

REPORT OF THE

JOINT SUBCOMMITTEE STUDYING THE

ELIMINATION OF THE DUAL ENDORSEMENT

TO TEACH HEALTH AND PHYSICAL EDUCATION

TO

THE GOVERNOR

AND

GENERAL ASSEMBLY OF VIRGINIA



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**Report of the
Joint Subcommittee Studying the
Elimination of the Dual Endorsement to
Teach Health and Physical Education
To
The Governor and the General Assembly of Virginia
Richmond, Virginia
December, 1981**

To: Honorable Charles S. Robb, Governor of Virginia
and
The General Assembly of Virginia

In 1980, the General Assembly passed Senate Joint Resolution No. 43, which requested that a joint subcommittee of the Senate Education and Health Committee and the House Education Committee be appointed to study the effects of eliminating the dual endorsement to teach health and physical education. Senate Joint Resolution is as follows:

SENATE JOINT RESOLUTION NO. 43

Requesting the Senate Education and Health Committee and the House Education Committee to study the effects of eliminating the dual endorsement to teach health and physical education.

**Agreed to by the Senate, February 16, 1980
Agreed to by the House of Delegates, March 6, 1980**

WHEREAS, in nineteen hundred seventy-seven, the General Assembly in Senate Joint Resolution No. 112 requested the Board of Education to abolish the dual endorsement to teach health and physical education and expressed the sense of the General Assembly that persons initially employed to teach health beginning with the 1983-84 school year should have a separate endorsement in health education; and

WHEREAS, the Board of Education has incorporated the suggestions of the General Assembly in its regulations governing certification of teachers; and

WHEREAS, in nineteen hundred seventy-seven, the General Assembly by Senate Joint Resolution No. 116 also encouraged the teaching of health education as a continuous unit and an integral part of the public school curriculum; and

WHEREAS, the elimination of the dual endorsement may pose problems for school divisions on teacher scheduling, course offerings such as driver education, financing of health and physical education programs and teacher recruitment; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Senate Education and Health Committee and the House Education Committee are requested to conduct a joint study of the effects of eliminating the dual endorsement in health and physical education on operational costs, availability of employees, flexibility of course offerings and scheduling and costs of teacher training and staff development and to recommend such legislation as it deems advisable to the nineteen eighty-one session of the General Assembly. The State Department of Education is requested to provide such assistance as the Committee may request.

Pursuant to Senate Joint Resolution No. 43, a joint subcommittee was appointed. The members were: Senators John H. Chichester of Fredericksburg; Willard J. Moody of Portsmouth; Stanley C. Walker of Norfolk; Delegates Howard E. Copeland of Virginia Beach; James A. Davis of Ferrum; and David G. Speck of Alexandria. Senator Stanley C. Walker served as chairman.

Work of the Joint Subcommittee - 1980

The Joint Subcommittee received testimony from health and physical educators, school administrators, the State Health Department, the Department of Education, the State Council of Higher Education, colleges and universities, parents, and health, educational and civic organizations.

At its organizational meeting, the joint subcommittee reviewed the Virginia Advisory Legislative Council's report, Health Education in the Public Schools, 1977 , which recommended that "health education be a comprehensive and sequential curriculum, grades K thru 12, and that the health education curriculum in the public schools be separate and distinct from physical education and driver education." The VALC's rationale for its recommendations was based upon its findings that:

School health education in most public schools was 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. 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.

The Council also found that while the present state curriculum guide for health education listed all the topic areas identified as essential components in a comprehensive school health education program, such topic areas were not being taught.

The policy statement relative to health education which was approved by the State Board of Education on September 26, 1975, addressed the need to strengthen health education in the elementary and secondary schools of the Commonwealth. Though the policy statement required that comprehensive health education be taught in the state's public schools, it did not require separate health instruction; rather, it combined 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 had to be devoted to physical education. In the survey conducted for the Council by the Bureau of Educational Research of the University of Virginia, the most common recommendation for the improvement of health education was the separation of health education and physical education.

Given the results of the Bureau's study, the State Board of Education's most 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 was retained. The Council believed the retention of the old dual endorsement to be superfluous as the Board of Education had approved separate endorsements in health education and physical education. More importantly however, teachers with the dual endorsement were often unprepared academically to teach health because of the significance and priority given physical education throughout the educational system. Several college administrators, professors, and public school teachers who addressed the Council's study Committee 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 were not separate from but were a part of physical education teaching programs. Such programs were placed in the same department and under the administrative authority of persons responsible for teaching physical education. As in the public schools, health education was taught at the college level by persons prepared basically in physical education.

The VALC recommended further that separate programs in the colleges be implemented to prepare teachers of health education.

