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Health Education
in
Montana Secondary Schools

by

Diane K. Hammer

B.S., Montana State University, 1974

Presented in Partial Fulfillment

of the Requirements for the

Degree of Master of Science

University of Montana

1984

Approved by:

Thomas R. Whiddon
Chairman, Board of Examiners

[Signature]
Dean, Graduate School

August 8, 1984
Date

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I. INTRODUCTION

In studying the status of contemporary school health education, a review of the history provides insight into the development of the school health programs. The recurring theme is that health education is a continually changing curriculum. The seemingly haphazard reconstruction of health curricula is not surprising, as health educators disagree extensively as to the definition of "health." (4) (8).

Horace Mann, the secretary to the Massachusetts Board of Education, referred to health education and physical education as synonymous. As editor of the Common School Journal, he stated:

When physical education is mentioned, that is a knowledge of the laws by which health and strength are attained and preserved, many people start and ask in surprise whether every man is to be a physician. The answer to this is easy. Physicians must understand the laws and symptoms of the diseased body. It is enough for common men to understand the laws and functions of the healthy body. . . . That knowledge respecting air, exercise, dress, and diet, which is requisite for the preservation of health, may be acquired with a far less amount of attention and expense, than are commonly necessary in a three month's sickness [27].

Clair E. Turner, a faculty member of Harvard, was an early leader in the movement to separate health education from physical education. In 1921, he implemented

health education programs in the fourth, fifth, and sixth grades of two Malden, Massachusetts schools and studied the effects of this education on students' health habits. When his research ended in 1931, Turner wrote, "There is definite evidence of improvement in the habits of the children and their health. The parents most enthusiastically support the program and the city is extending the plan to every school. The children have proved to themselves that the way they live affects the way they feel. The teachers feel that health training is a proper and enjoyable activity." [19]. This study started the publication of the first school health textbook series for students in grades two through nine and the development of the first motivational visual aids for health education [11].

Other programs started in the 1930's and 1940's typified a "blood and bones hygiene" approach to health education [13]. The major emphases were on the study of the functions of the human body and the rules for correct health procedures.

During the 1940's, 1950's, and early 1960's, government officials became concerned with the lack of adequate fitness of America's youth. The initial concern surfaced during post World War II years when studies revealed a large number of young men failed to meet physical requirements for the draft. In the 1950's Kraus and Weber, comparing fitness levels of Americans and Europeans, reported

that American youth were less physically fit than European youth. The report led to the later development of the school fitness movements encouraged by the Eisenhower and Kennedy administrations. As a result, health education programs were de-emphasized in schools. However, private corporations, such as Kellogg, were instrumental in providing funds for school health education and the training of health educators [4].

In 1959 H. L. Dunn proposed that health education should focus on "high level wellness." He recommended a curriculum stressing responsible health behaviors through an internal locus of control. Since then, health educators have expanded this "wellness" curriculum to an even broader wholistic approach which has become the basis for many contemporary school programs [8].

In the 1970's health education saw a surge of public interest due to the rise in teenage drug abuse and sexual activity. Governor Rockefeller commissioned a steering committee to study social problems, health, and hospital costs. The study was followed by President Nixon's appointment of the President's Committee on Health Education. Several national offices--such as the Bureau of Health Education, which is now The Center for Health Promotion and Education, and the Office of Health Information and Health Promotion--were created as a result of recommendations of the commissions [4].

Health education is commonly viewed as a process which aids people in making decisions about matters of physical, spiritual, social, and emotional well-being. For years school health teachers have worked to exert a positive influence on student health. They have tried to change behaviors, influence values, provide information, aid health-related decision-making, analyze lifestyles, and promote wellness. Yet a prevalent concern of parents and school officials is the question of whose values the students should learn. One author [18] described health education as being deeply embedded in the Protestant work ethic which integrates a value judgment about behavior. "Normal behavior" tends to reflect commitments to middle class values of individualism and the work ethic. Within this framework, health education provides moral guidelines by pointing out "good" and "bad" behaviors in eating patterns, exercise status, abuse patterns, and daily decision-making.

How are school health educators in the 1980's responding to the ever expanding need for school health programs? What type of health education is being provided for students in Montana secondary schools? How extensive is the use of audio-visual materials and textbooks in the health education classrooms? What topics are included in the course outlines? These are some of the questions to be addressed in this report.

II. REVIEW OF THE LITERATURE

Health education is an area of school curriculum which is definitely "at risk." Several reasons for this situation have been listed by Joseph Governali:

- 1) School district resentment toward health education because in many places programs have been 'imposed' on unwilling districts through state mandates
- 2) A lack of an organized base of community support for school health education programs
- 3) The 'last-in-first-out' rule which says that programs most recently incorporated into the school are the first to be cut during difficult financial times
- 4) The 'new kid on the block' syndrome which pits comprehensive school health education (seen as the 'new kid') against the established, traditional programs, at a time when financial support for education is dwindling and everyone is trying to protect personal turf. [10].

Part of the explanation is embedded in "back to basics" trends in public education. The impetus for this movement comes not only from people interested in educational goals, but also from those whose major concern is school budget and financing. Budget committees are eager to believe in the "basics only" philosophy because it eases the burden of cutting curricula to save money. Health education is not viewed as basic to education in the "back to basics" movement and therefore is treated as

a fringe without high priority. Consequently, health education in the future will be determined to a large degree by what happens to society in the next several years and by the role of education in that society.

If one reviews the history of education it is apparent that education does not determine the way of society, but merely responds to society's demands [15]. In many states in the 1960's and 1970's, schools implemented health education programs in an attempt to curb the growth of drug abuse and the epidemic state of venereal disease. Now, when the economy is cramping pocketbooks, school boards respond by cutting the very same programs they strove to develop earlier. How far will the cutbacks go before society demands more for her money again? School health programs can be expected to flow with the tide unless health educators can find a way to convince parents, administrators, and school boards that health is basic to education.

One such argument for health can be found in the following:

If we are to look upon education as building whole people so that they can function in a democratic society, we must reexamine what is fundamental. I suppose if we were to ask almost anyone what the fundamentals are, he would cite the three R's . . . this in keeping with the notion that the school is a place for book learning, that the rest of the organism does not and should not grow in school but should do it somewhere else.

. . . we obviously need a new definition of what is fundamental. It seems to me that anything is fundamental without which the organism cannot thrive Just being alive means very little when compared to becoming a thriving, adequate human being.

With this definition we can see that the so-called three R's are not fundamental. This has to be granted because we know so many people who have thrived without one or all of them.

. . . The most urgent needs of our youth go so much deeper. (10).

