view toward strengthening academic preparation or competencies required in health education, including health services, health environment, health instruction and the content areas included in a comprehensive health education curriculum. The Board should encourage health teachers who have the present dual endorsement in health and physical education to qualify for the new, separate endorsement in health education. The Board is requested to require that all courses and credit taken for renewal of certificates by health teachers contribute to the requirements for the new endorsement.

RESOLVED FURTHER, That the State Council of Higher Education is requested to recognize the need for new programs to prepare prospective teachers in health education and to encouragethe development of an adequate number of such programs in the institutions of higher education in the State.

SENATE JOINT RESOLUTION NO. ....

Relating to venereal disease education in the public schools.

WHEREAS, Virginia is experiencing a venereal disease epidemic which continues to increase at an alarming rate; and

WHEREAS, adequate control and eradication efforts have been stifled by unrealistic attitudes and ineffective or nonexistent education; and

WHEREAS, eighty percent of reported cases of venereal disease are found in those under thirty years of age; and

WHEREAS, the citizens of Virginia, particularly those in the high-risk age group, must be alerted to the existence and nature of venereal diseases, means of minimizing the possibility and effects of infection, sources of help if infection is suspected and the importance of personal responsibility to others; and

WHEREAS, the magnitude of the venereal disease health problem warrants instruction on venereal disease as a communicable disease in the health education curriculum of the public schools; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That it is the sense of the General Assembly that:

1. Venereal disease education should be provided by the public schools at the grade levels deemed advisable by the local school divisions.

2. Venereal disease education should be taught in the unit on communicable diseases and should be considered an integral part of health education.

3. The Board of Education should remove educational materials on venereal disease from its special procedures for approval for use by local school divisions and should utilize the same procedures for approval and adoption of such materials as for any other materials on communicable diseases.

4. In-service training for teachers responsible for classroom venereal disease instruction should be provided by the local school divisions.

5. The State Department of Education, with the assistance of and in consultation with the State Department of Health, should provide guidance in program development, resource materials, and teacher training.

6. The national toll-free VD hotline number should be posted in a conspicuous place in secondary school buildings to provide a

confidential information and referral service.

7. Venereal disease educational resource materials should be kept current and available in local and State resource material facilities.

APPENDIX B

A STUDY OF SECONDARY HEALTH EDUCATION IN THE PUBLIC SCHOOLS OF VIRGINIA

completed for
Virginia Advisory Legislative Committee to Study
Health Education in the Public Schools of Virginia
and
the Bureau of Educational Research
University of Virginia

by

Project Director
Donald W. Ball, Assistant Professor
Bureau of Educational Research

Keith A. Howell, Assistant Professor
Health Education, University of Virginia

Nancy Gansneder, Research Assistant
Department of Health Education and Physical Education
University of Virginia

Brian Robie, Research Assistant
Bureau of Educational Research

with the assistance of

Bruce M. Gansneder, Associate Professor
Bureau of Educational Research

Michael S. Caldwell, Associate Professor, Director
Bureau of Educational Research

Fall 1976

Table of Contents

Table of Contents (continued)

Listing of Tables

Listing of Tables (continued)

Purpose

The Virginia Advisory Legislative Committee to Study Health Education in the Public Schools of Virginia was appointed as a result of House Joint Resolution 244, passed by the 1975 General Assembly. This Committee was directed to prepare a report on the status of Health Education in the public schools of Virginia.

In June, 1976, members of the Committee met with the faculty of the Bureau of Educational Research at the University of Virginia to discuss a survey of secondary health teachers in the Commonwealth. As a result of these discussions, the Bureau of Educational Research agreed to conduct a survey to determine (1) the academic preparation of teachers engaged in health instruction during the 1975-76 school year, (2) health topics taught by these teachers, (3) their opinions toward health education, (4) the use and availability of teaching resources, and (5) the relationship between health topics taught and academic training.

Procedure

During August, 1976, the Bureau of Educational Research, working with a member of the VALC Committee (Dr. Keith Howell), constructed preliminary drafts of the survey instrument. The final draft of the questionnaire (Appendix A) was reviewed by the Committee and submitted to the Division of Legislative Services for printing and distribution.

Questionnaires, accompanied by a cover letter from Senator Wilder, Chairman of the VALC Committee, were mailed to all (2631) teachers listed in the 1975-76 Directory of Virginia Public Secondary Schools Health and Physical Education Personnel. A return envelope addressed to the Bureau of Educational Research was also included with each questionnaire. Following

the initial mailing, a letter was sent to all teachers reminding them to return the completed questionnaires. The returned questionnaires were coded, keypunched and analyzed by the Bureau of Educational Research.

Description of Questionnaire

In order to determine academic preparation, the teachers were asked to list the courses completed during their college training as well as topics covered in each course. A list of course titles compiled from catalogues of Virginia higher education institutions and other major universities was included to assist teachers in their responses. (Appendix B) A list of health topics provided by the VALC Committee was also included in the questionnaire. (Appendix C) The section on academic preparation also dealt with in-service training.

In the instruction portion of the questionnaire, teachers were asked to indicate topics covered in their instruction and the amount of in-class time spent on each topic. Questions to determine available resources and items designed to illicit opinions toward health instruction were also included in this section.

Results

I. General Information from the Sample

Questionnaires were sent to the 2631 teachers listed in the 1975-76 Directory of Virginia Public Secondary Schools Health and Physical Education Personnel. A total of 1322 (50%) of the teachers on this list returned the questionnaire. Approximately 84% (1111) of the returns were from teachers who had taught health during the 1975-76 school year. Fifty-five percent (611) of the respondents were female and 45% (500) were male. All analyses in the remainder of this report are based on this sample of 1111 health teachers.

Completed questionnaires were received from teachers in 431 different schools in 130 school divisions. Thirty-five percent (389) of these teachers were in city schools and 65% (722) were employed in county schools. Complete information on the size and organizational structure of the schools is included in Appendices E and F.

The average length of teaching experience for the respondents was 9 years overall and 7.9 years in health. A more detailed report of number of years taught is presented in the following table:

Table 1

Teaching Experience

Number of Years	Overall Teaching Experience	Teaching Experience in Health
1	4.3%	6.5%
2- 3	16.5%	19.7%
4- 6	23.9%	25.7%
7-10	23.0%	23.0%
11-15	15.1%	12.9%
16-20	9.5%	7.2%
21-30	6.9%	4.7%
More than 30	.7%	.4%
	$\bar{X}$=9	$\bar{X}$=7.9

Almost all of the teachers indicated they had responsibilities other than teaching health. These responsibilities are listed in Table 2. Most of the respondents also either taught physical education (94%) and/or coached (76%). These percentages indicate that health and physical education classes are generally taught by the same teachers.

Table 2

Other Responsibilities Held by Teachers of Health

Responsibilities	Percentage of Teachers
Teaching Physical Education	94.0%
Coaching	76.0%
Teaching Classroom Subjects	30.0%
Science	3.0%
Social Studies	3.0%
Other	24.0%
Departmental Administration	13.0%
Counseling	2.0%
Nursing	.4%
School Administration	.2%
Other	11.0%

II. Training

More than half (55%) of the teachers in the sample received their bachelors degree from institutions in Virginia. In general, the various colleges and Universities were fairly equally represented, although a slightly larger percentage of those teachers received undergraduate degrees from Radford College (8.9%), Madison College (6.5%), Longwood College (5.9%), Old Dominion University (5.5%), and VCU (4.7%) than from other Virginia institutions.

Approximately 28% (316) of the health teachers in this survey had received a masters degree. Seventy percent of these teachers received their masters from a college or university in the Commonwealth. More of these degrees (18.2%) were granted by the University of Virginia than by any other Virginia school. More detailed information on institutions from which the teachers received their degrees may be found in Table 3.

A large portion (44%) of the teachers received their undergraduate degree during the 1970's. An even larger percentage (71%) of those teachers with masters degrees received the degree during the 1970's. Ta le 4 contains specific data on the years in which degrees were obtained.

Table 5 gives the various major and minor areas of academic concentration of the respondents at both the undergraduate and graduate level. Practically all of these teachers (91%) majored in either Health and Physical Education (58%) or Physical Education (33%) at the undergraduate level. Only 0.4% had a major in Health Education. At the graduate level 33% of the teachers with masters degrees majored

Table 3

Institutions from Which Teachers Received Their Bachelors and Masters Degrees

College or University	Bachelors	Masters
Virginia Colleges & Universities	54.5%	70.4%
Bridgewater College	2.0%	0.3%
Emory & Henry College	2.1%	0.0%
George Mason College	0.2%	1.3%
Hampton Institute	0.8%	4.8%
Longwood College	5.9%	1.0%
Lynchburg College	4.3%	3.8%
Madison College	6.5%	4.8%
Norfolk State University	2.5%	0.0%
Old Dominion University	5.5%	5.1%
Radford College	8.9%	6.1%
University of Virginia	0.6%	18.2%
Virginia Commonwealth University	4.7%	6.4%
Virginia Polytechnic Institute	2.2%	8.9%
Virginia State College	3.6%	5.4%
William & Mary College	1.5%	2.9%
Other Virginia Colleges	3.2%	1.5%
Out of State Colleges & Universities	45.5%	29.6%
	N = 1,111	N = 316

Table 4

Years in Which Responding Teachers Received Their Degrees

Year	Bachelors	Masters
Before 1950	4.4%	1.2%
During 1950's	14.2%	6.8%
During 1960's	37.3%	23.6%
1960-1964	12.9%	7.4%
1965-1969	24.4%	12.6%
During 1970's	43.8%	71.2%
1970	9.0%	4.9%
1971	8.5%	6.5%
1972	8.1%	12.3%
1973	7.6%	10.1%
1974	7.5%	14.6%
1975	2.7%	14.0%
1976	.4%	8.8%
	N = 1,111	N = 316

Table 5

Major and Minor Areas for B chelors and Masters Degrees

Subject	Bachelors		Mast rs	
	Majors	Minors	Majors	Minors
Health and Physical Education	58.3%	1.8%	15.5%	2.9%
Physic l Educ tion	33.1%	6.5%	32.9%	17.5%
Other	3.7%	10.3%	3.8%	18.4%
Social Science (History, Psychology, Sociology, etc.)	2.2%	28.3%	—	—
Scienc (Biology, Chemistry, etc.)	1.1%	31.7%	—	—
Humanities (English, Foreign Languages, Art, Etc.)	.6%	2.1%	—	—
Math	.5%	1.8%	—	—
Health Education	.4%	9.4%	.9%	3.9%
Administration	—	—	21.5%	18.4%
Supervision	—	—	1.3%	3.9%
Curriculum	—	—	—	1.9%
Counseling	—	—	6.0%	3.9%
Education-Other	—	—	18.4%	23.3%
	N = 1,111		N = 316	

in physical Education. Most of remaining masters degree teachers majored in Administration (22%), Health and Physical Education (16%), or some other area of Education 18%. Very few (0.9%) of these teachers had a graduate major in Health Education.

The average number of semester hours in all health courses reported by the teachers was 15.8. If drivers training was not counted as a health course, the average dropped to 13.4. When both drivers training and general health courses (a certification requirement for all teachers) were excluded this average was 10.8 semester hours.