While the Council believed that health education programs were desperately needed, the Council was also very much cognizant of the fiscal realities in the State. Nonetheless it believed that strong, effective school health education programs could do much to reduce or contain the State's expenditures for medical and health care, and that health education 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 indicated that school health education programs need not be costly to public schools or institutions of higher learning. However, a re-emphasis or shifting of priorities by the state agencies that will be responsible for developing, implementing and administering school health education programs would be necessary.

The State's need for qualified and endorsed health educators could be satisfied by in-service education for teachers who are 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 attrition. The Council stressed the need to encourage 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 localities.

Legislation to mandate implementation of the Council's recommendations was not recommended. Senate Joint Resolutions 112 and 116, demonstrating the General Assembly's endorsement of the recommendations were passed.

Testimony received by the joint subcommittee indicated that those individuals who supported the retention of the dual endorsement to teach health and physical education believe that legislation (SJR 112 and SJR 116) passed by the 1977 General Assembly requesting the separation of the subjects were passed without full consideration of the necessity, appropriateness and the fiscal impact of separating the programs.

Several school administrators and division superintendents testified that implementation of the separate endorsement to teach health and physical education would create the following problems:

- need for additional classrooms and facilities
- need for additional teachers
- reduction in the opportunity for electives
- elimination of flexibility in teacher assignments and class scheduling
- increase in operation costs

Other points cited in support of the dual endorsement to teach health and physical education were:

- The present scheduling (60-40) of health and physical education instruction provides teachers more time to be with students.
- A study of the impact of SJR 112 should be conducted prior to its implementation, and the number of hours in health education required by elementary teachers should be examined as the resolution does not address the issue of health instruction by health educators at the K-6 level.
- The rehiring of tenured teachers with the dual endorsement after the implementation of SJR 112 is a concern which should be addressed.
- The continuation of the present policies of dual endorsement best serves the public interest.
- The need to separate health and physical education has not been justified.

Proponents of the separation of the programs maintained that many of the findings of the VALC remain unchanged and that many of its recommendations to improve health instruction have not been implemented.

These individuals cited the following in their support of the separate endorsement to teach health and physical education:

- Health and physical education are two different and distinct academic disciplines each with more than sufficient academic content to constitute a unique field of study. The information in each teaching area is too extensive and comprehensive to expect adequate preparation in more than one area during the typical four year college teacher preparation program.
- The recognition by the medical and health professions that individual responsibility for health maintenance, prevention of disease and effective use of health services is the direction of the future, necessitates an educated citizenry. The school is the key institution in our society to provide the basic education upon which health-related decisions will be made. More and more school systems are taking steps necessary to provide quality health education for young people through direct programs requiring professionally prepared health teachers. Over 70 percent of the states have now made health education a separate subject with separate certification requirements.
- Every individual should have access to quality education and information services which can provide the knowledge necessary to allow the individual to choose and develop a style of living and daily practices that will maximize well-being and minimize risks of avoidable disease, disability, stress, and premature death.
- With the escalation of medical costs, our only choice seems to be to reduce the need for health services. The best way to reduce the need for costly health care is to reduce the number of sick and diseased adults; and the best way, over the long-term, to reduce the number of sick adults is to place strong emphasis on health screening, correction of defects and health education for children.
- Postponing the implementation of Senate Joint Resolution No. 112 will result in teachers continuing to be inadequately prepared to teach health; and given their current workload, they

will continue to devote less than the minimal amount of time required for health instruction.

- The school health curriculum in Virginia is being implemented to a large degree by physical educators, most of whom have had little preparation in health education. Students cannot derive maximum benefit from a learning environment in which the teacher is deficient in background subject knowledge and teaching methodology.

- The cost-benefit of health education indicates that prevention trends in this nation with regard to chronic diseases such as cirrhosis and hypertension are providing an estimated "saving of at least 400,000 lives, 6 million person-years of life, and \$5 billion in medical costs.

- As a result of SJR 112, school divisions were given five years to adjust faculty personnel plans and course schedules. At the present time, little evidence exists that such adjustments have occurred on a statewide basis. In point of fact, SJR 43 would allow further administrative delays to occur with little assurance that another request for still additional delays would not be forthcoming in another year or two. The financial concerns, albeit real, are not insurmountable nor do they justify the acceptance of SJR 43 which would further delay the enactment of the collective wisdom exercised in the 1977 Legislative Session.

The joint subcommittee, upon hearing these concerns determined that it required additional information regarding the cost-effectiveness of health education and the fiscal impact of the separation of health and physical education upon school divisions.

As there was not enough time to compile and study this additional data, the joint subcommittee requested that the study be continued. Senate Joint Resolution No. 143, passed during the 1981 Session of the General Assembly continued the study.