Another problem found in health education programs is the lack of developed organizational structure due to the absence of an agreed-upon, sound philosophy of health education by health educators (9). According to Eberst (8), the lack of an agreed-upon philosophy for health education and the inadequate funding of programs have been major reasons for the limited success of formal health education.

The teacher education system must also accept responsibility for some of the problems in school health education programs. "Historically, school administrators seeking personnel for health instruction and school health services chose physical educators for the tasks--the assumption being that the goal of physical education was the 'total' health of the individual. Usually, the physical educator was inadequately prepared in health education and possessed little, if any, interest in the discipline. This has led to a low regard for health education programs, a lack of consistency nationally in health

education program development and limited effectiveness." (3).

The curriculum content, teaching materials, philosophy, and the methodology used in physical education or coaching is often markedly different than that of health education (3). This is very detrimental because little can be done to improve the status of health programs until health teachers view their discipline as a true, identifiable profession rather than a small obligatory part of their job description. Perhaps one of the most important steps to be taken by health educators is to develop and maintain credibility as a profession (17).

The practice of health education needs to be comprehensive rather than a concentration of one or two "hot topic" areas, as seems to be the problem in many schools. To be more effective, health educators must give attention to all of the dimensions of health, even though their main objective may be directed toward one aspect such as nutrition. Teachers must be aware that by working on one area of health, other areas are influenced and must also be covered (8).

According to Cobb (3), health education programs for teachers should become separate and distinct departments in schools of education. By doing this, he feels that one would see an increase in professional pride, more diversified opportunities to expand curricular offerings, and

more opportunities to advance as a distinct professional discipline. In Montana universities and colleges, one cannot earn a major teaching degree in health education without the combination of health and physical education. Montana State University and Northern Montana College, however, offer health teaching minors without combination with physical education. [21][22][23][24][25].

A definite need for sound health education principles, concepts, and procedures exists so educators can justify their programs. The following are nine recommendations for teacher use:

- 1) Develop an understandable, defensible personal operating philosophy of health education
- 2) Be familiar with the "back to basics" trend and be able to defend the role of health education as a basic
- 3) Work to broaden the definition of "the basics"
- 4) Generate support from parents and students for health education
- 5) Establish community support through various health care facilities and community leaders
- 6) Be professionally active in order to enhance personal growth
- 7) Be politically aware in order to understand current trends in education and to have an input into legislation
- 8) Be a health advocate for students
- 9) Be visible through involvement with health related issues and movements [10]!

The Health Council of California found that most

often teachers are required to develop their own classroom materials for health [6]. Most circulated curriculum materials are guidelines, frameworks, or approaches to the development of curricula rather than curricula in themselves. The school district could aid teachers by helping to develop curriculum appropriate for the students and the community.

Health education is viewed as a multidimensional concept. Sometimes three dimensions are listed: physical, mental, and social [26]. Other times mention is made of five dimensions: physical, mental, emotional, social, and spiritual [8]. In another proposed model [8], a sixth dimension is suggested: the vocational dimension which encompasses both the social (community) and personal health components. Eberst explains, "What is needed is a model of health that blends the complex dimensions currently related to health, is easily understood by children, is flexible enough to adapt to future research findings and theories and describes the smaller parts of each dimension so as to provide clearer criteria for evaluation." [8].

The following are recommendations proposed for the progression of school education programs:

- 1) Provide a comprehensive K-12 program
- 2) Require specific coursework in health for all pre-service and in-service elementary teachers
- 3) Require that all secondary level health instruction be provided by a certified health specialist

- 4) Have a statewide comprehensive study program and related resource materials for classroom use
- 5) Inform school administrators concerning the discipline of health programs
- 6) Increase support for health instruction from state education agencies and institutions of higher education
- 7) Involve parents in planning and evaluating health programs
- 8) Utilize community resources in health courses [16].

Many of these same recommendations have been proposed by the State School Health Education Task Force of the Education Commission of the States [9]. This commission, however, added more emphasis on the inclusion of federal and state funding encouragement to help develop school health programs.

A critical influence in the status of health education is the state codes of education. State laws about school health programs are usually inadequate and rarely enforced. Montana is one of forty-two states which has educational codes requiring health education in public school curriculum, even though the codes do not define time allotments, scope, or sequence [9]. Montana's codes require one unit of health and physical education for high school graduation. The school district and/or teacher determines the amount of time to be spent on health and the course content of the class. Therefore, existing health programs in Montana lack consistency as to content

and time allotment [20]. Some programs are merely three weeks of basic instruction in first aid, sex education, or any other topic of current concern. Such an approach does not fulfill a major goal of education: to promote individual responsibility for health [6].

If educators are to relay a message of the importance of health education to their students, they need to plan their programs to move students along a continuum of improvement. The curriculum should consist of the following: "1) identify the target group; 2) define needs; 3) prioritize those needs." [5]. Only through careful planning can health educators effectuate the health education curriculum so that it will not only have an impact on students, but receive equal recognition with other academic courses offered in public schools.

III. REPORT OF THE SURVEY

The Sample:

In gathering information about the health programs taught in Montana schools, a total of seven teachers were interviewed in six AA schools. The schools were selected from eleven AA Montana schools which responded to a survey conducted by Fred Stetson, University of Montana (appendix A). Criteria used in selecting the six AA schools included: 1) that they were AA schools in western Montana, and; 2) that they had ongoing health education programs. The primary objective of the study was to use gathered program information to develop a health curriculum for use in a AA secondary school. The names and sizes of the AA schools visited were as follows: Big Sky High School, Missoula, 1100 students; C. M. Russell High School, Great Falls, 1400 students; Columbia Falls High School, Columbia Falls, 700 students; Flathead High School, Kalispell, 1500 students; Hellgate High School, Missoula, 1200 students; and Sentinel High School, Missoula, 1100 students.

Collection of the Data:

An interview form was devised and completed by the interviewer during each visitation (appendix B). The

instructors were each contacted by telephone to make appointments for interviews. With the exception of one, each location was visited by the researcher in person to see the facilities available to the instructor. Because of scheduling conflicts, one interview was conducted by telephone.

Information gathered at each interview was analyzed and compared to information given by each instructor on Mr. Stetson's survey.

Presentation of the Data:

The findings from the interviews of seven health teachers at the six AA schools are reported in table 1. Physical education/health teachers responded to the surveys as the school health instructors at four of the schools. Non-physical education teachers at C. M. Russell High School, Columbia Falls High School, and Flathead High School indicated health education responsibility in their schools. At C. M. Russell High School and Flathead High School, health educators were responsible for the health classes. At Columbia Falls High School a home economics teacher and a physical educator responded as health teachers.

In all high schools, except Columbia Falls, health education classes were taught in the ninth and tenth grades only. Columbia Falls High School expanded the

health course offerings to include grades nine through twelve.