Teachers were asked to list the health courses they had completed in their academic training. These results are given in Table 6. Almost all of the respondents (93%) had completed a general health course. Likewise large majorities had taken Safety and First Aid (76%) and Drivers Education (64%). However, only small proportions of the teachers had completed any of the other listed health courses. For example, only 28% of the respondents indicated they received credit for the fourth most commonly checked course—Methods in Health Education.

Table 7 presents information on the topics included in the academic training of the respondents. As can be seen, the most common health topics in the academic preparation of teachers were emergency care and safety, driver education, communicable disease control, and personal health. These topics are usually covered in college and university courses taken as a part of the teacher certification requirements and/or as a component of the Physical Education major.

Table 6

Health Courses Completed by Responding Teachers

Course	% Completing Course	Percentage of Teachers Receiving Credit Hours Per Course Number of Credit Hours Received 1	2	3	More Than 3
General Health	93%				
Personal Health		6%	25%	63%	6%
Foundations of Health		5%	17%	76%	2%
Current Health Problems		2%	18%	75%	5%
Contemporary Health Issues		12%	10%	79%	0%
Elements of Health Promotion		0%	60%	40%	0%
Safety and First Aid	76%	4%	21%	66%	9%
Safety and Drivers Education	64%	2%	9%	68%	10%
Methods in Health Education	28%	2%	14%	78%	5%
Health for Secondary Teachers	20%	2%	19%	77%	2%
Organization & Administration of the School Health Program	19%	2%	10%	82%	6%
Other Course in Health Education	17%	6%	12%	56%	26%
Human Growth & Development	17%	1%	8%	81%	11%
Use & Effects of Drugs	16%	8%	8%	79%	5%
Human Sexuality	15%	5%	10%	81%	4%
The School Health Program	14%	3%	21%	74%	2%
Nutrition	13%	4%	17%	76%	4%
School & Community Health	12%	4%	23%	72%	2%
Mental Health & Adjustment	11%	2%	12%	82%	6%
Principles of Community Health	10%	3%	19%	76%	2%
Community Health Services	10%	2%	19%	74%	6%
Emergency Health Care	10%	7%	19%	69%	6%
Health & Community Hygiene	8%	6%	18%	74%	2%

Table 6 (continued)

Course	% Completing Course	Percentage of Teachers Receiving Credit Hours Per Course: Number of Credit Hours Received 1	2	3	More Than 3
Measurement in Health Education	8%	3%	6%	88%	3%
Communicable & Noncommunicable Diseases	7%	2%	18%	78%	1%
Substance Abuse	5%	10%	8%	76%	6%
Health for Elementary Teachers	4%	0%	10%	83%	6%
Environmental Health	4%	4%	15%	74%	7%
Seminars in Health Education	3%	12%	12%	76%	0%
Field Work in Health Education	1%	6%	6%	38%	50%
Health Agencies	1%	15%	15%	62%	8%
Independent Study in Health Education	1%	17%	25%	58%	0%
Reading & Research in Health Education	1%	0%	10%	80%	10%
Health for the School Child	1%	0%	30%	70%	0%
Death & Dying	1%	14%	0%	86%	0%
Instructional Design in Health Education	1%	0%	17%	83%	0%
Epidemiology	0.2%	0%	50%	50%	0%
Chronic Diseases	0.2%	0%	0%	100%	0%
Health Economics	0.1%	0%	100%	0%	0%
Pathophysiology	0.1%	0%	0%	0%	100%
Health Aspects of Gerontology	—	0%	0%	0%	0%

Table 7

Percentages of Teachers Who Had Various Topics During Academic Training

	Percentage
Emergency Care & Safety	68%
Driver Education	61%
Communicable Diseases & Their Control	57%
Personal Health - Dental	52%
Personal Health - Physical Fitness	52%
Personal Health - Vision	51%
Personal Health - Hearing	50%
Drug Use & Abuse	50%
Alcohol Education	48%
Human Growth & Development	48%
Mental & Emotional Health	47%
Nutrition & Diet	46%
Tobacco & Smoking	46%
Venereal Diseases Education	39%
Family Life - Sex Education	37%
Environmental Health	30%
Chronic Degenerative Diseases	29%
Consumer Health	27%
Health Careers	26%
Body Systems	13%
Disaster & Survival	1%
Other Training	1%

Table 7 also indicates that less than one-half of the teachers received any preparation during their academic training on several topics, including alcohol, growth and development, mental and emotional health, nutrition and diet, tobacco and smoking, venereal diseases, family life and sex education. Likewise, less than one-third had training on the topics of environmental health, chronic diseases, consumer health, health careers, and body systems.

The data presented in Table 8 indicate a lack of in-service preparation in all health topical areas. More health teachers reported having in-service training in drug use and abuse than any other topic, although only 27% had received training in this topic. Between 10 and 20% of the teachers had some in-service training on emergency care and safety, venereal disease, drivers education and alcohol education. A smaller proportion (1-8%) reported in-service preparation in any of the other health topic areas. College or university faculty, volunteer health agency staff, and State Department of Education personnel tended to be responsible for most in-service instruction, although the type of teaching personnel was varied as can be observed in Table 9.

Table 8

In-service Training

	Percentages of Teachers Who Had In-service in this Topic
Drug Use & Abuse	27%
Emergency Care & Safety	19%
Venereal Diseases	13%
Driver Education	13%
Alcohol Education	11%
Family Life - Sex Education	8%
Tobacco & Smoking	6%
Nutrition & Diet	6%
Community Health Services	5%
Mental & Emotional Health	5%
Other	5%
Personal Health - Physical Fitness	4%
Health Careers	4%
Consumer Health	4%
Environmental Health	3%
Chronic Diseases	2%
Communicable Diseases	2%
Human Growth & Development	2%
Personal Health - Dental	2%
Personal Health - Vision	1%
Personal Health - Hearing	1%

Table 9

Percentage of Teachers Who Received In-service Training from Various Types of Personnel

Personnel	Percentage of Teachers Who Had In-service from this Type of Personnel
College or University Faculty	15%
Voluntary Health Agency	14%
Other Personnel	14%
State Department of Education Personnel	11%
Paramedical Personnel	9%
Supervision of Health Education	9%
State Health Department Personnel	9%
Physician	8%
Public Health Nurse	5%
Other Health or Physical Education Teacher	5%
Private Business	3%
School Nurse	2%
Pharmacist	2%
Other Teacher in School	2%
Coach	1%

III. Instruction

In order to determine the health topics taught at each grade level, the teachers were asked to indicate the amount of instruction time spent on each of many common health topics. A summary of their responses is presented in Table 10 and Appendix A. The data in Table 10 show the percent of teachers at each grade level who spent any class time on the various health topics. The results indicate that 33% of the sixth grade health instructors dealt with alcohol as a class topic during the 1975-76 school year. The most frequently taught health subject at the sixth grade level was physical fitness with about three fourths (74%) of the teachers allotting time to that topic. Emergency care and safety was the next most frequently covered subject (68%) and slightly more than one-half of the teachers dealt with nutrition and diet (58%), dental health (55%), drug use and abuse (52%), growth and development (52%), and mental and emotional health (52%). Only a small portion of the sixth grade teachers taught about body systems (10%), VD (13%), or chronic diseases (16%).

At the seventh grade level, nutrition and diet was the topic taught by most teachers (64%) with physical fitness being the second most often covered subject (61%). Slightly more than one-half of the seventh grade teachers taught tobacco and smoking (57%), emergency care and safety (56%), drug use and abuse (54%), mental and emotional health (53%), dental health (53%) and growth and development (52%). Very few teachers dealt with body systems (9%), health careers (15%), and chronic diseases (22%).

Table 10

Topics Taught by Grade Levels

Topic	Grade 6 (N=31)	Grade 7 (N=245)	Grade 8 (N=453)	Grade 9 (N=452)	Grade 10 (N=373)	Grade 11-12 (N=45)
Alcohol	33%	38%	65%	37%	33%	27%
Body Systems	10%	9%	15%	11%	4%	4%
Chronic Diseases	16%	22%	27%	36%	13%	20%
Communicable Diseases & their Control	45%	31%	47%	59%	22%	29%
Consumer Health	23%	49%	17%	36%	26%	18%
Disaster and Survival	0%	3%	3%	7%	2%	0%
Drug Use and Abuse	52%	54%	81%	50%	45%	42%
Emergency Care & Safety	68%	56%	45%	72%	21%	20%
Environmental Health	26%	27%	24%	39%	16%	18%
Family Life-Sex Education	26%	29%	22%	20%	18%	33%
Health Careers	26%	15%	20%	26%	20%	36%
Human Growth & Development	52%	52%	55%	25%	16%	13%
Mental & Emotional Health	52%	53%	44%	31%	68%	42%
Nutrition & Diet	58%	64%	57%	26%	15%	20%
Personal Health-Dental	55%	53%	58%	19%	9%	9%
Personal Health-Vision	48%	48%	51%	19%	9%	11%
Personal Health-Hearing	42%	47%	50%	17%	9%	9%
Personal Health-Physical Fitness	74%	61%	63%	37%	21%	18%
Tobacco & Smoking	42%	57%	77%	36%	33%	24%
Venereal Disease	13%	26%	33%	41%	30%	38%
Other	10%	13%	16%	14%	5%	13%

Drug use and abuse was the most frequently taught health topic for eighth graders (81%). The subject tobacco and smoking was covered by about three-fourths of the teachers (77%) and approximately two-thirds taught about alcohol (65%) and physical fitness (63%). The least taught topics at the eighth grade level were body systems (15%), consumer health (17%), health careers (20%), family life and sex education (22%), and environmental health (24%).

Ninth grade health instruction emphasized emergency care and safety. Approximately 72% of all teachers taught this topic. Fifty-nine per cent of the teachers also covered communicable diseases and control. Most other topics were taught by a much smaller proportion of the teachers.

Mental and emotional health was the topic taught most often (68%) in the tenth grade. The other subjects were usually not covered by the teachers as can be seen by the low figures in Table 10.

Only forty-five teachers indicated health teaching responsibilities at the eleventh and/or twelfth grades. Among these teachers, there was no clearly identifiable topic taught by a majority. Most subjects were covered by fewer than one-third of the teachers. Drug use and abuse and mental and emotional health were dealt with by about 42% of the teachers.

The topic of alcohol appears to be emphasized primarily at the eighth grade but to a much less degree in other grade levels. Body systems received little coverage at any grade level and was most likely to be covered in eighth grade although only 15% of the grade 8 health instructors taught the topic. Another topic receiving very

little emphasis was chronic diseases with only 13-36% of the teachers teaching this subject at all grade levels. Communicable disease control was taught by 59% of the ninth grade teachers but covered by less than one-half of teachers at other grades. Other topics covered by less than 50% of the health teachers at each grade level were consumer health, environmental health, family-life-sex education, health careers, and venereal diseases.

Drug use and abuse was taught by more than three-fourths (81%) of grade 8 teachers and approximately one-half of all other teachers. Emergency care and safety was taught by about three-fourths (72%) of grade 9 teachers and about two-thirds of sixth grade teachers while only one-fifth of grades 10, 11, and 12 teachers covered the topic. About one-half of the teachers of grades 6, 7, and 8 teach on growth and development but less than one-fourth of the grade 9, 10, 11, and 12 teachers deal with this topic. Although mental and emotional health was taught in all grades, more (68%) tenth grade teachers dealt with the topic than any other grade teachers. Nutrition and diet were focused upon by slightly more than one-half of the grade 6, 7, 8 health instructors but only about one-fifth of the upper grade teachers covered this topic. The personal health topics were taught mostly by lower grade teachers. Physical fitness tended to be taught by a larger proportion of teachers at all grade levels than any of the other personal health topic areas. More than three-fourths (77%) of the grade 8 teachers taught about tobacco and smoking whereas the topic was taught by about one-third of the upper grade teachers.