SENATE JOINT RESOLUTION NO. 143

Continuing the Joint Subcommittee of the Senate Education and Health Committee and the House of Delegates Education Committee Studying the Elimination of the Dual Endorsement to Teach Health and Physical Education.

Agreed to by the Senate, February 21, 1981

Agreed to by the House of Delegates, February 21, 1981

WHEREAS, Senate Joint Resolution No. 112 of the 1977 General Assembly requested the Board of Education to abolish the dual endorsement to teach health and physical education and expressed the sense of the General Assembly that persons initially employed to teach health beginning with the 1983-84 school year have a separate endorsement in health education; and

WHEREAS, Senate Joint Resolution No. 116 of the 1977 General Assembly encouraged the Department of Education to develop and implement a comprehensive and sequential health education curriculum as an integral part of the public school curriculum; and

WHEREAS, Senate Joint Resolution No. 43 of the 1980 General Assembly requested that a joint subcommittee be established to study the effects of eliminating the dual endorsement to teach health and physical education on educational costs, availability of employees, flexibility of course offerings and scheduling, cost of teacher preparation and staff development; and

WHEREAS, the joint subcommittee has worked diligently and has received many suggestions and much testimony, but has not had sufficient time to consider the fiscal impact of the elimination of the dual endorsement on school divisions or to review testimony which merits consideration; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Subcommittee of the Senate Education and Health Committee and the House of Delegates Education Committee Studying the Elimination of the Dual Endorsement to Teach Health and Physical Education is continued. The membership of the joint subcommittee shall remain the same and any vacancy shall be filled in the same manner as the original appointment.

The joint subcommittee is requested to continue studying the effects of the elimination of the

dual endorsement to teach health and physical education on the school divisions, and any aspects regarding such elimination it determines should be addressed.

The cost of the study shall not exceed \$2,700.

The joint subcommittee is requested to report its findings, recommendations and any legislative action it deems advisable to the 1982 Session of the General Assembly.

The membership of the joint subcommittee remained the same.

Work of the Joint Subcommittee (1981)

In 1981, the joint subcommittee reviewed the data submitted to it the previous year and the proposed "compromise" which was being considered by the Board of Education. It also considered the testimony of those who addressed it at its several meetings, and the position of professional and lay organizations and State agencies respecting the separate endorsement to teach health and physical education.

Of particular interest to the joint subcommittee was the Board of Education's compromise. The compromise consisted of a common core of required courses (27 semester hours) and divergent or alternate paths (9 hours in basic health content or physical education content) to obtain endorsements in health education and/or physical education.

The search for a compromise on this issue prompted the Department of Education to look into other avenues for gaining multiple endorsements. (The Department of Education has referred to these endorsements as "add-on" endorsements, however, the subcommittee preferred the term "multiple endorsements" as it implies an equality of credentials and training.) The multiple endorsement concept has not been limited to physical education and health, but has been extended to sciences and health. Teachers holding the dual certification will be grandfathered, though courses taken for certificate renewal must be demonstrated to be pertinent to the subject(s) taught. In adopting a compromise, the Board of Education recommended that there be no impairment of existing certificates or of individuals who had already begun a program of study to obtain the dual endorsement.

It is believed that the fiscal impact of the separate endorsement would be minimal. The smaller school divisions are likely to experience the most difficulty with the separate endorsement due to their employment of fewer teachers. Such school divisions can seek a waiver of the standards, based on hardship, from the Board of Education. The Board plans to review the compromise to determine its effectiveness, and to remain sensitive to any fiscal impact of the separate endorsement.

Health educators in higher education maintained that the opportunities that students have to obtain endorsement in more than one area may have their choices restricted as courses in subject areas and the required number of credit hours for more than one endorsement vary among colleges and universities. It was suggested that the joint subcommittee carefully examine the differences in curriculum among institutions to determine the effect of the lack of uniformity in courses required for endorsement upon students.

It was further suggested that courses required for certificate renewal for an endorsement in health education be explicitly stated, and that the concept of becoming endorsed in more than one area be called "multiple endorsements" rather than "add-on" courses for separate endorsement as proposed by the Board of Education.

Conclusion

After considering all the testimony and data presented during the course of the study, recognizing that the new certification regulations would be subjected to intense scrutiny, acknowledging the lack of total agreement among the involved groups, and expressing reservations on whether the regulations would provide a final solution, the joint subcommittee agreed to support the proposed "compromise" (new regulations).

The joint subcommittee wishes to express its appreciation of the contributions of all those individuals and professional and lay organizations who testified before it. It commends the State

Council of Education, the Department of Education and the State Health Department for its continued assistance and cooperation.

Respectfully submitted,

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Stanley C. Walker, Chairman

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John H. Chichester

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Howard E. Copeland

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James A. Davis

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Willard J. Moody

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David G. Speck