Classroom time spent in the health area ranged from 15 to 90 hours. Health classes at Big Sky High School and those taught by the physical education/health teacher at Columbia Falls High School consisted of 15 hours. Health courses at C. M. Russell High School and those taught by the home economics/health teacher at Columbia Falls High School consisted of 90 hours. The mean for the three non-physical education/health teachers was 75 hours, while the mean for the physical education/health teachers was 26 hours.

Textbooks were used by four of the teachers. The health educator at C. M. Russell High School and the physical education/health teacher at Hellgate High School used Modern Health; the home economics/health teacher at Columbia Falls High School used Alive & Well; and the physical education/health teacher at Sentinel High School used Health Today (appendix B). Health classes at Big Sky High School and Flathead High School and those taught by the physical education/health teacher at Columbia Falls High School had no health text. A discrepancy was found when this data was compared to Statson's forms, as Sentinel reported using Modern Health in health courses (appendix A).

Magazines and journals were not used in health classes in most of the schools. Only two of the seven

teachers indicated using these materials in their classes. The health teacher at C. M. Russell High School listed Health Today and Sports Medicine as resources used in the classroom. The home economics/health teacher at Columbia Falls used American Health (appendix B).

Audio-visual materials were used by four of the seven teachers who taught health. Only the physical education/health teachers at Big Sky, Columbia Falls, and Hellgate responded negatively to the use of audio-visual materials.

All teachers reported using outside resources. The list of resources varied from teacher to teacher. The physical education/health teacher at Big Sky High School used Planned Parenthood for sex education units and the fire department for CPR training. The home economics/health teacher at Columbia Falls High School listed yoga, jazzercise, dental hygiene, family planning, and school nurse as topics utilizing outside resources. Community resources for sex and sexuality were most frequently used by the teachers. Only the health teacher at C. M. Russell High School and the physical education/health teacher at Sentinel High School did not indicate the use of community resources in the area of sex education (appendix B).

The areas taught by the seven teachers are found in table 2. No specific area of health was taught by all of the teachers. Fitness/aerobics, sexuality, and VD were

taught by five of the seven teachers. No teacher indicated that he/she covered a unit on death and dying. The health teacher at C. M. Russell High School included a unit on health careers.

In general, the non-physical education/health teacher included more areas in his/her respective health classes than did the physical education/health teacher. The non-physical education teachers covered an average of 17 areas with a range from 14 to 19 different areas. The physical education teachers taught an average of 6 different areas with a range from 4 to 7.

Name of School	Grade Level	Teacher Discipline	Total # Hours	Text Used	Magazines & Journals	A.V. Used	Outside Resources
Big Sky	9-10	P.E.	15	no	no	no	yes
C. M. Russell	9-10	Health	90	yes	yes	yes	yes
Columbia Falls	10-12	Home Ec.	90	yes	yes	yes	yes
Columbia Falls	9-10	P.E.	15	no	no	no	yes
Flathead	9-10	Health	45	no	no	yes	yes
Hellgate	9-10	P.E.	30	yes	no	no	yes
Sentinel	9-10	P.E.	45	yes	no	yes	yes

TABLE 1
Course Content

TABLE 2
Health Course Content

Topics covered	Big Sky	C.M. Russell	C.F. H.Ec.	C.F. P.E.	Flat-head	Hell-gate	Senti-nel
Body systems		X					X
Grooming/Hygiene		X	X		X		
Weight control		X	X	X	X		
Nutrition		X	X	X	X		
Sleep		X	X		X		
Fitness/Aerobics		X	X	X	X		X
Recreation		X		X			
Drugs		X	X		X	X	
Emotions		X	X		X		
Stress		X	X		X		
Mental health		X	X		X		
Infectious disease		X	X				
Chronic disease		X	X				
Environment		X				X	
Marriage & Family			X		X		
Sexuality	X	X	X		X	X	
Birth control	X		X		X	X	
Pregnancy/Birth	X		X		X	X	
VD	X	X	X		X	X	
Old age			X				
Death/Dying							
Consumerism			X				
Safety	X		X	X			
First aid	X			X			X
CPR	X			X			X
Health careers		X					
Total offerings	7	17	19	7	14	6	4

IV. CONCLUSIONS

Health education varied greatly from school to school. Five of the seven instructors taught health as a part-time responsibility. In five schools, the physical educators taught health education as well as physical education. In one school the home economics teacher also taught health. Full-time health teachers were found at C. M. Russell High School and Flathead High School.

In general, the non-physical education teacher spent more time teaching health than the physical education teacher. The non-physical education teacher taught an average of twice as many health units than did the physical education teacher. Furthermore, a tendency toward the non-physical education/health teacher and physical education/health teacher dichotomy was evident in the use of audio-visual materials and textbooks.

Because of the lack of classtime, the health programs supervised by physical education/health teachers did not have a comprehensive health package. Only a few topics of interest were covered in health because physical education was the primary concern of the instructors.

The school health programs frequently lacked struc-

ture in scope and sequence. The lack of comprehensive programs occurred more frequently in those schools where health was taught by the physical education/health teacher. Apparently, in most cases, curriculum content was determined individually and health classes varied greatly within schools. Also, materials and methodology used in teaching health lacked consistency between schools.

Frequently, instructors mentioned the need to separate health education from physical education. In an analysis of the findings of this study, the researcher believes that separation of physical education and health education could possibly increase the variety of health programs and the time spent teaching health. In the interviews, the non-physical education/health teachers displayed an attitude of more enthusiasm toward their health programs than did the physical education/health teachers. The two health teachers and the home economics teacher all showed a strong interest in continuing to build and improve health education in their respective schools. These people had the programs which were most comprehensive and made use of the most audio-visual materials and outside community resources.

This report supports Cobb's theory (3) that if health education programs for teachers became separate and distinct departments in schools of education, we would possibly see an increase in professional pride and

more curriculum offerings.

In conclusion, this study examined health education programs offered in AA size Montana schools, how much time was being spent in health education of students, what units of health were being taught by the teachers, and the type of materials used in the classrooms.

Health education classes taught by non-physical education/health teachers exceeded those taught by physical education/health teachers in the number of areas covered during the school year and the use of audio-visual materials.

Health education taught by non-physical education teachers appeared to deal with health concerns of the students rather than a few selected areas of health. Also, the non-physical education teachers had attempted to upgrade health education by teaching more hours during the year, expanding the curriculum, and providing broader resources in the classroom. The findings of this study support the theory [3] which holds that if health education is to be a vital school curriculum, it must be guided by health education professionals who take pride in teaching health.