IV. Resources

The percentage of teachers using at least one text are presented in Table 11. Generally, the percentage of teachers using textbooks tended to decline as grade level increased. Less than 20% of the teachers at each grade level reported using more than one book.

Table 11

Percentage of Teachers at Each Grade Using One or Two Textbooks

Grade	N	Percentage Using One Book	Percentage Using Two Books
6	31	100%	10%
	245	80%	14%
8	453	87%	11%
9	452	83%	17%
10	373	69%	16%
11 & 12	45	76%	16%

Information was obtained on the specific textbooks used at each grade level. These book titles and the proportion of teachers utilizing them at each grade level are given in Appendix H.

The health teachers were about evenly divided concerning the quality of the textbook in use. Approximately 53% judged the texts to be of high quality while 47% thought the books were of low quality.

Several questions were asked concerning selected resources available for health instruction. About 90% of the responding health teachers reported the State Health Education Curriculum Guide was available for their use, 4% said it was not available,

and 6% said they did not know if it was available. Of those who said it was available, only 7% thought it was not at all helpful. For those who stated it was helpful, 39% found it valuable in selecting topic areas, 26% thought it useful in planning classroom activities, and 20%, for both of the above reason.

Forty seven percent of the teachers used some alternative curriculum guide. Of this group, 70% used a local guide, 17% utilized a division guide, 2% employed a national guide, and 12% followed some other curriculum guide.

Approximately 46% of the teachers indicated the Venereal Disease Resource Guide was available, 24% said it was not and 31% reported they did not know if it was available. Of those who said it was available 7% felt it was not helpful, 23% said it was valuable in slecting topic areas, 24% thought it useful in planning classroom activities, and 16% found it valuable for both activities. Approximately one third of the teachers indicated that they did not use the guide even though it was available.

Almost all respondents (98%) used audio-visual materials in classroom instruction. A majority (60%) rated these materials high in quality and 40% indic ted the quality was low.

Approximately one-half of the teachers (52%) had a health education supervisor. These teachers were evenly divided on the question of whether the supervisor increased their classroom effectiven ss.

Table 12 lists the types of space used for health instruction and teacher ratings of the adequacy of these facilities. Those

not teaching in regular classrooms tended to rate the space as being inadequate.

Table 12

Instructional Space

	Teachers Using Space		Adequacy Rating	
Space	Number	Percentage	Adequate	Inadequate
Regular Classroom	965	86.9%	84%	15%
Cafeteria	71	6.4%	33%	65%
Gymnasium	58	5.2%	42%	57%
Other Instructional Space	113	10.2%	26%	74%

V. Opinions on Selected Health Education Issues

The health teachers were asked to respond to questions related to the importance and quality of health instruction. When asked to rate the importance of health education in comparison to their other responsibilities, 10% indicated health was more important, 70% said health was about the same, and 20% said health was less important than their other responsibilities. When asked a similar question concerning their interest in health education compared to their interest in their other responsibilities, the results were somewhat different. Approximately 12% said they were more interested in health, 56% said they were about as interested in health as in their other responsibilities, and 32% said they were less interested in health. In a general rating of the quality of health instruction in their schools, 4% rated it as poor; 32%, fair; 57%, good; and 7%, excellent.

Problem areas as perceived by the health teachers were explored in the questionnaire. The teachers rated a list of possible obstacles to health instruction. The results from this question are shown in Table 13. Six areas were rated by more than 50% of the teachers as being at least somewhat of a problem. These areas were availability of in-service, facilities, coordination of health program, controversiality of topics, availability of resource people, and parental support.

In an open-ended question teachers were asked to give recommendations for the improvement of health education. By far, the most frequent recommendation was for the separation of health education and physical education. Other specific recommendations are identified in Table 14.

Table 13

Problem Areas in Health Instruction

Problem Area	Not a Problem	Somewhat of a Problem	A Problem	A Major Problem
Administrative Support	71.4%	19.7%	6.1%	2.8%
Parental Support	48.6%	35.2%	12.2%	4.0%
Facilities	27.6%	32.2%	21.2%	19.0%
Preparation of Teachers	58.6%	30.7%	8.2%	2.4%
Supervision	68.4%	17.8%	8.8%	5.1%
Availability of Resource People	43.7%	40.9%	10.7%	4.7%
Controversiality of Topics	40.2%	37.2%	14.7%	7.9%
Availability of In-service	23.4%	35.0%	26.0%	15.6%
Coordination of Health Program	38.2%	33.8%	16.9%	10.9%
Other Problems	13.4%	3.0%	23.9%	59.7%

Table 14

Summary of Teacher Recommendations
for the Improvement of Health Education

Recommendation	Number of Teachers
Separation of Health Education and Physical Education	330
More Resource Materials	164
More Appropriate Textbooks	136
Adequate Classroom Facilities	94
Better Coordination and Scheduling	89
More In-Service Training	64
Development of Sex Education	61
More Coordinators	43
Reduction of Class Size	35

VI. The Relationship Between Training and Instruction

Tables 15 through 20 present data to allow for a brief analysis of the relationship between academic training by topic and the teaching of that topic. For example, an inspection of Table 15 indicates that 100% of the sixth grade health teachers who taught consumer health had received no academic preparation in the subject. Similarly, about 88% of those teaching environmental health at that grade level had no academic preparation in the subject area. Three-fourths of the sixth grade teachers teaching on venereal diseases had also not been academically prepared in the subject area. Generally, the figures indicate that the majority of sixth grade teachers were not academically trained in those subject areas they reported having teaching responsibilities in last year. Table 15 also indicates that some teachers were not teaching subject areas in which they had received academic training. For instance, more than three-fourths (76.9%) of the sixth grade teachers who did not teach nutrition and diet had academic training in the topic. This same situation occurred with approximately two-thirds of the sixth grade teachers for the topics of communicable diseases, emergency care, and personal health.

At the seventh grade level (Table 16), most teachers teaching chronic degenerative diseases, consumer health, environmental health, health careers, tobacco and smoking, and venereal diseases did not have previous academic training in the subject matter. From an earlier Table, it was pointed out that more than one-half of all seventh grade health teachers taught on tobacco and smoking, whereas only 15% covered health careers and 22% dealt with chronic degenerative diseases. More than 50% of those not teaching the following topic

Table 15

Topics Taught by Teachers Having Academic
Training Versus Those with No Academic Training in Topic Areas
Sixth Grade Teachers

Topics	Taught, Not Trained	n	Taught, Trained	n	Not Taught, Not Trained	n	Not Taught, Trained	n
Alcohol Education	60.0%	6	40.0%	4	52.4%	11	47.6%	10
Chronic Degenerative Diseases	40.0%	2	60.0%	3	73.1%	19	26.9%	7
Co munity Health Services	35.7%	5	64.3%	9	52.9%	9	47.1%	8
Communicable Diseases-Control	57.9%	11	42.1%	8	33.3%	4	66.7%	8
Consumer Health	100.0%	7	0.0%	0	75.0%	18	25.0%	6
Drug Use & Abuse	43.8%	7	56.3%	9	68.8%	1	31.3%	5
Emergency Care & Safety	47.6%	0	52.4%	1	30.0%	3	70.0%	7
Environmental Health	87.5%	7	12.5%	1	65.2%	15	34.8%	8
Family Life-Sex Education	62.5%	5	37.5%	3	60.9%	14	39.1%	9
Health Careers	62.5%	5	37.5%	3	78.3%	18	21.7%	5
Human Growth & Development	56.3%	9	43.8%	7	60.0%	9	40.0%	6
Mental & Emotional Health	43.8%	7	56.3%	9	68.8%	11	31.3%	5
Nutrition & Diet	61.1%	11	38.9%	7	23.1%	3	76.9%	10
Personal Health-Dental	52.9%	9	47.1%	8	42.9%	6	57.1%	8
Personal Health-Vision	60.0%	9	40.0%	6	37.5%	6	62.5%	10
Personal Health-Hearing	61.5%	8	38.5%	5	38.9%	7	61.1%	11
Personal Health-Phys. Fitness	52.2%	12	47.8%	11	25.0%	2	75.0%	6
Tobacco & Smoking	53.8%	7	46.2%	6	63.2%	12	36.8%	7
Venereal Disease	75.0%	3	25.0%	1	55.6%	15	44.4%	12

Table 16

Topics Taught by Teachers Having Academic Training Versus Those with No Academic Training in Topic Areas
Seventh Grade Teachers

Topics	Taught, Not Trained	n	Taught, Trained	n	Not Taught Not Trained	n	Not Taught, Trained	n
Alcohol Education	43.0%	40	57.0%	53	48.3%	73	51.7%	78
Chronic Degenerative Disease	61.8%	34	38.2%	21	74.6%	141	25.4%	48
Community Health Services	36.0%	27	64.9%	48	38.8%	66	61.2%	104
Communicable Diseases-Control	44.6%	54	55.4%	67	39.0%	48	61.0%	75
Consumer Health	71.2%	37	28.8%	15	67.0%	128	25.9%	63
Drug Use & Abuse	41.4%	55	58.6	78	50.4%	57	49.6%	56
Emergency Care & Safety	29.2%	40	70.8%	97	29.4%	32	70.6%	77
Environmental Health	65.7%	44	34.3%	23	68.0%	119	32.0%	56
Family Life-Sex Education	42.9%	30	57.1%	40	67.4%	11	32.6%	56
Health Careers	66.7%	24	33.3%	12	71.4%	147	28.6%	59
Human Growth & Development	40.6%	52	59.4%	76	51.7%	60	48.3%	56
Mental & Emotional Health	45.8%	60	54.2%	71	43.1%	50	56.9%	66
Nutrition & Diet	49.4%	78	50.6%	80	47.1%	41	52.9%	46
Personal Health-Dental	42.0%	55	58.0%	76	48.7%	55	51.3%	58
Personal Health-Vision	43.8%	53	56.2%	68	50.4%	62	49.6%	61
Personal Health-Hearing	43.1%	50	56.9%	66	50.8%	65	49.2%	63
Personal Health-Phys. Fitness	42.9%	66	57.1%	88	52.2%	47	47.8%	43
Tobacco & Smoking	52.5%	73	47.5%	66	53.7%	58	46.3%	50
Venereal Diseases	54.7%	35	45.3%	29	58.7%	105	41.3%	74

areas reported they had received instruction in each subject during their academic preparation. Community health services, communicable diseases, emergency care, mental and emotional health, nutrition and diet and dental health.

Although eighth grade teachers (Table 17) reported they had some exposure during their academic preparation to the subject matter for most of their teaching topics, several topics were taught by teachers with no academic preparation in the subject areas. More specifically, over 50% of those who taught chronic degenerative diseases, consumer health, environmental health, health careers, and venereal diseases did not deal with these topics during their academic preparation.