,

V. RECOMMENDATIONS

The school study was conducted to assess health education offerings in selected AA Montana schools. Due to discrepancies found between some information of the Stetson survey and the in-person visitations, the researcher feels that a more accurate account of the types of school health course offerings could be learned through personal visitations. The surveys served as a much needed starting point from which to assess health education in Montana. Additional information can be accumulated and compiled to not only categorize health education programs, but to serve as a tool for university teacher preparation programs. These programs could upgrade their curriculum and provide PIR workshops to help physical education/health teachers and non-physical education/health teachers implement comprehensive health programs in public school curricula.

Another recommendation is to conduct a follow-up survey in the next school year of the participants in this study to assess any progress made in the development of health programs.

Finally, the researcher recommends additional study to compare the attitudes of students in classes taught by

non-physical education/health teachers and physical education/health teachers.

APPENDIX A

HIGH SCHOOL HEALTH INSTRUCTION SURVEY
(Please check in the appropriate column)

1. Name of School Big Sky High School
 Address 2400 South Ave West
 Name of Person Completing information Laurie Siderius
 Phone Number 728-2401 ext 40 Student enrollment 1200
 Type of School: Grade Junior High High School (grades 9-12)
 Class of School AA A B C
 Enrollment: Under 250 250-500 500-1000 1000-2000 above 2000

2. Who is actually teaching Health? Instructor is: Male Female
 Health Education Teacher P.E. Teacher Science teacher Home Ec Teacher
 Other

3. How many years have you been teaching Health? 3. (If more than one teacher involved, Please duplicate for each instructor).
3

4. Check areas by grade level as to the major focus of your instruction:

	Grade:	7	8	9	10	11	12
1. Disease prevention							
2. Health prevention							
3. Life cycle				X			
4. Preventive Health Care							
5. Wellness & Self Help							
6. First Aid and Safety					X		
7. Decision making							
8. Other (Specify) <u> </u>							

5. Ethnic background of students (Indicate % of students in classes) 98% Caucasian 0% Black
1% Indian Spanish American 1% Other (specify) oriental

6. Please state name of text(s) and publisher being used at the various grade levels.
10th grade Standard & Advanced First Aid & Emergency Care - Amer Nat. Red Cross
9th Modern Health - Holt, Rinehart, Winston publisher

7. Please list any films or prepared audio-visual programs being used and their sources.
"From boy to man" "From Girl to Women" "Naturally ... A Girl"
Missoula Area Resource Center's - CPR Film from Red Cross
Praventa Insurance Agency - "By Nature's Rules" "Thermal Wilderness"

8. How are classes organized? Block of 3 weeks meeting 5 times per week 15 Total hours
 Other (Specify)

9. At what grade levels (7 - 12) is health taught?
 7 8 9 10 11 12

The following information is requested of those actually involved in teaching Health.

NOTE: Should you need additional space to answer the above questions, please attach another sheet with your comments

- 1 - Which health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12)
- 2 - What areas are considered, by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top ← 3 - 1 - 5, 5 being lowest)
- 4 - Level of coverage 3 - Detailed, 2 - Brief, 1 - Not covered
isn't this the same thing?
- 5 - Topic covered by: 1. Health Education; 2. Science Teacher; 3. P.E. Teacher
4. Home Economics Teacher 5. Other - Specify _____

Wellness	1	2	3	4	5	Comments
Stress		4		1		This only includes
Personality Development		1		1		the health program
Common Psychological Problems		4		1		taught to 9 th &
Mental disorders and stress		4		1		10 th graders. These
Medications		3		1		students are taught
Psychoactive drugs		4		1		by their assigned
Alcohol		2		1		P.E. teacher and
Smoking/Smokeless tobacco		2		1		take 3 weeks out
Human Sexuality	9	1		3	3	of P.E. activities
Relationships	9	1		2	3	to do a health unit.
Marriage	9	3		2	3	
Contraception	9	1		2	3	This doesn't include
Pregnancy	9	1		2	3	marriage & family
Childbirth	9	2		2	3	life which is taught
Parenting		2		1		by home ec. teachers
Nutrition		2		1		or anything taught
Fitness		1		1		in biology
Weight Management/Obesity		1		1		
Preventive Heart Disease & Cancer		4		1		
Infectious diseases		2		1		
Community Health		3		1		
Consumer Health care		3		1		
Environmental health		3		1		
Aging		3		1		
Death and dying		3		1		
Safety and accidents <i>first aid</i>	10	2		3	3	
Spiritual growth		5		1		

ADDITIONAL COMMENTS Our health program is inadequate because of the short time spent in health (3 weeks) We need a health program with a regular health teacher for at least 1 yr. required by 9th and 10th grade.

Return completed form to: Fred Stetson, Associate Professor, HPE, University of Montana
Missoula, Montana 59812

HIGH SCHOOL HEALTH INSTRUCTION SURVEY
(Please check in the appropriate column)

1. Name of School Charles M. Russell High School
 Address 228 17th Ave. N.W.
 Name of Person Completing information R. N. Frost (Health Chairman)
 Phone Number 791-2387 Student enrollment 1400
 Type of School: Grade Junior High 10-12 High School (grades 9-12)
 Class of School AA A B C
 Enrollment: Under 250 250-500 500-1000 1000-2000 above 2000

2. Who is actually teaching Health? Instructor is: Male Female
 Health Education Teacher P.E. Teacher Science teacher Home Ec Teacher
 Other _____

3. How many years have you been teaching Health? 18. (If more than one teacher involved, Please duplicate for each instructor).
+ 10 Two teachers

4. Check areas by grade level as to the major focus of your instruction:

Grade:	7	8	9	10	11	12
1. Disease prevention				✓		
2. Health prevention				✓		
3. Life cycle				✓		
4. Preventive Health Care				✓		
5. Wellness & Self Help				✓		
6. First Aid and Safety			✓			
7. Decision making				✓		
8. Other (Specify): <u>Mental Health</u>						

5. Ethnic background of students (Indicate % of students in classes) 80 Caucasian 10 Black 10 Indian Spanish American Other (specify) _____

6. Please state name of text(s) and publisher being used at the various grade levels.
Modern Health — Holt, Rinehart & Winston

7. Please list any films or prepared audio-visual programs being used and their sources.
We use films on all information covered in all Health topic areas. Physical Fitness, Alcohol, Drugs, Systems of the body, U.D., Nutrition, & Mental Health

8. How are classes organized? Block of _____ weeks meeting _____ times per week _____ Total hours
 Other (Specify) Meet every other day for two Semesters.

9. At what grade levels (7 - 12) is health taught?
Actually one full semester of Health. (56 min. classes)
 7 8 9 10 11 12

The following information is requested of those actually involved in teaching Health.

NOTE: Should you need additional space to answer the above questions, please attach another sheet with your comments

- 1 - Which Health topics are you currently covering; at what grade level? (7, 8, 9, 10, 11, 12)
- 2 - What areas are considered, by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top 3 - 1 - 5, 5 being lowest)
- 4 - Level of coverage 3 - Detailed, 2 - Brief, 1 - Not covered
- 5 - Topic covered by: 1. Health Education; 2. Science Teacher; 3. P.E. Teacher
4. Home Economics Teacher 5. Other - Specify

	1	2	3	4	5	Comments
Wellness						
Stress	✓	1		3	1	
Personality Development	✓	1		3	1	
Common Psychological Problems	✓	1		3	1	
Mental disorders and stress	✓	1		3	1	
Medications	✓	2		2	1	
Psychoactive drugs	✓	1		3	1	
Alcohol	✓	1		3	1	
Smoking/Smokeless tobacco	✓	1		3	1	
Human Sexuality	✓	2		2	1	
Relationships	✓	2		2	4	
Marriage			3	1	4	
Contraception			3	1	4	
Pregnancy			3	1	4	
Childbirth			3	1	4	
Parenting			3	1	4	
Nutrition	✓	1		3	1	
Fitness	✓	1		3	1	
Weight Management/Obesity	✓	2		3	1	
Preventive Heart Disease & Cancer	✓	1		3	1	
Infectious diseases	✓	1		3	1	
Community Health	✓	2		2	1	
Consumer Health care				2	1-4	
Environmental health	✓	3		2		
Aging			4	1		
Death and dying			4	1		
Safety and accidents			3	2	1	
Spiritual growth			4	1		

ADDITIONAL COMMENTS _____

Return completed form to: Fred Stetson, Associate Professor, HPE, University of Montana
Missoula, Montana 59812

HIGH SCHOOL HEALTH INSTRUCTION SURVEY
(Please check in the appropriate column)

1. Name of School Columbia Falls High School
 Address Cd Falls MT
 Name of Person Completing information Pamela L Jeffcock
 Phone Number _____ Student enrollment 736
 Type of School: Grade Junior High High School (grades 9-12)
 Class of School AA A B C
 Enrollment: Under 250 250-500 500-1000 1000-2000 above 2000

2. Who is actually teaching Health? Instructor is: Male Female
 Health Education Teacher P.E. Teacher Science teacher Home Ec Teacher
 Other _____

3. How many years have you been teaching Health? 15. (If more than one teacher involved, Please duplicate for each instructor).

4. Check areas by grade level as to the major focus of your instruction:

Grade:	7	8	9	10	11	12
1. Disease prevention					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Health prevention					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Life cycle				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Preventive Health Care					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Wellness & Self Help					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. First Aid and Safety			<input checked="" type="checkbox"/>			
7. Decision making				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Other (Specify) _____						

5. Ethnic background of students (Indicate % of students in classes) Caucasian Black
 Indian Spanish American Other (specify) _____

6. Please state name of text(s) and publisher being used at the various grade levels.
Eisenbery Howard Eisenbery Alive & Well

7. Please list any films or prepared audio-visual programs being used and their sources.
Many

8. How are classes organized? Block of 18 weeks meeting 5 times per week 90 Total hours
 Other (Specify) Semester

9. At what grade levels (7 - 12) is health taught?
 7 8 9 10 11 12

The following information is requested of those actually involved in teaching Health.

NOTE: Should you need additional space to answer the above questions, please attach another sheet with your comments

- 1 - Which Health topics are you currently covering; at what grade level? (7, 8, 9, 10, 11, 12)
- 2 - What areas are considered, by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top 3 - 1 - 5, 5 being lowest)
- 4 - Level of coverage 3 - Detailed, 2 - Brief, 1 - Not covered
- 5 - Topic covered by: 1. Health Education; 2. Science Teacher; 3. P.E. Teacher
4. Home Economics Teacher 5. Other - Specify _____

	1	2	3	4	5	Comments
Wellness						
Stress	11,12,3			3	1	
Personality Development	9-12,2			2	1,3	
Common Psychological Problems	5			2	1,3	
Mental disorders and stress	11,12,5			2	1	sophomores
Medications	11,12,3			2	1,3	
Psychoactive drugs	9-12,2			2	1,3	
Alcohol	9-12,1			3	1,5	
Smoking/Smokeless tobacco	9-12,2			2	1,5	
Human Sexuality	9-12,2			3	1,3	
Relationships]	9-12,2			2	1,3	
Marriage	11,12,3			2	1,3	
Contraception	9-12,2			3	1,3	
Pregnancy	9-12,3			3	1,3	
Childbirth	9-12,3			2	1,3	
Parenting	11,12,3			2	1,3	
Nutrition	9-12,1			2	1,5	
Fitness	11,12,1			3	1,5	
Weight Management/Obesity	11,12,3			2	1,3	
Preventive Heart Disease & Cancer	11,12,5			2	1	
Infectious diseases	11,12,5			2	1	
Community Health	5			1	1	
Consumer Health care	11,12,4			2	1,3	
Environmental health	11,12,5			2	1	
Aging	11,12,5			2	1	
Death and dying	11,12,5			2	1,3	
Safety and accidents	9-12,4			2	1	
Spiritual growth	11,12,5			1	0	

ADDITIONAL COMMENTS cannot understand how to complete items 2 & 3.

Return completed form to: Fred Stetson, Associate Professor, HPE, University of Montana
Missoula, Montana 59812

HIGH SCHOOL HEALTH INSTRUCTION SURVEY
(Please check in the appropriate column)

1. Name of School Fluthead High School
 Address 644 4th Ave West, Wallingford, Mt. 59901
 Name of Person Completing information Kathy Clarke
 Phone Number 406-755-7130 Student enrollment _____
 Type of School: ___ Grade ___ Junior High High School (grades 9-12)
 Class of School ___ AA ___ A ___ B ___ C
 Enrollment: ___ Under 250 ___ 250-500 ___ 500-1000 1000-2000 ___ above 2000

2. Who is actually teaching Health? Instructor is: Male Female
 Health Education Teacher P.E. Teacher ___ Science teacher ___ Home Ec Teacher
 ___ Other Female health education teacher 4 classes

3. How many years have you been teaching Health? 2 (If more than one teacher involved, Please duplicate for each instructor). Male P.E. 2 classes and 1 at secondary level for elementary and 2nd instructor

4. Check areas by grade level as to the major focus of your instruction:

	Grade: 7	8	9	10	11	12
1. Disease prevention						
2. Health prevention						
3. Life cycle						
4. Preventive Health Care				X		
5. Wellness & Self Help				X		
6. First Aid and Safety						
7. Decision making						
8. Other (Specify) <u>alcohol + sexuality education</u>				X		

5. Ethnic background of students (Indicate % of students in classes) 100 Caucasian ___ Black ___ Indian ___ Spanish American ___ Other (specify)

6. Please state name of text(s) and publisher being used at the various grade levels.
none -- we use extremely varied materials from pamphlets to commonly sold books such as Fit or Fat to materials accumulated at workshops.