Ninth grade health teachers reported several topics areas in which they taught but had not received academic preparation as can be seen in Table 18. Sixty-three percent of those teaching health careers had not been academically prepared to teach this topic. About 64% of the teachers teaching environmental health also were not instructed on the topic during their college or university training. As with the previous grade levels, there were many teachers with some academic preparation in subject areas who did not teach the topic. Over one-half of the ninth grade teachers who did not teach the following topics during the 1975-76 school year had some academic training on the topic during their teacher training. Community health services, emergency care, and personal health. Column 2 of Table 18 provides information to indicate that the percent of teachers who taught a topic in which they received academic instruction seldom exceeds 64%. This was also observed in Table 17 with eighth grade instructors.

Table 17

Topics Taught by Teachers Having Academic
Training Versus Those with No Academic Training in Topic Areas
Eighth Grade Teachers

Topics	Taught, Not Trained	n	Taught, Trained	n	Not Taught, Not Trained	n	Not Taught, Trained	n
Alcohol Education	46.6%	138	53.4%	158	48.7%	76	51.3%	80
Chronic Degenerative Diseases	56.6%	69	43.4%	53	70.7%	232	29.3%	96
Community Health Services	30.8%	40	69.2%	90	41.3%	133	58.7%	189
Communicable Diseases Control	38.5%	82	61.5%	131	42.1%	101	57.9%	139
Consumer Health	58.4%	45	41.6%	32	72.5%	272	27.5%	103
Driver Education	50.0%	11	50.0%	11	40.0%	171	60.0%	257
Drug Use & Abuse	45.9%	168	54.1%	198	50.0%	44	50.0%	44
Emergency Care & Safety	24.8%	50	75.2%	152	32.4%	82	67.6%	171
Environmental Health	63.3%	69	36.7%	40	69.1%	237	30.9%	106
Family Life - Sex Education	46.5%	46	53.5%	53	61.9%	219	38.1%	135
Health Careers	71.4%	65	28.6%	26	72.1%	259	27.9%	100
Human Growth & Development	43.0%	107	57.0%	142	58.3%	120	41.7%	86
Mental & Emotional Health	42.5%	85	57.5%	115	57.5%	146	42.5%	108
Nutrition & Diet	47.3%	122	52.7%	136	53.8%	105	46.2%	90
Personal Health-Dental	36.3%	95	63.7%	167	52.6%	101	47.4%	91
Personal Health-Vision	36.0%	86	64.0%	153	50.9%	109	49.1%	105
Personal Health-Hearing	35.8%	81	64.2%	145	53.5%	122	46.5%	106
Personal Health-Phys. Fitness	38.2%	109	61.8%	176	50.0%	85	50.0%	85
Tobacco & Smoking	45.7%	160	54.3%	190	60.2%	62	39.8%	41
Venereal Diseases	54.4%	81	45.6%	68	58.7%	179	41.3%	126

Table 18

Topics Taught by Teachers Having Academic
Training Versus Those with No Academic Training in Topic Areas
Ninth Grade Teachers

Topics	Taught, Not Trained	n	Taught, Trained	n	Not Taught, Not Trained	n	Not Taught, Trained	n
Alcohol Education	48.5%	81	51.5%	86	50.4%	143	49.6%	141
Chronic Degenerative Diseases	61.0%	100	39.0%	64	72.2%	208	27.8%	80
Community Health Services	36.1%	56	63.9%	99	43.4%	129	56.6%	168
Communicable Diseases Control	38.3%	102	61.7%	164	36.6%	68	63.4%	118
Consumer Health	63.8%	104	36.2%	59	73.7%	213	26.3%	76
Driver Education	46.2%	24	53.8%	28	34.0%	136	66.0%	264
Drug Use & Abuse	40.1%	91	59.9%	136	55.1%	124	44.9%	101
Emergency Care & Safety	24.8%	81	75.2%	245	33.3%	43	66.7%	86
Environmental Health	60.0%	105	40.0%	70	72.9%	202	27.1%	75
Family Life - Sex Education	46.2%	42	53.8%	49	63.9%	230	36.1%	130
Health Careers	62.9%	73	37.1%	43	72.0%	242	28.0%	94
Human Growth & Development	50.0%	56	50.0%	56	53.7%	182	46.6%	157
Mental & Emotional Health	39.0%	55	61.0%	86	53.4%	166	46.6%	145
Nutrition & Diet	42.7%	50	57.3%	67	54.0%	181	46.0%	154
Personal Health-Dental	37.9%	33	62.1%	54	47.5%	174	52.5%	192
Personal Health-Vision	38.8%	33	61.2%	52	47.3%	174	52.7%	194
Personal Health-Hearing	39.0%	30	61.0%	47	48.1%	181	51.9%	195
Personal Health-Phys. Fitness	41.8%	69	58.2%	96	46.4%	134	53.6%	155
Tobacco & Smoking	51.2%	84	48.8%	80	52.1%	150	47.9%	138
Venereal Diseases	51.4%	95	48.6%	90	63.9%	170	36.1%	96

At the tenth grade level the response data summarized in Table 19 indicate that more than 50% of the teachers responsible for instruction in twelve different topics had not been trained in the related subject matter. These topics were: alcohol (53%), chronic diseases (59%), consumer health (79%), environmental health (67%), health careers (70%), mental and emotional health (54%), nutrition and diet (57%), vision (55%), hearing (58%), physical fitness (53%), tobacco and smoking (54%), and venereal diseases (62%). These results are especially pertinent since most health instruction appears to occur in grades 8, 9, and 10 in the Virginia public schools.

The health teachers with teaching responsibilities at the eleventh and twelfth grade levels indicated a lack of training in many different topic areas in which they taught last year. One hundred percent of those teaching consumer health and 88% of those teaching health careers did not indicate any training in those topics. From 50% to 75% of the teachers reported no training in several other topics they taught last year including chronic degenerative diseases, environmental health, family life and sex education, growth and development, nutrition and diet, personal health, tobacco and smoking, and venereal diseases.

In summary, Tables 15 to 20 suggest that many topic areas were taught by teachers with no academic preparation in the associated subject matter. The data also indicate that many teachers with some academic exposure to the subjects were not teaching those topics.

Table 19

Topics Taught by Teachers Having Academic Training Versus Those with No Academic Training in Topic Areas
Tenth Grade Teachers

Topics	Taught, Not Trained	n	Taught, Trained	n	Not Taught, Not Trained	n	Not Taught, Trained	n
Alcohol Education	53.3%	65	46.7%	57	52.4%	131	47.6%	119
Chronic Degenerative Diseases	59.2%	29	40.8%	20	71.5%	231	28.5%	92
Community Health Services	44.9%	31	55.1%	38	45.9%	139	54.1%	164
Communicable Diseases Control	48.1%	39	51.9%	42	39.9%	116	60.1%	175
Consumer Health	78.6%	77	21.4%	21	70.7%	193	29.3%	80
Driver Education	27.1%	60	72.9%	161	36.5%	58	63.5%	101
Drug Use & Abuse	49.7%	84	50.3%	85	52.9%	110	47.1%	98
Emergency Care & Safety	33.7%	27	66.2%	53	31.7%	93	68.3%	200
Environmental Health	67.2%	39	32.8%	19	68.8%	216	31.2%	98
Family Life - Sex Education	52.2%	36	47.8%	33	69.0%	209	31.0%	94
Health Careers	69.9%	51	30.1%	22	74.2%	221	25.8%	77
Human Growth & Development	48.3%	28	51.7%	30	53.0%	166	47.0%	147
Mental & Emotional Health	53.6%	135	46.4%	117	60.6%	77	39.4%	50
Nutrition and Diet	57.1%	32	42.9%	24	56.2%	178	43.8%	139
Personal Health-Dental	47.1%	16	52.9%	18	47.6%	161	52.4%	177
Personal Health-Vision	54.5%	18	45.5%	15	48.2%	163	51.8%	175
Personal Health-Hearing	58.3%	14	41.7%	10	49.0%	170	51.0%	177
Personal Health-Phys. Fitness	57.9%	44	42.1%	32	47.1%	139	52.9%	156
Tobacco & Smoking	54.1%	66	45.9%	56	55.0%	138	45.0%	113
Venereal Disease	61.9%	70	38.1%	43	61.7%	161	38.3%	100

Table 20

Topics Taught by Teachers Having Academic
Training Versus Those with No Academic Training in Topic Areas
Eleventh and Twelfth Grade Teachers

Topics	Taught, Not Trained	n	Taught, Trained	n	Not Taught, Not Trained	n	Not Taught, Trained	n
Alcohol Education	41.7%	5	58.3%	7	45.5%	15	54.5%	18
Chronic Degenerative Diseases	66.7%	6	33.3%	3	55.6%	20	44.4%	16
Community Health Services	14.3%	1	85.7%	6	42.1%	16	57.9%	22
Communicable Diseases Control	46.2%	6	53.8%	7	37.5%	12	62.5%	20
Consumer Health	100.0%	8	0.0%	0	73.0%	27	27.0%	10
Driver Education	25.0%	1	75.0%	3	39.0%	16	61.0%	25
Drug Use & Abuse	47.4%	9	52.6%	10	50.0%	13	50.0%	13
Emergency Care & Safety	33.3%	3	66.7%	6	37.8%	14	62.2%	23
Environmental Health	75.0%	6	25.0%	2	75.7%	28	24.3%	9
Family Life - Sex Education	66.7%	10	33.3%	5	66.7%	20	33.3%	10
Health Careers	87.5%	14	12.5%	2	62.1%	18	37.9%	11
Human Growth & Development	50.0%	3	50.0%	3	46.2%	18	53.8%	21
Mental & Emotional Health	36.8%	7	63.2%	12	61.5%	16	38.5%	10
Nutrition & Diet	66.7%	6	33.3%	3	55.6%	20	44.4%	16
Personal Health-Dental	75.0%	3	25.0%	1	43.9%	18	56.1%	23
Personal Health-Vision	60.0%	3	40.0%	2	45.0%	18	55.0%	22
Personal Health-Hearing	66.7%	2	33.3%	1	43.9%	18	56.1%	23
Personal Health-Phys. Fitness	62.5%	5	37.5%	3	42.1%	16	57.9%	22
Tobacco & Smoking	54.5%	6	45.5%	5	52.9%	18	47.1%	16
Venereal Disease	70.6%	12	29.4%	5	53.6%	15	46.4%	13

Summary of Findings

The data and analyses of the information gathered in this summary were presented in five different sections. The major findings in each of these sections ar presented below.

I. General Sample Information

1. Approximately 50% of the surveys were completed and returned.
2. Almost all of the school divisions in Virginia were represented in the sample.
3. Almost all of the health teachers also taught physical education.
4. A majority of the health teachers also had coaching responsibilities.

II. Training

1. Slightly more than one-half received their undergraduate degrees from Virginia colleges and universities.
2. Less than one-third of the teachers held master's degrees.
3. Almost all of the teachers had an undergraduate major in Health and Physical Education.
4. Only 0.4% of the teachers had an undergraduate major in Health Education.
5. Almost all of the respondents had completed a General Health course.
6. A majority had completed Safety and First Aid, and Driver Education courses.
7. Only a small proportion of the teachers had received credit

in any of the other listed health courses.

8. The health topics covered most often in the academic training were emergency care, driver education, communicable disease control, and personal health.
9. The majority of teachers had not received academic training in the topics alcohol, mental and emotional health, nutrition, smoking, venereal diseases, family life and sex education, environmental health, chronic diseases, consumer health, health careers, and body systems.
10. Less than one-third of the teachers indicated they had received in-service training in any health topic.

III. Instruction

1. The most frequently taught topics in the eighth grade were drug use and abuse, tobacco smoking, alcohol, and physical fitness.
2. The least often taught topics in the eighth grade were environmental health, family life-sex education, health careers, consumer health, and body systems.
3. At the ninth and tenth grade levels, most health topics were not taught by the majority of teachers except for emergency care and safety, communicable disease control, and emotional health.

IV. Resources

1. Teachers were divided on their view of the quality of available textbooks and audio-visual materials.

2. The Virginia Health Education Curriculum Guide was available to almost all of the respondents.
3. Less than one-half of the teachers indicated the VD Resource Guide was available to them.
4. Approximately one-half of the teachers reported they had a supervisor of health education.
5. Most teachers had a regular classroom for at least some of their health classes and rated it adequate for health instruction.
6. Teachers who used instructional space other than a regular classroom tended to rate it as inadequate.

V. Opinions on Selected Health Education Issues

1. Approximately one-third of the teachers indicated they were less interested in health education than in other responsibilities.
2. Approximately one-fifth thought health education was less important than their other responsibilities.
3. Approximately two-thirds of the teachers rated the quality of health instruction in their schools as 'good' to 'excellent' and one-third rated it as 'poor' to 'fair.'
4. The most commonly indicated obstacles to health instruction were availability of in-service training, facilities, coordination of health program, controversiality of topics, availability of resource people, and parental support.
5. The separation of health education and physical education and physical education was the most common recommendation

for the improvement of health education.

VI. Relationship Between Training and Instruction

1. Many health topics were taught by teachers with no academic preparation in the associated subject matter.

2. Some teachers with exposure to topics during academic preparation were not teaching those topics.

APPENDICES

Appendix A

HEALTH EDUCATION SURVEY

Directions: Please fill out the following questionnaire as specified in each item. If you did not teach Health last year, complete the questionnaire through to Part III, Question 2. (There will be a note on where to stop.) If you did teach Health last year, please fill out the entire questionnaire.

I. General Information

1. Your sex: male____ female____
2. Name of your school division:_____
3. Name of your school:_____
4. Is yours a city or county school: city____ county____
5. Grade levels in your school: K-6____, 7-9____ 10-12____, other_____ (specify)
6. Approximate number of students in your school (all grades)_____

II. Professional Preparation

1. Indicate the degree(s) you have earned, your major and minor areas, the year and institution from which you received your degree(s).

	Major(s)	Minor(s)	Year	Institution(s)
Bachelors				
Masters				
Educational Specialist				
Doctorate				

2. Number of credit hours beyond the highest degree you have received: quarter semester____
3. Number of years of teaching experience:_____
4. Number of years of teaching experience in health education:_____
5. Do you currently teach Health? yes no____
6. Did you teach Health last year? yes no____
7. Indicate other (if any) kinds of teaching and/or administrative functions you currently perform: (check all that are appropriate)

____Teaching Physical Education
____Teaching Science Courses
____Teaching Social Studies
____Teaching other (specify)
____Administration (Departmental
____Administration (School)
____Coaching
____Counseling
____School Nurse
____Other (specify)

8. Is there a supervisor for Health Education in your school division? yes ____ no ____

If YES, do you think having a supervisor increases your classroom effectiveness?

1	2	3	4
Definitely yes			Definitely no

9 & 10. Use Lists A, B and C to complete the charts on the following page.

List A—

Areas of Health Education

01 - Alcohol Education
02 - Chronic Degenerative Disease
03 - Community Health Services
04 - Communicable Diseases and Their Control
05 - Consumer Health
06 - Driver Education
07 - Drug Use and Abuse
08 - Emergency Care and Safety
09 - Environmental Health
10 - Family Life/Sex Education
11 - Health Careers
12 - Human Growth and Development
13 - Mental and Emotional Health
14 - Nutrition and Diet
15 - Personal Health - Dental
16 - Personal Health - Vision
17 - Personal Health - Hearing
18 - Personal Health - Physical Fitness
19 - Tobacco and Smoking
20 - Venereal Disease Education
21 - Other (specify where appropriate)

List B—

Health Personnel List

01 - College or University Faculty
02 - Public Health Nurse
03 - School Nurse
04 - State Department of Education Personnel
05 - State Health Department Personnel
06 - Voluntary Health Agency
07 - Private Business
08 - Physician
09 - Pharmacist
10 - Paramedical Personnel (fire or rescue squad, etc.)
11 - Supervisor of Health Education
12 - Other Health and/or Physical Education Teacher
13 - Coach (but not Health or Physical Education Teacher)
14 - Other Teacher(s) In School
15 - Other (specify where appropriate)

List C—

Suggested College or University Course Titles

Personal Health
Elements of Health Promotion
Contemporary Health Issues
Current Health Problems
Foundations of Health
Emergency Health Care
Safety and First Aid
Safety and Driver's Education
Health and Safety Education for Elementary Teachers
School Health for Secondary Teachers
Organization and Administration of School Health Programs
Methods in Health Education
Measurement in Health Education
The School Health Program
Instructional Design in Health Education
Health of the School Child
Principles of Community Health
Epidemiology
Community Health Services
Health and Community Hygiene
Health Agencies
School and Community Health
Environmental Health
Health Economics
Nutrition
Human Sexuality
Mental Health and Adjustment
Death and Dying
Use and Effects of Drugs
Substance Abuse
Health Aspects of Gerontology
Chronic Disease
Communicable and Non-Communicable Diseases
Pathophysiology
Seminars in Health Education
Independent Study in Health Education
Reading and Research in Health Education
Field Work in Health Education

9. COLLEGE AND UNIVERSITY PREPARATION. Refer to the previous page and use List C (Suggested College and University Course Titles) and List A (Areas of Health Education) to complete the chart below:

Column - List the approximate titles of courses you have had in Health Education.

Column 2 - Indicate the number of credit hours you received.

Column - Check whether credit was given in units of semester or quarter hours.

Column 4 - Specify the topic(s) covered, using the code numbers for the topics in the list of Areas of Health Education (List A).
(NOTE: More than one topic code may be used per course)

Col. 1	Col. 2	Col. 3		Col. 4
Course Title	Credit Hours	Credit Units Sem.	Qrt.	Topics Covered by Code (List A)

NOTE: If you have taken more courses than you can list in the provided space, please attach another sheet of paper and list those courses using the same format.

10. IN-SERVICE TRAINING (Defined here as workshops, seminars, etc., but not courses taken for college or university credit). Use List A (Areas of Health Education) and List B (Health Personnel) and complete the chart below in the following manner:

Column 1 - Write the code number (one per block of each area you have covered in in-service training. (use list A)
Column 2 - Give the year in which you had the in-service.

Column - Use the Health Personnel List (List B) and specify by code from whom the in-service was received.
Column - Indicate the approximate number of class hours spent on the topic.

Col. 1 Topic Code	Col. 2 Year	Col. 3 From Whom Received	Col. 4 Class Hours

NOTE: If you have taken more in-service than you can list in the provided space, please attach another sheet of paper and list those in-service using the same format.

III. Health Instruction

1. Please rate the general quality of health instruction in your school.

   Poor____ Fair____; Good____ Excellent____.

2. How much of a problem are the following areas to health education in your school? Use this scale in rating: '1' - Not a problem; '2' - Somewhat of a problem; '3' - A problem; '4' - A major problem.

   ____Administrative support ____Preparation of teachers ____Controversiality of topics

   ____Parental support ____Supervision ____Availability of in-service

   ____Facilities ____Availability of resource people ____Coordination of health program

   ____Other - specify _____

NOTE: If you did teach Health in Virginia last year, please complete the remainder of the questionnaire.

If you did not teach Health is Virginia last year, please stop here and mail the questionnaire back in the envelope provided.

3. Is the "State Curriculum Guide in Health Education" available for your use? yes____ no____ don't know____

   a. If YES, how has the "Guide" assisted in your instruction?

      ____Not at all helpful

      ____Helpful in selecting major topic areas

      ____Helpful in planning classroom activities

      ____Other - describe:_____

   b. If you do not use the "State Curriculum Guide in Health Education", do you use a different general curriculum guide? yes____ no____

      If YES, which of the following do you use?

      ____Local Guide - title:_____

      ____Division Guide - title:_____

      ____National Guide - title:_____

      ____Other - title:_____

4. Is the booklet "Venereal Disease: A Resource Guide for Teachers" (distributed by the State Department of Education), available to you? yes____ no____ don't know____

   a. If YES, how has the booklet assisted in your instruction

      ____Not at all helpful

      ____Helpful in selecting major topic areas

      ____Helpful in planning classroom activities

      ____Do not use it

5. Has a Sex Education/ Family Life program been approved in your school division by the State Board of Education? yes____ no____

6. How important would you say your teaching of Health is in relation to your other student-related responsibilities?

____Health more important; ____Health about as important as other responsibilities;

____Health less important than other responsibilities

7. How interested are you in teaching Health in comparison with your other student-related responsibilities?

____More interested in teaching Health

____About the same amount of interest in teaching Health and in other responsibilities

____More interested in other student related responsibilities

Answer questions 8 through 13 for the 1975-76 school year, (last year).
Question 15 asks for information about this school year (1976- 1977).

8. Please give the titles and publishers of the textbooks for each grade of Health you taught last year. (If no textbook is used, write "None")

	Textbook(s)	
	Title	Publisher

9. Rate the quality of the textbooks that you used in your Health Classes.

1	2	3	4
Low Quality			High Quality

10. Rate the quality of audio-visual materials that you use in your Health Classes.

1	2	3	4	
Low Quality			High Quality	None Used

11. In Column 1 indicate the number of Health classes you taught in each of the various types of instructional space listed below.

In Column 2 place a check under either "Adequate" or "Inadequate", depending on your feelings about the instructional space.

Instructional Space	Col. 1 Number of Health Classes You Taught There	Col. 2 Adequacy of Space for Health Instruction	
		Adequate	Inadequate
Regular Classroom			
Cafeteria			
Gymnasium			
Other - specify			

12. Did students receive a separate grade in Health? yes_____ no_____

13. In this question we are seeking information about the health topic(s) you taught in each of your classes last year. Down the left side of the chart you will find a list of TOPICS. Across the top of the chart are six CLASS columns, with space for grade level and sex composition of the class directly below. For each topic space is available to indicate both the amount of time devoted to the topic and the teaching method employed.

Complete the chart in the following manner:

Across the top:

1) Fill in the Grade Level to which you taught Health, one class to each column. For example, if you taught two classes of 7th grade Health and three of 11th grade Health, you would have five columns across the top.

2) Circle one of the three letters under Sex Composition, using the following designations:

M - class composed of male students only
F - class composed of female students only
B - class composed of both male and female students

Note: If you changed from the main sex composition classification you designated at the top for a specific topic, write the sex composition code it changes to in the box with the Method code. (The Method code is explained below.)

Down each column:

1) Starting with Class 1, under sub-column TIME indicate the amount of time in hours and/or fractions of hours that you spent on each topic (e.g. 2½, ¼, 3, etc.). If you did not teach a topic leave the space blank. If there are topics which you covered that are not listed, use the "Other" category and specify the title of the topic and indicate the amount of time spent on it.