7. Please list any films or prepared audio-visual programs being used and their sources.
Filmstrips from Guidance Associates, AVNA, Sunburst and films from State Film Library.

8. How are classes organized? Block of 9 weeks meeting 5 times per week 45 Total hours
 Other _____ (Specify)

9. At what grade levels (7 - 12) is health taught?
 ___ 7 ___ 8 ___ 9 10 ___ 11 ___ 12

The following information is requested of those actually involved in teaching Health.

NOTE: Should you need additional space to answer the above questions, please attach another sheet with your comments

- 1 - Which Health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12)
- 2 - What areas are considered, by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top 3 - 1 - 5, 5 being lowest)
- 4 - Level of coverage 3 - Detailed, 2 - Brief, 1 - Not covered
- 5 - Topic covered by: 1. Health Education; 2. Science Teacher; 3. P.E. Teacher
4. Home Economics Teacher 5. Other - Specify _____

	1	2	3	4	5	Comments
Wellness	✓	2	3		1	
Stress		1	3		1	
Personality Development	✓	3	2		1	
Common Psychological Problems	✓	4	2		1	
Mental disorders and stress	✓	2	2		2 1	
Medications		5	1		5	
Psychoactive drugs		5	1			
Alcohol	✓	1	3		1	
Smoking/Smokeless tobacco		4	1			
Human Sexuality	✓	1	3		1	
Relationships	✓	2	2		1+4	
Marriage	✓	3	2		1+4	
Contraception	✓	2	3		1	
Pregnancy	✓	4	2		1+4	
Childbirth	✓	5	2		1+4	
Parenting	✓	1	2		1+4	
Nutrition	✓	1	3		1+4	
Fitness	✓	2	3		1+3	
Weight Management/Obesity	✓	4	2		1+3	
Preventive Heart Disease & Cancer	✓	3	2		1	
Infectious diseases		4	1			
Community Health		5	1			
Consumer Health care		5	1			
Environmental health		3	2			
Aging		5	1			
Death and dying		3	1			
Safety and accidents		4	1			
Spiritual growth		4	1			

ADDITIONAL COMMENTS *I've often thought I could make a fortune if I took time to write a secondary health education workbook!*

K. Clarke

Return completed form to: Fred Stetson, Associate Professor, HPE, University of Montana Missoula, Montana 59812

HIGH SCHOOL HEALTH INSTRUCTION SURVEY
(Please check in the appropriate column)

1. Name of School Hellgate High School
 Address 901 So. Higgins Mt., MT.
 Name of Person Completing information Tim Miller
 Phone Number 725-2402 Student enrollment 1100
 Type of School: Grade Junior High High School (grades 9-12)
 Class of School AA A B C
 Enrollment: Under 250 250-500 500-1000 1000-2000 above 2000

2. Who is actually teaching Health? Instructor is: Male Female
 Health Education Teacher P.E. Teacher Science teacher Home Ec Teacher
 Other _____

3. How many years have you been teaching Health? _____. (If more than one teacher involved, Please duplicate for each instructor). 4 Teachers Average 10 yrs. Teaching Health

4. Check areas by grade level as to the major focus of your instruction:

	Grade:	7	8	9	10	11	12
1. Disease prevention				✓	✓		
2. Health prevention				✓			
3. Life cycle				✓			
4. Preventive Health Care					✓		
5. Wellness & Self Help							
6. First Aid and Safety					✓		
7. Decision making				✓			
8. Other (Specify) _____							

5. Ethnic background of students (Indicate % of students in classes) 92% Caucasian Black
 Indian Spanish American Other (specify) _____

6. Please state name of text(s) and publisher being used at the various grade levels.

Modern Health / Holt, Rinehart & Winston

7. Please list any films or prepared audio-visual programs being used and their sources.

We have a list of 35 A.V. Tapes from various health programs covering many health topics. These tapes are in our school.

8. How are classes organized? Block of 6 weeks meeting 5 times per week 30 Total hours
 Other _____ (Specify) _____

9. At what grade levels (7 - 12) is health taught?

7 8 9 10 11 12

The following information is requested of those actually involved in teaching Health.

NOTE: Should you need additional space to answer the above questions, please attach another sheet with your comments

- 1 - Which Health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12)
- 2 - What areas are considered, by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top 3 - 1 - 5, 5 being lowest)
- 4 - Level of coverage 3 - Detailed, 2 - Brief, 1 - Not covered
- 5 - Topic covered by: 1. Health Education; 2. Science Teacher; 3. P.E. Teacher
4. Home Economics Teacher 5. Other - Specify _____

	1	2	3	4	5	Comments
Wellness						
Stress	9	5		2	3	
Personality Development	9	3		2	3	
Common Psychological Problems				1		
Mental disorders and stress				1		
Medications				1		
Psychoactive drugs				1		
Alcohol	9/10	1		3	3	
Smoking/Smokeless tobacco	9	1		5	3	
Human Sexuality	9	2		3	3	
Relationships	9	2		3	3	
Marriage	9	5		3	3	
Contraception	9	3		3	3	
Pregnancy	9	3		3	3	
Childbirth	9	3		3	3	
Parenting	9	3		3	3	
Nutrition	9/10	2		3	3	
Fitness	9/10	2		3	3	
Weight Management/Obesity	9/10	2		3	3	
Preventive Heart Disease & Cancer	9/10	4		2	3	
Infectious diseases	9	5		3	3	
Community Health				1		
Consumer Health care	9	3		2	3	
Environmental health	9	3		3	3	
Aging				1		
Death and dying				1		
Safety and accidents	10	5		2	3	
Spiritual growth				1		

ADDITIONAL COMMENTS *Health Unit are taught under a lot of pressure. Most teachers do not want to teach health in the classroom or during periods. The health unit is not recommended in classes.*

Return completed form to: Fred Stetson, Associate Professor, HPE, University of Montana Missoula, Montana 59812

HIGH SCHOOL HEALTH INSTRUCTION SURVEY
(Please check in the appropriate column)

1. Name of School SENTINEL HS
 Address MISSOULA
 Name of Person Completing information JUG Beck
 Phone Number 778-2403 Student enrollment 1000
 Type of School: ___ Grade ___ Junior High X High School (grades 9-12)
 Class of School X AA ___ A ___ B ___ C
 Enrollment: ___ Under 250 ___ 250-500 X 500-1000 ___ 1000-2000 ___ above 2000