2) Under the sub-column METHOD use the appropriate code below to indicate the teaching method generally used when the topic is presented.

1 - lecture
2 - discussion
3 - independent study
4 - small group work
5 - audio-visual presentation (film, filmstrip, slides, etc.)
6 - reading in class

Repeat this process for each class that you listed across the top of the chart.

Example: To the right is an example of one teacher's chart. He had 5 Health classes, 2 in the 7th grade (one all male and one all female) and 3 in the 11th grade (both male and female, except for the topic Sex Education, which was divided by sex for teaching. He has indicated this sex composition change in the Method box for Sex Education.) The teacher has indicated amount of time per topic and the teaching method used for each topic.

TOPICS	Class #1		Class #2		Class #3		Class #4		Class #5		Class #6	
	Grade Level: 7		Grade Level: 7		Grade Level: 11		Grade Level: 11		Grade Level: 11		Grade Level:	
	Sex Comp.: O		Sex Comp.: O		Sex Comp.: O		Sex Comp.: O		Sex Comp.: O		Sex Comp.:	
	Time	Method	Time	Method	Time	Method	Time	Method	Time	Method	Time	Method
Alcohol	3	4	3	4	2	1	2	1	2	1		
Chronic Degenerative Disease					3	3	3	3	3	3		
Community Health Services												
Communicable Diseases and Their Control	2	1	2	1	3	1	3	1	3	1		
Consumer Health	2	1	2	1	3	1	3	1	3	1		
Driver Education												
Drug Use and Abuse	6	3	6	3	10	3	10	3	10	3		
Emergency Care and Safety	4½	5	4½	5	8	5	8	5	8	5		
Environmental Issues												
Family Life/ Sex Education					15	3 M F	15	3 M F	15	3 M F		
Health Careers					2	2	2	2	2	2		
Human Growth and Development					10	3	10	3	10	3		
Mental and Emotional Health					4	5	4	5	4	5		
Nutrition and Diet	2	7	2	7	10	4	10	4	10	4		
Personal Health - Dental					1	3	1	3	1	3		
Personal Health - Vision					1	3	1	3	1	3		
Personal Health - Hearing					1	3	1	3	1	3		
Personal Health - Physical Fitness					1	3	1	3	1	3		
Tobacco and Smoking	2	3	2	3	6	3	6	3	6	3		
Venereal Disease					4	3	4	3	4	3		
Other (specify)												
Other (specify)												

TOPICS	Class #1		Class #2		Class #3		Class #4		Class #5		Class #6	
	Grade Level: ☐		Grade Level: ☐		Grade Level: ☐		Grade Level: ☐		Grade Level: ☐		Grade Level: ☐	
	SEX COMP. M F B		SEX COMP. M F B		SEX COMP. M F B		SEX COMP. M F B		SEX COMP. M F B		SEX COMP. M F B	
	TIME	METHOD	TIME	METHOD	TIME	METHOD	TIME	METHOD	TIME	METHOD	TIME	METHOD
Alcohol												
Chronic Degenerative Disease												
Community Health Services												
Communicable Diseases and Their Control												
Consumer Health												
Driver Education												
Drug Use and Abuse												
Emergency Care and Safety												
Environmental Issues												
Family Life/ Sex Education												
Health Careers												
Human Growth and Development												
Mental and Emotional Health												
Nutrition and Diet												
Personal Health - Dental												
Personal Health - Vision												
Personal Health - Hearing												
Personal Health - Physical Fitness												
Tobacco and Smoking												
Venereal Disease												
Other (specify)												
Other (specify)												
Other (specify)												
Other (specify)												

14. How were Health Education courses scheduled at your school last year? For example, in some schools Health classes were taught two days a week all year to 7th graders, while in other schools the 7th grade had Health five days a week for three months in Winter. Use the space below to explain the schedule used for each grade in your school. Be specific, giving the number of hours per week, weeks per year, etc.

15. In this questionnaire you have been asked to provide information about the Health Education program that occured in your school last year (1975-76). In the space below describe any changes that are planned for the 1976-77 school year such as the addition or deletion of topics, increase or decrease in class time, changes in scheduling and the like.

16. Using the remaining space please make recommendations for changes and/or improvements in or maintenance of the Health program in your school or district.

Appendix B

Course Titles

Personal Health

Elements of Health Promotion

Contemporary Health Issues

Current Health Problems

Foundations of Health

Emergency Health Care

Safety and First Aid

Safety and Driver's Education

Health and Safety Education for Elementary Teachers

School Health for Secondary Teachers

Organization and Administration of School Health Programs

Methods in Health Education

Measurement in Health Education

The School Health Program

Instructional Design In Health Education

Health of the School Child

Principles of Community Health

Epidemiology

Community Health Services

Health and Community Hygiene

Health Agencies

School and Community Health

Environmental Health

Health Economics

Nutrition

Human Sexuality

Mental Health and Adjustment

Death and Dying

Use and Effects of Drugs

Substance Abuse

Health Aspects of Gerontology

Chronic Disease

Communicable and Non-Communicable Diseases

Pathophysiology

Seminars in Health Education

Independent Study in Health Education

Reading and Research in Health Education

Field Work in Health Education

Appendix C

Topics

Alcohol Education
Chronic Degenerative Disease
Community Health Services
Communicable Diseases & Their Control
Consumer Health
Driver Education
Drug Use and Abuse
Emergency Care and Safety
Environmental Health
Family Life/Sex Education
Health Careers
Human Growth and Development
Mental and Emotional Health
Nutrition and Diet
Personal Health
Tobacco & Smoking
Venereal Disease Education

Appendix D

Health Personnel

College or University Faculty
Public Health Nurse
School Nurse
State Department of Education Personnel
State Health Department Personnel
Voluntary Health Agency
Private Business
Physician
Pharmacist
Paramedical Personnel (fire or rescue squad, etc.)
Supervisor of Health Education
Other Health and/or Physical Education Teacher
Coach (but not Health or Physical Education Teacher)

Appendix E

Percentage of Returns from Schools with Various Grade Levels

Grades in School	Those Teaching Health in 1975-1976
7-9	18.6%
9-12	17.3%
10-12	13.7%
8-12	12.8%
7-8	9.0%
6-8	8.0%
8-9	7.2%
7-12	5.9%
6-9	1.3%
9-10	1.0%
6-12	.9%
K-12	.7%
K-9	.5%
6-7	.5%
5-8	.5%
8	.5%
8-10	.3%
K-3 & 8-9	.2%
K-3	.2%
K-8	.2%
5-7	.1%
9	.1%
3-7	.1%
8-11	.1%
10	.1%
9-11	.1%
7-10	.1%
1-8	.1%

Appendix F

Percentage of Returns from Schools of Various Sizes

Number of Students	Percentage of Returns
400 or Less	7.6%
401 - 600	11.3%
601 - 800	13.5%
801 - 1000	16.0%
1001 - 1200	16.2%
1201 - 1400	9.5%
401 - 1600	8.8%
1601 - 1800	5.5%
1801 - 2000	4.5%
2001 - 3000	5.4%
Above 3000	1.6%

Appendix C

Topics Taught in Sixth Grade Health*

	Number Teaching	Average Number of Hours Spent
Alcohol	10	3.1
Body Systems	3	14.3
Chronic Diseases	5	3.8
Community Health Services	14	4.1
Communicable Diseases & Their Control	19	6.2
Consumer Health	7	4.7
Disaster & Survival	0	---
Drug Use & Abuse	16	5.3
Emergency Care & Safety	21	7.9
Environmental Health	8	5.9
Family Life - Sex Education	8	7.3
Health Careers	8	3.8
Human Growth & Development	16	7.4
Mental & Emotional Health	16	4.8
Nutrition & Diet	18	7.0
Personal Health - Dental	17	2.9
Personal Health - Vision	15	2.9
Personal Health - Hearing	13	2.7
Personal Health - Physical Fitness	23	5.0
Tobacco & Smoking	13	3.0
Venereal Disease	4	3.8
Other	3	9.0

*N = 31

Appendix G (continued)

Topics Taught in Seventh Grade Health*

	Number Teaching	Average Number of Hours Spent
Alcohol	93	4.3
Body System	22	13.9
Chronic Diseases	55	3.7
Community Health Services	76	3.5
Communicable Diseases & Their Control	121	4.9
Consumer Health	52	3.8
Disaster & Survival		16.6
Driver Education	12	4.0
Drug Use & Abuse	133	6.3
Emergency Care & Safety	137	10.9
Environmental Health	67	4.8
Family Life - Sex Education	71	7.6
Health Careers	37	2.7
Human Growth & Development	128	8.6
Mental & Emotional Health	131	7.2
Nutrition & Diet	158	8.6
Personal Health - Dental	131	3.3
Personal Health - Vision	121	3.0
Personal Health - Hearing	116	3.0
Personal Health - Physical Fitness	154	5.0
Tobacco & Smoking	139	4.5
V nereal Disease	64	3.7
Other	32	9.6

*N 245

Appendix G (continued)

Topics Taught in Eighth Grade Health*

	Number Teaching	Average Number of Hours Spent
Alcohol	296	5.5
Body System	37	13.8
Chronic Diseases	123	4.1
Community Health Services	130	3.1
Communicable Diseases & Their Control	213	5.1
Consumer Health	77	3.5
Disaster & Survival	12	16.0
Driver Education	22	5.5
Drug Use & Abuse	368	7.7
Emergency Care & Safety	202	9.1
Environmental Health	109	4.1
Family Life - Sex Education	99	5.9
Health Careers	92	2.7
Human Growth & Development	250	8.6
Mental & Emotional Health	200	5.4
Nutrition & Diet	259	5.4
Personal Health - Dental	262	3.5
Personal Health - Vision	239	2.9
Personal Health - Hearing	226	2.6
Personal Health - Physical Fitness	286	4.5
Tobacco & Smoking	351	5.4
Venereal Disease	149	3.8
Other	72	9.5

*N = 453

Appendix C (continued)

Topics Taught in Ninth Grade Health*

	Number Teaching	Average Number of Hours Spent
Alcohol	168	4.1
Body Systems	51	17.7
Chronic Diseases	164	5.1
Community Health Services	155	3.8
Communicable Diseases & Their Control	266	8.8
Consumer Health	163	7.5
Disaster & Survival	32	11.5
Driver Education	52	26.5
Drug Use & Abuse	227	7.0
Emergency Care & Safety	326	19.4
Environmental Health	175	6.4
Family Life - Sex Education	92	6.7
Health Careers	116	3.9
Human Growth & Development	113	6.3
Mental & Emotional Health	141	7.5
Nutrition & Diet	117	4.8
Personal Health - Dental	87	2.3
Personal Health - Vision	85	1.8
Personal Health - Hearing	77	2.3
Personal Health - Physical Fitness	165	4.7
Tobacco & Smoking	164	3.9
Venereal Disease	186	4.2
Other	62	11.1

*N = 452

Appendix C (continued)

Topics Taught in Tenth Grade Health*

Topic	Number Teaching	Average Number of Hours Spent
Alcohol	122	4.8
Body System	15	10.2
Chronic Diseases	49	6.2
Community Health Services	69	3.7
Communicable Diseases & Their Control	81	6.7
Consumer Health	98	13.5
Disaster & Survival	8	10.6
Driver Education	221	37.6
Drug Use & Abus	169	7.4
Emergency Care & Safety	80	15.7
Environmental Health	58	6.1
Family Life - Sex Education	69	7.9
Health Careers	74	4.7
Human Growth & Development	58	9.4
Mental & Emotional Health	252	19.1
Nutrition & Diet	56	7.0
Personal Health - Dental	34	3.4
Personal Health - Vision	33	1.8
Personal Health - Hearing	32	3.0
Personal Health - Physical Fitness	78	5.5
Tobacco & Smoking	123	4.4
Venereal Disease	113	5.2
Other	20	9.3

*N = 373

Appendix G (con inued)

Topics Taught in Eleventh/Twelfth Grade Health*

Topic	Number Teaching	Average Nu ber of Hours Spent
Alcohol	12	5.0
Body Systems	2	8.0
Chronic Dis ases	9	6.7
Community Health Services		2.0
Communicable Diseases & Their Control	13	11.6
Consumer Heal h	8	26.0
Disaster & Survival	0	0.0
Driver Education		30.3
Drug Use & Abus	19	7.6
Emergency Car & Safety	9	9.3
Environmental H alth	8	5.9
Family Lif - Sex Education	15	22.7
H alth Careers	16	5.4
Human Growth & Develop en	6	8.5
Mental & Emotional Health	19	16.5
Nutrition & Diet	9	6.
Personal Health - Dental	4	2.5
Personal Health - Vision	5	2.6
Personal Health - Hearing	4	1.8
P rsonal Health - Physical Fitn ss	8	7.9
Tobac o & Smoking	11	3.5
Vener al Diseas s	17	4.8
Other	6	21.5

Appendix H

Texts Used by Teachers in Grade Six (N = 31)

	N	Percentage
Used at Least One Book	31	100.0%
Health for Living	12	38.7%
A Healthier You	0	0.0%
American Red Cross and Personal Safety Program	1	3.2%
Health and Growth	3	9.7%
Modern Health		3.2%
Other	14	45.2%
Used No Book	0	0.0%

Appendix H (continued)

Texts Used by Teachers in Grade Seven (N = 245)

	N	Percentage
Used at st Least One Book	197	80.0%
Health for Living	3	1.5%*
A Healthier You	52	26.0%*
American Red Cross and Personal Safety Program	8	
Health and Growth	30	
Modern Health	12	6.0%*
Other	127	64.0%*
Used No Book	48	20.0%

*Percent g s based on chose using at least one book.

Appendix H (continued)

Texts Used by Teachers in Grade Eight (N = 453)

	N	Percentage
Used at Least One Book	392	87.0%
Health for Today and Tomorrow	26	7.0%*
Health 8th	66	17.0%*
Your Health and Your Future	25	6.0%*
Health for Life	11	3.0%*
Your Health and Safety	83	21.0%*
Modern Health	77	20.0%*
Basic Red Cross First Aid	5	1.0%*
Standard First Aid and Personal Safety		2.0%*
Other	141	36.0%*
Used No Book	61	13.0%

*Percentages based on those using at least one book.

Appendix H (continued)

Texts Used by Teachers in Grade Nine (N = 452)

	N	Percentage
Used at Least One Book	374	83.0%
Health Today and Tomorrow	30	8.0%*
Health 8th	5	1.0%*
Your Health and Your Future	9	2.0%*
Your Health and Safety	59	16.0%*
Modern Health	116	31.0%*
Basic Red Cross First Aid	49	13.0%*
First Aid and Safety	47	13.0%*
Other	136	36.0%*
Used No Book	78	17.0%

*Percentages based on those using at least one book.

Appendix H (continued)

Texts Used by Teachers in Grade Ten (N = 373)

		Percentage
Used at Least One Book	259	69.0%
Health Today and Tomorrow	13	5.0%*
Health 8th		0.4%*
Your Health and Your Future	2	1.0%*
Your Health and Safety	19	7.0%*
Modern Health	115	44.0%*
Red Cross First Aid	18	7.0%*
First Aid and Safety	9	3.0%*
Other	140	54.0%*
Used No Book	114	31.0%

*Percentag s based on those who used at least one book.

Appendix H (continued)

Texts Used by Teachers in Grades Eleven and Twelve (N = 45)

	N	Percentage
Used at Least One Book	34	76.0%
Health Today and Tomorrow	3	9.0%*
Your Health and Safety	3	9.0%*
Modern Health	5	15.0%*
First Aid and Safety	2	6.0%*
Other	30	88.0%*
Used No Book	11	24.0%

*Percentages based on those who used at least one book.

Appendix C

COMMONWEALTH OF VIRGINIA
STATE DEPARTMENT OF EDUCATION
RICHMOND, VIRGINIA 23216

SUPTS. MEMO. NO. 7281
October 25, 1974

TO: Division Superintendents

FROM: Woodrow W. Wilkerson, Superintendent of Public Instruction
Ryland Dishner, Assistant Superintendent for Professional and Educational Support Services
Wayland H. Jones, Director of Teacher Education
Frances H. Gee, Supervisor of Teacher Certification

SUBJECT: New Certificate Endorsement Regulations

The State Board of Education at its September 20, 1974, meeting adopted the attached regulations relative to certificate endorsements. The effective dates of these new endorsement requirements are:

Physical Education	- July 1, 1975
Health Education	- July 1, 1975
Health and Physical Education	- July 1, 1977

Should you have questions regarding these new endorsement requirements, please feel free to communicate with Miss Gee (770-7917) or Mr. Jones (770-5300).

W/D/J/G/b
Attachment

Adopted by
State Board of Education
September 20, 1974

Attachment to
Supts. Memo. No. 7281
Dated October 25, 1974

PHYSICAL EDUCATION
NK-7, 8-12, NK-12

Specific Endorsement Requirements
(Effective July 1, 1975)

An applicant may qualify for endorsement in Physical Education by completing thirty-six semester hours as follows:

1. Scientific Background Area ..... 9 semester hours
   Shall include: human anatomy and physiology; and kinesiology.

2. General Theory in Physical Education ..... 12 semester hours
   Shall include: history and principles of physical education; administration of physical education; motor learning; adapted physical education; and measurement and evaluation in physical education.

3. Health and Safety Area ..... 3 semester hours*
   Shall include: first aid and safety.

4. Physical Education Activities Area ..... 12 semester hours
   Shall include: physical education for the elementary school including movement education, aquatics, gymnastics; individual and dual sports; team sports and games; rhythms and dance; and outdoor education.

Professional Education Requirements

See pages 4 and 5 of the bulletin, Certification Regulations for Teachers.

NOTE: The student teaching experience shall be in the elementary and secondary schools. Persons desiring to teach at only the elementary or secondary level may do their student teaching at the level for which they desire to become endorsed.

*With an additional three-semester-hour course in Driver Education, one could be endorsed in Driver Education.

(OVER)

HEALTH EDUCATION*
NK-7, 8-12, NK-12

Specific Endorsement Requirements
(Effective July 1, 1975)

An applicant may qualify for endorsement in Health Education by completing thirty-six semester hours as follows:

1. Scientific Background Area ..... 12 semester hours
   Shall include: human anatomy and physiology; biology; chemistry; and microbiology.

2. Behavioral or Social Sciences Area ..... 6 semester hours
   Shall include: child and adolescent psychology; and sociology/philosophy of man.

3. Health Education Area ..... 6 semester hours
   Shall include: administration of the school health program (including health instruction, health services, and healthful school environment, evaluation, and health counseling); and school and community relationships related to health.

4. Basic Health Content Area ..... 12 semester hours
   Shall include: Courses covering personal and community problems including drugs, smoking, nutrition, fitness, consumer health, environmental health, health careers, disease prevention, safety, first aid, mental and emotional health including family living and sex education.

Professional Education Requirements

See pages 4 and 5 in the bulletin, Certification Regulations for Teachers.

NOTE: The student teaching experience shall be in the elementary and secondary schools. Persons desiring to be endorsed to teach at only the elementary or secondary level may do their student teaching at the level for which they desire to become endorsed.

*It is recommended that a Health Education major become endorsed to teach Driver Education by successfully completing an additional three-semester-hour course in Driver Education.

HEALTH AND PHYSICAL EDUCATION*
NK-7, 8-12, NK-12

Specific Endorsement Requirements
(Effective July 1, 1977)

An applicant may qualify for endorsement in Health and Physical Education by completing forty-two semester hours as follows:

1. Scientific Background Area ..... 9 semester hours
   Shall include: human anatomy and physiology; and kinesiology.

2. General Theory in Health, Physical Education, and Safety Area ..... 12 semester hours
   Shall include: history and principles of physical education; administration of physical education; motor learning; adapted physical education; and measurement and evaluation in health and physical education.

3. Health and Safety Education Area ..... 9 semester hours
   Shall include: personal and community health problems including drugs, smoking, nutrition, fitness, consumer health, environmental health, disease prevention, mental health, family living and sex education; first aid and safety; and the school health program (health instruction, health services, healthful school environment).

4. Physical Education Activities Area ..... 12 semester hours
   Shall include: physical education for the elementary school including movement education; gymnastics; aquatics; individual and dual sports; team sports and games; rhythms and dance; and outdoor education.

*It is recommended that a Health and Physical Education major become endorsed to teach Driver Education by successfully completing an additional three-semester-hour course in Driver Education.

Health and Physical Education (Continued)

Professional Education Requirements

See pages 4 and 5 in the bulletin, Certification Regulations for Teachers.

NOTE: The student teaching experienc shall be in the elementary and secondary schools. Persons desiring to be endorsed to teach at only the elementary or secondary level may do their student teaching at the leve for which they desire to become endorsed.

Appendix D

COMMONWEALTH OF VIRGINIA
STATE DEPARTMENT OF EDUCATION
RICHMOND, VIRGINIA 23216

SUPTS. MEMO. NO. 7683
October 14, 1975

MEMO TO: Division Superintendents

FROM: N. P. Bradner, Director
Division of Secondary Education
Bernard R. Taylor, Director
Division of Elementary Education
Frances A. Mays, Supervisor
Health and Physical Education

SUBJECT: Policy Statement on Health Education

You will find attached the policy statement relative to health education, which was approved by the State Board of Education at its meeting on September 26. This statement has been approved to strengthen health education in the elementary and secondary schools in the Commonwealth.

Please distribute the enclosed copies of the statement to your elementary and secondary principals and encourage them to share these with their health and physical education teachers.

B/T/M/smf

Enclosures

HEALTH EDUCATION

Elementary and secondary schools shall present a comprehensive health education program which focuses attention on problems related to alcohol and drug abuse, smoking and health, personal growth and personal health, nutrition, prevention and control of disease, physical fitness, accident prevention, personal and family survival, environmental health, mental health, and consumer education.

(1) Elementary Schools. Since the early development of sound health attitudes, habits, and practices are important, time shall be provided at each grade level for health instruction.

(2) Secondary Schools. At least forty percent of the time for the required health and physical education program shall be devoted to health education. The remainder of the instructional time shall be devoted to physical education.

(a) Alternate Plan. A school division electing to offer a concentrated health instruction program may offer a semester of health education at both the eighth grade level and either the ninth or tenth grade level. Under this plan, the remainder of the instructional time at the eighth, ninth, and tenth grade levels shall be devoted to physical education.