2. Who is actually teaching Health? Instructor is: Male X Female X
 ___ Health Education Teacher ___ P.E. Teacher ___ Science teacher ___ Home Ec Teacher
 ___ Other _____

3. How many years have you been teaching Health? 29. (If more than one teacher involved, Please duplicate for each instructor).
8-8-15

4. Check areas by grade level as to the major focus of your instruction:

	Grade: 7	8	9	10	11	12
1. Disease prevention						
2. Health prevention?						
3. Life cycle						
4. Preventive Health Care						
5. Wellness & Self Help						
6. First Aid and Safety				X		
7. Decision making <i>10th to 11th grade</i>						
8. Other (Specify) <i>HEALTH TO PREVENT DISEASE</i>			X			

5. Ethnic background of students (Indicate % of students in classes) 98 Caucasian less than 1 Black
less than 1 Indian ___ Spanish American ___ Other (specify)

6. Please state name of text(s) and publisher being used at the various grade levels.
9th GRADE HEALTH - MODERN HEALTH
10th - FIRST AID (STANDARD) - CPIC MANUAL

7. Please list any films or prepared audio-visual programs being used and their sources.
NEW PULSE OF LIFE (CPR)
PRIVATE VIDEO-TAPE ON CARDIAC SURGERY & HEART CATTS
"GATEWAYS TO THE MINDS" - HEMO THE MAGNIFICENT

8. How are classes organized? Block of 9 weeks meeting 5 times per week 45 Total hours
 Other _____ (Specify)

9. At what grade levels (7 - 12) is health taught?
 ___ 7 ___ 8 X 9 X 10 ___ 11 ___ 12
HEALTH - 9
FIRST AID - 10

The following information is requested of those actually involved in teaching Health.

NOTE: Should you need additional space to answer the above questions, please attach another sheet with your comments

- 1 - Which Health topics are you currently covering; at what grade level? (7, 8, 9, 10, 11, 12)
- 2 - What areas are considered, by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top 3 - 1 - 5, 5 being lowest)
- 4 - Level of coverage 3 - Detailed, 2 - Brief, 1 - Not covered
- 5 - Topic covered by: 1. Health Education; 2. Science Teacher; 3. P.E. Teacher
4. Home Economics Teacher 5. Other - Specify _____

	1	2	3	4	5	Comments
Wellness						
Stress	9-10			2	1	
Personality Development	9-10			2	1	
Common Psychological Problems						
Mental disorders and stress						
Medications						
Psychoactive drugs	9-10			3	1	
Alcohol	9-10			3	1	
Smoking/Smokeless tobacco	9-10			3	1	
Human Sexuality						
Relationships						
Marriage						
Contraception						
Pregnancy						
Childbirth						
Parenting						
Nutrition	9			3	1	
Fitness	9-10			2	1	
Weight Management/Obesity	9			2	1	
Preventive Heart Disease & Cancer	9-10			3	1	
Infectious diseases	9			3	1	
Community Health	9			2	1	
Consumer Health care	9			2	1	
Environmental health	9			2	1	
Aging						
Death and dying						
Safety and accidents	10			3	1	
Spiritual growth						

ADDITIONAL COMMENTS *Not all grad coats take Home EC & the science courses in which some of these areas are covered. I don't even know what all is taught. Every Fresh-Soph must take 2 quarters of Health (1 as Fresh, 1 as Soph)*

Return completed form to: Fred Stetson, Associate Professor, HPE, University of Montana Missoula, Montana 59812

HIGH SCHOOL HEALTH INSTRUCTION SURVEY
(Please check in the appropriate column)

1. Name of School Waburst High School
Address Box 710
Name of Person Completing information Thomas E. Nau
Phone Number (406) 937-2811 Student enrollment (9-12) 76
Type of School: Grade Junior High High School (grades 9-12)
Class of School AA A B C
Enrollment: Under 250 250-500 500-1000 1000-2000 above 2000
2. Who is actually teaching Health? Instructor is: Male Female
 Health Education Teacher P.E. Teacher Science teacher Home Ec Teacher
 Other _____
3. How many years have you been teaching Health? 4th. (If more than one teacher involved, Please duplicate for each instructor).
4. Check areas by grade level as to the major focus of your instruction:
- | | Grade: | 7 | 8 | 9 | 10 | 11 | 12 |
|---------------------------|--------|---|---|---|----|----|----|
| 1. Disease prevention | | | | X | X | | |
| 2. Health prevention | | | | X | X | | |
| 3. Life cycle | | | | | X | | |
| 4. Preventive Health Care | | | | X | X | | |
| 5. Wellness & Self Help | | | | X | | | |
| 6. First Aid and Safety | | | | X | | | |
| 7. Decision making | | | | | X | | |
| 8. Other (Specify) _____ | | | | | | | |
5. Ethnic background of students (Indicate % of students in classes) 99.5 Caucasian Black
.5 Indian Spanish American Other (specify) _____
6. Please state name of text(s) and publisher being used at the various grade levels.
Modern Health Holt Rinehart & Winston 9th & 10th
7. Please list any films or prepared audio-visual programs being used and their sources.

8. How are classes organized? Block of 39 weeks meeting 2 times per week 50 min. each per
Total hours
Other _____ (Specify) _____
9. At what grade levels (7 - 12) is health taught?
 7 8 9 10 11 12

The following information is requested of those actually involved in teaching Health.

NOTE: Should you need additional space to answer the above questions, please attach another sheet with your comments

- 1 - Which Health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12)
- 2 - What areas are considered, by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top 3 - 1 - 5, 5 being lowest)
- 4 - Level of coverage 3 - Detailed, 2 - Brief, 1 - Not covered
- 5 - Topic covered by: 1. ~~Health Education~~; 2. Science Teacher; 3. P.E. Teacher; 4. Home Economics Teacher 5. Other - Specify _____