(b) Classroom Phase of Driver Education. The classroom phase of driver education shall be included as a part of the health instruction program unless a school elects to offer this phase in a separate driver education course. In order to present a comprehensive health education program, the classroom phase of driver education shall

(OVER)

not exceed 36 class periods when it is a part of the health education curriculum. Schools which elect to offer driver education as a separate course shall devote the time previously allotted for the classroom phase of driver education to health education.

In-car instruction is not a part of the required health and physical education program. Therefore, pupils shall not be taken from the required health and physical education for this phase of the driver education program.

Authority - Code of Va. 22-237 and 22-235.1

Appendix E

SUMMARY OF PRESENTATIONS
VALC COMMITTEE STUDYING HEALTH EDUCATION
IN THE PUBLIC SCHOOLS
PUBLIS HEARING
September 6, 1976

Dr. Dale Lick stated that the school was the ideal place for health instruction and teaching the value of health. Virginia emphasizes training in physical education and not health. Madison College, he stated, has the only program which produces a limited number of health specialists at the undergraduate level. He added that two other colleges had submitted "Letters of Intent" to the State Council of Higher Education and had been granted program approval for a curriculum in health education.

Though illnesses of people can be affected by their behavior, commented Dr Lick, remarkable little attention is given to health education in the United States. He stated further that health education is the process that bridges the gap between health information and health practices. Health education should serve to motivate a person to put into practice, the information obtained through health education, by avoiding actions that are harmful and by forming habits that are beneficial. He listed the following as some of the means by which a comprehensive health education program could be achieved

1. elimination of the dual certification in health and physical education
2. develop programs on undergarduate and graduate level for continuing education of teachers already employed.
3. hire health education specialists as they become available
4. modification in school curriculum to make it a quality health education delivery system
5. develop cooperation and coordination between complementary areas of community health education and patient health education - create proper environment in adult population so that when school children become adults they are able to implement their beliefs and values and continue habits they have formed
6. encourage colleges and universities and related State agencies to take initiative in developing new programs and eliminating programs no longer needed
7. Fund the State Department of Health in order that it might have sufficient resources to carryout their health education objectives
8. That the Statewide Health Coordinating Council include health education as an important component in their programs.

Mrs. Christie Craig maintained that the health and physical education program should not be separated. The physical and health education teacher is the faculty member most able to develop a rapport with the students, due to the close contact, which enables him to counsel the student in various matters. She also suggested that financial aid should be granted teachers interested in improving their health education skills and/or their education in this area.

Miss Mary Miller, a student, believed that the present system of teaching health and physical education is not conducive to effective teaching. She explained that the block plan and/or the 40-60 system of teaching health and physical education, as she experienced it, did not allow her to concentrate on either. She recommended separate health and physical education classes.

Mr. Billy Wright, a student, concurred with Miss Miller. He recommended, however, that for students to obtain in-depth knowledge of health facts, effective and appropriate textbooks should be required, as well as separate health and physical education classes, and in-service training of teachers.

Dr. Patrick Bird critized the dual certification of teachers in health and physical education. He maintained that the separate endorsement of these subjects was a step in the right direction in developing a comprehensive health education program. He suggested that if the dual certification is maintained, students preparing for a teaching career in this area will opt for the dual certification. He stated that physical education and health on two separate and distinct areas of knowledge. He also described the difference between physical education and health as follows:

"Physical education is concerned with human movement in exercise, sport, active games, dance and gross muscular movements utilized within the activities of daily living. Of specific importance is the mechanical aspects of movement, the mode of acquisition and control of movement patterns, the physicology of man under stress in sport and exercise, the immediate and lasting effects of physical activity, the psychology and sociology of sport in terms of individuals and groups as participants and spectators, and the rich historical and cultural aspects of sport and dance.

Health education is an essential part of comprehensive health planning and the major catalyst in the maintenance of optimum health throughout the life cycle. Through the dissemination of information and by promoting understanding and positive health habits, attitudes and practices, Health education bridges the gap between appropriate medical research findings and their daily application to life." He also strongly suggested that Driver Education not be included as part of the health education program.

Dr. George Thoms expressed the need for health education. He stated that a survey of students at his school in grades seven to ten was taken to ascertain student attitudes toward health education and the need for health education in his school. Students were asked to evaluate their knowledge and interest in some basic health concepts. The results of the survey revealed that a significant number of students in all grade levels felt that they did not have an adequate knowledge of basic health concepts.

Dr. Thomas also stated that the 3-2 plan posed certain problems in his school. He cited the optimum solutions to the problems as the separation of health and physical education, the offering of health as a semester course at the 8th and 10th grade levels, and the exclusion of driver education from health instruction. However, he concluded by adding that realistically, health and physical education should be taught as separate and distinct courses in quarter units. This plan features one quarter of health education each year for every student in grades 9 through 10, and three quarters of physical education each year.

Both Norma Jean Kinser and Tim Hockenberry, students at George Mason Jr.-Sr. High School, believed that there are problems in the current scheduling of health classes. They expressed the need for separate health classes and the health education specialist.

Mrs. Mary Northrup stated that the Bureau of Nursing supports the concept of separate health education, and that such education should start in the home and continue in appropriately progressive steps throughout infancy, day care and preschool settings and early school exposure.

Dr. Linda Bunker stressed the importance of a comprehensive school health education program. She commented that "school health education should provide a media through which children may approach health problems and issues during their formative years, and provide carry-over knowledge, information and goals for adult living. She suggested that professional preparation of health educators, the separation of health and physical education, the establishment of a well-conceived health education curriculum, separate certification, and provision for supervisory personnel would help to eliminate some of the problems with the teaching of health education.

Dr. Colin Box proposed three models of health education. They are the specialist model, the integrated model and the compromise model for initiating health education.

The specialist model is composed of several professionally prepared individuals in health education who serve in various institutions at certain levels. The integrated model is composed of those persons who carry out health education under the guise of other modalities. The compromise model is the model proposed by some of the professional health associations. The individual in the compromise model bridges the gap between the specialist and integrated models. The compromise model is also proposed internationally. He maintained that professionals in health education should work together.

Mr. Barrett supported the proposed comprehensive health education program. He addressed the problem of manpower, and the re-training of in-service teachers. The grading of health and physical education should be separated. He advocated using the teachers already employed and the separation of the two courses.

Mrs. Welborn explained the relationship of the Health Education Advisory Committee with the State Department of Health and the State Department of Education. She highlighted the Committee's work with the State Department of Health in sponsoring the Statewide Health Education Conferences. The Committee, she stated, urged the separate endorsement of health and physical education teachers, worked for the Resource Guide on Venereal Disease for Teachers, and that it endorsed Senate Joint Resolutions 244 and 245.

Mr. Henry Langford stated that alcoholism among young people is the most serious drug problem. He suggested that drug and substance abuse education should also deal with causation of abuse. He listed pressure from parents, teachers and peers for high and unreasonable academic achievement, boredom with school activities, the transition from junior to senior high school without realistic goals or incentives and pressures from the establishment to bow to the ideals of materialism to which they see no sense, as the reasons for drug and substance abuse among young people. Young people should be educated to the consequences of risk-taking behavior.

Miss Sandra Anderson advocated the separation of health and physical education, the elimination of driver education from both health and physical education programs, the complete elimination of the dual certification, the improvement of college programs in health and the upgrading of elementary certification requirements.

Mrs. Battle also agreed that health and physical education should be separated. She indicated that results of a survey of her class had shown that her students entered college with little health knowledge and had perceived that their secondary school teachers disliked teaching health. She recommended separate classes in sex education.

The last speaker to address the Committee was Dr. Ford T. Johnson. Dr. Johnson cited statistics that had proven that preventive education lowered the incidence of dental disease. He noted specifically the success of a preventive dental education program in two schools in the Richmond school system.

He also provided statistics concerning dental disease and tooth loss. He maintained that adequately trained professionals should be utilized more and that dental education should be included as a component of the proposed comprehensive health education program.

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OTHER SUPPORTIVE STATEMENTS REGARDING
COMPREHENSIVE SCHOOL HEALTH EDUCATIO

Lack of Emphasis on Health Education

Drug education in Virginia has not been as effective as it might have been, due to a lack of teacher preparation. Drug education has been taught in the elementary schools by classroom teachers, four-fifths of whom did not have special training in drug education as of 1973-74.

At the secondary level, drug education has been taught by health and physical education teachers, whose college preparatory background was heavily oriented to physical education, rather than the social or psychological issue involved in health-related areas such as drug abuse. Moreover, of all health and physical education teachers, 31% reported no in-service training in drug abuse, and another 18% appear to be inadequately trained. The lack of teacher preparation in this field suggests that most school divisions do not have a comprehensive health education program.

There are indications that class size and physical surroundings for drug education have not been conducive to effective learning. A survey in the Richmond area found that many classes were held in gymnasiums, locker rooms, auditoriums, and cafeterias. Not only does this suggest a traditional lecture format, but it also implies a low priority on health education. The first step in upgrading drug education in Virginia should be for the State to place increased emphasis on health education.

The Need for a New Educational Approach

Factual information concerning drugs and drug abuse is essential for responsible decision making in today's society. A more comprehensive approach to health and mental health education and couseling will be required, however, if the schools wish to deal directly with the problems leading to drug abuse.

A review of research findings and the experience of other states indicates that a broader, decision-making approach, in the context of a comprehensive health education and counseling program, can have a positive influence on younger students. Unfortunately, the capabilities of many school divisions to implement mental health education programs are limited. Most divisions do not have a coordinator for health education and although a brief unit on mental health is included in the State's curriculum, a more comprehensive mental health guide is needed to implement this approach. Most teachers have not received in-service training in drug abuse and a major effort would be required to provide training in new mental health approaches.

At this time, the State should encourage the development of pilot programs in this field, to determine whether this would be an effective strategy for dealing with the underlying causes of drug abuse. An objective evaluation of SODA programs should be an important component of this effort.

Focus on Specific Target Groups

Drug education has not addressed the problems of students who are most likely to be using drugs. Many of these persons are habitual users of alcohol and marijuana, as well as experimental or occasional users of stimulants, depressants, hallucinogens, and other drugs. The State's health curriculum guide has not reflected a concern for the problems and motivations of these students, and they appear to have b en alienated by the traditional classroom format.

In addition, counseling services for these students appear to be severely limited, particularly at the elementary level. Not only does a significantly hi her proportion of the target group feel there is no adult in their school to whom they can turn for help, but counselors report that in-service training has not provided them with sufficient skills to help students who have problems. Moreover, with 40% of health and physical education teachers unaware of a drug control policy in their school, there is a critical gap in policy development and communication, such that many schools may not be able to respond effectively to drug incidents on school property.

While SOE responded to the drug crisis by developing a comprehensive health curriculum with an expanded unit on drugs and drug abuse, many local school divisions responded by adding a unit on drugs and drug abuse to their physical education program. The evidence suggests that this approach has not been successful.

Health Education Programs

...romote the inclusion of health education programs in school curricula.

Enlist the aid of local organizations such a health departments, medical societies, nursing associations, family planning clinics and nutrition councils.

Develop discussion sessions with school administrators -- express the community's concern with the importance of programs for preventing mental retardation.

Enlist the support of local nur ing associations, health departments and medical societies in reviewing and expanding educative programs.

Source: Virginia. Report of the Committee to Study Preventable Causes of Mental Retardation. Reported to the Governor and General Assembly of Virginia, House Document No. 15, (Richmond: Department of Purchases and Supply, 1976).