Wellness

9-12

~~Stress~~

Personality Development

Common Psychological Problems

Mental disorders and stress

Medications

Psychoactive drugs

Alcohol

Smoking/Smokeless tobacco

Human Sexuality

Relationships

Marriage

Contraception

Pregnancy

Childbirth

Parenting

Nutrition

Fitness

Weight Management/Obesity

Preventive Heart Disease & Cancer

Infectious diseases

Community Health

~~Consumer Health care~~

~~Environmental health~~

~~Aging~~

~~Death and dying~~

~~Safety and accidents~~

~~Spiritual growth~~

	1	2	3	4	5	Comments
Personality Development	10	3	4	3	2	
Common Psychological Problems	10-11	3	4	3	2	
Mental disorders and stress	10-11	3	4	3	2	
Medications	9-10-11	5	3	2	3	
Psychoactive drugs	9-10-11	5	1	3	2	
Alcohol	9-10-11	5	1	3	2-3	
Smoking/Smokeless tobacco	9-10-11	5	1	3	2-3	
Human Sexuality	10-11	5	1	3	2	
Relationships	9-10-11	4	2	2	4	
Marriage	10-11	4	2	3	4	
Contraception	10-11	5	1	3	2-4	
Pregnancy	9-10-11	5	1	3	2-4	
Childbirth	9-10-11	5	1	3	2-4	
Parenting	9-10-11	5	2	3	4	
Nutrition	10-11	4	2	3	2-3-4	
Fitness	10-11	5	1	3	2-3-4	
Weight Management/Obesity	9-10-11	5	1	3	2-3-4	
Preventive Heart Disease & Cancer	10-11	4	2	3	2-3-4	
Infectious diseases	9-10-11	5	1	3	2-3-4	
Community Health	9-10	2	5	2	3-4	
Consumer Health care						
Environmental health						
Aging						
Death and dying						
Safety and accidents						
Spiritual growth						

ADDITIONAL COMMENTS

Return completed form to: Fred Stetson, Associate Professor, HPE, University of Montana
Missoula, Montana 59812

APPENDIX B

School Big Sky High School Missoula, MT.

Teacher Laurie Siderius Position F.E.

Grade level of students 9-10 Length of class time 35 hrs.

of weeks of instruction 3 Text used Modern Sex Ed. (Ref)

Table of contents of text:

Family
 Changing Years
 Relationships
 Reproduction
 Family Planning
 Sex
 Sexually Transmitted Diseases
 Health Sexuality

Course Outline: No Formal

Freshman = Sex ed.
 Sophomores = 1st Aid and CPR

A.V. materials used? Yes/ no

None

Magazines and journals used? Yes/ No

None

Outside resources available:

Planned Parenthood
 Fire Dept. -- CPR Training

School C.H. Russell H.S. Great Falls, Mt.

Teacher Doc Frost Position Health

Grade level of students 9-10 Length of class time 90 hrs.

of weeks of instruction 18 Text used Modern Health

Table of contents of text:

Appearance	Endocrine glands	Public Health
Behavior	Bones & Muscles	Consumer
Emotions	Sports & Rec.	First Aid
Mental Health	Fatigue & Sleep	Safety
Mental Mechanisms	Food	
Emotion Disorders	Tissue Maintain	
Psychotherapy	Respiration	
Alcohol	Circulation	
Drug Abuse	Infectious Disease	
Tobacco	Body Defenses	
Sense Organs	Chronic Disease	
Nervous System	Your Doctor	

Course Outline:

- | | |
|--------------------------|-----------------------|
| I. Sports & Recreation | |
| Fitness/Aerobics | Heart |
| Flexibility | Respiration |
| II. Alcohol & Drugs | Food & Nutrition |
| Values clarification | Nervous system |
| III. Systems of the Body | IV. Mental Health |
| Bones & Muscles | Behavior & Emotions |
| Skin | Psychosis |
| Teeth | V. VO |
| Sense Organs | VI. Careers in Health |

A.V. materials used? Yes no

Several A-V materials used.

Magazines and journals used? Yes No

Health Today Sports Medicine

Outside resources available:

School of Deaf & Blind
Muscular Dystrophy
Multiple Sclerosis
Dentists
Alcoholics Anonymous

School Columbia Falls High School

Teacher Pam Jeffcock Position Home Economics

Grade level of students 10-12 Length of class time 90 hrs.

of weeks of instruction 18 Text used Alive & Well

Table of contents of text:

Toward Mental Health	Sexuality
When Mental Health Breaks Down	Birth Control
You and Your Physician	Marriage
Nutrition	Pregnancy & Birth
Prevention	Mid & Old Age
Disease	Community
Infectious Diseases	Environment
Killer Diseases	
Injury & Trauma	
When Illness Strikes	
Death & Dying	
Drugs	
Tobacco	

Course Outline:

All areas above with emphasis on personal responsibility.

A.V. materials used? Yes / no

Many various topics.

Magazines and journals used? Yes / No

American Health

Outside resources available:

Yoga
Jazzercise
Dental Hygienist
Family Planning
School Nurse

School Columbia Falls N.C.

Teacher Sharon Eddy Position P.E.

Grade level of students 9-10 Length of class time 15 hrs.

of weeks of instruction 3 wk Text used none

Table of contents of text:

None used

Course Outline:

CPR, First aid, safety
 Fitness-- Heart rate
 Weight Loss (basics of nutrition)
 Recreation

A.V. materials used? Yes/ no

Magazines and journals used? Yes/ No

Outside resources available:

Contraceptives -- Nurse or Doctor
 Decision-making

School Flathead High School Kalispell, MT.

Teacher Kathy Clarke Position Health

Grade level of students 10 Length of class time 45 hrs.

of weeks of instruction 9 Text used none

Table of contents of text:

None used

Course Outline:

Wellness

Stress

Family Planning

Pregnancy & Birth

Marriage

Illness

Disease

Environment

Mental Health

Nutrition

Drugs A.V. materials used? Yes/ no

Many from AVNA

Magazines and journals used? Yes No
none

Outside resources available:

Rape Crises

Doctors

Health Services

School Bellgate High School Missoula, MT.

Teacher Jim Miller Position P.E.

Grade level of students 9-10 Length of class time 30 hrs.

of weeks of instruction 6 Text used Modern Health

Table of contents of text:

Appearance	Endocrine glands	Public Health
Behavior	Bones & Muscles	Consumer
Emotions	Sports & Rec.	First Aid
Mental Health	Fatigue & Sleep	Safety
Mental Mechanisms	Food	
Emotion Disorders	Tissue Maintain	
Psychotherapy	Respiration	
Alcohol	Circulation	
Drug Abuse	Infectious Disease	
Tobacco	Body Defenses	
Sense Organs	Chronic Disease	
Nervous System	Your Doctor	

Course Outline:

Sex, Drugs, Environment

A.V. materials used? Yes/ no
No

Magazines and journals used? Yes/ No
no

Outside resources available:

Planned Parenthood

Mavis Lorenz

Red Cross

Head injuries & neck injuries

School Sentinel High School Missoula

Teacher Mr. Beck Position P.E.

Grade level of students 9-10 Length of class time 45 hrs.

of weeks of instruction 9 Text used Health Today

Table of contents of text:

Text not used extensively -- In the process of looking for a new text.

Course Outline:

9th Grade =
Body systems emphasis on circulatory & respiration

10th Grade =
First aid
CPR

A.V. materials used? Yes no

some are used

Magazines and journals used? Yes No

no

Outside resources available:

Western Montana Clinic Films on self exams for cancer

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