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PROFESSIONAL PREPARATION OF SECONDARY HEALTH EDUCATION TEACHERS IN MISSISSIPPI

A Dissertation
presented in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in the Department of Educational Leadership
The University of Mississippi

by

Ensley Howell

February 28, 2011

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ABSTRACT

The purpose of this study was to examine the professional preparation of secondary health education teachers in Mississippi. All four-year institutions of higher learning were contacted to determine the requirements for an approved program in order to obtain a supplemental endorsement in health, to compare the similarities and differences, and to determine the extent to which the approved programs reflect the ten content areas of the Mississippi Comprehensive Health Framework. This study also examined the status of secondary school health education programs in Mississippi by utilizing selected data from the U. S. Department of Health and Human Services Centers for Disease Control and Prevention 2008 School Health Profiles Study and the 2006 School Health Policies and Programs Study (SHPPS).

The findings of this study revealed that eight of Mississippi's four-year institutions offer an approved program for a supplemental endorsement in health. For all eight of these institutions, 12 credit hours are required. Most of these institutions require a semester course in first aid or emergency health care as well as drug abuse, family living, and a methods-of-teaching health course. Only three institutions required or offered as an option a course in human sexuality or sex education. Only one institution required a course on the health benefits of physical activity and only one institution offered as an option a course in nutrition. Upon evaluation of the course content of the eight approved programs to the ten content areas of the Mississippi Comprehensive Health Framework, human growth and development was the content area least covered followed by nutrition. Although the total semester hours required by the approved programs for a health endorsement in Mississippi are well below the semester hours

required for an endorsement in other academic areas, the CDC data for Mississippi reported that 87 to 94 percent of the lead health education teachers in Mississippi are certified. According to the CDC data, Mississippi does have specified time requirements for health instruction at the high school level and does provide schools with a curriculum and instructional tools recommended by the CDC.

DEDICATION

This work is dedicated to my parents, the late Henry Mack and Vashti Applewhite. They instilled in me the desire to get an education and set an example of lifelong learning.

ACKNOWLEDGMENTS

I would like to express my sincere appreciation to Dr. Douglas Davis, Dr. Dennis Bunch, Dr. Timothy Letzring, and Dr. Jeffrey Hallam for their assistance and willingness to serve on my dissertation committee.

Dr. Denise Brown and Ms. Jimmie Nell Garrett were very generous in volunteering to serve as independent reviewers of course content and I am very grateful for their time and expertise.

I would also like to thank my husband, Lawrence C. "Chuck" Howell, Jr., our sons Ben and John, our daughter-in-law Shanda, as well as Ms. Theresa Stretch, Ms. Rosemary Windham, and Dr. Betty Anderson-Crane for the encouragement and support they have given me.

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CHAPTER ONE

INTRODUCTION

Health education is a critical component of the education experience for children, contributes to the achievement of the overall mission of schools, and should be taught by knowledgeable and competent teachers (CDC, 2008a; Lohrmann & Wooley, 1998). According to the American Medical Association, school health education will be the single most important factor in the improvement of health in the future (Carger, Conklin, & Falk-Ross, 2002). This qualitative case study examined secondary school health education in Mississippi and the preparation of secondary school health education teachers.

Today's schools are charged with broader teaching responsibilities than in the early days of public schools. One of the areas of responsibility for schools that has come to the forefront in recent years is the task of incorporating health education into the curriculum and creating a school environment that promotes the health of students. On June 30, 2004, Congress passed the Child Nutrition and WIC Reauthorization Act of 2004. This federal law mandates that every local school participating in a program authorized by the Richard B. Russell National School Lunch Act (2005) or the Child Nutrition Act of 1966 develop wellness policies to help reduce childhood obesity and diet-related chronic diseases. However, schools need knowledgeable health educators in order to develop appropriate policies that may be effectively implemented in the school setting through intervention programs, classroom instruction, and best practices.

Although schools have been a primary site for health promotion in children since the colonial days, there has been a significant increase in the attention given to school health

education in recent years (CDC, 2007a; Institute of Medicine, 1997; Lavin, 1993). The need for health education in schools is critical as evidenced by the growing trend of obesity. This trend of increased obesity and other child health issues is related to health behaviors such as poor eating habits and lack of physical activity. Increasing the health literacy of children is critical to improving health related behaviors. Health education has been a part of school programs for many years; however, only in recent years has health education been considered an academic discipline (Marx, Wooley, & Northrop, 1998).

This chapter will introduce the importance of school health education and the health education teacher. The Statement of Purpose and Significance of the Study are also included in this chapter. Five research questions that will be addressed in this qualitative case study are presented. This chapter concludes with an overview of the research methods to be used, a list of definitions of key terms, and a summary of the remaining chapters.

Statement of Purpose

School health education can have a positive effect on a student's academic achievement and lifelong health behaviors (Kann, Telljohann, & Wooley, 2007). However, compared to other educational specialty areas, school health education is relatively new (Veenker, 1985). Unfortunately, the potential impact of effective school health education may not be recognized at the school level (Kann, Telljohann, & Wooley, 2007). As a result, school health education is often not taught in all grades, not allowed sufficient instructional time to impact student behavior, and may be taught by teachers who are not adequately prepared in health education (Lohrmann & Wooley, 1998).

In 1990, the Centers for Disease Control and Prevention (CDC) (Fetro, 1998) provided recommendations for elements that should be included in a school health education program. Two of these recommendations provided credence to the importance of the professional

preparation of school staff. These recommendations are that the program should be managed and coordinated by a professional trained to implement the program, and that classroom instruction should be provided by teachers who have been trained to teach the subject (Fetro, 1998). Further, according to Collins, et al. (1995), a national survey of health education teachers found that while 80 percent of the lead health education teachers had taught or coordinated health education for five years or more, less than six percent of the teachers surveyed had majored in health education.

Given the impact health can have on the academic achievement of children, it is important to understand the current guidelines. This study will focus on current guidelines and policies which impact the preparation of health educators in Mississippi. There currently is no research on the preparation of health educators in Mississippi, and there is no research that presents an overall case study analysis of health education teacher preparation in Mississippi. In order to improve the educational process of secondary school health educators, it will be valuable to identify the strengths and weaknesses of the current preparation practices and processes. The purpose of this study is to compare the professional preparation of secondary health education teachers in Mississippi against existing state standards for the preparation of secondary teachers in other academic areas and to describe secondary school health education programs in Mississippi.

Significance of the Study

Through legislation such as the No Child Left Behind Act of 2001 (NCLB), public stakeholders hold public schools in the United States to high standards of student achievement and accountability. Public schools are expected to achieve these high standards with limited resources. With the focus on test scores, schools may lose sight of the importance of health education for which there is little required accountability (Murray, Low, Hollis, Cross, & Davis,

2007). Nonetheless, as noted by the CDC (2009a) and Lavin (1993), there has been a resurgence of interest in school health education in recent years. In addition, not only is the student's health positively related to academic achievement, but also academic achievement is a primary indicator of the health and well being of youth and adults (CDC, 2009a).

Schools are uniquely positioned to improve both the education and the health status of children. Furthermore, health education is a critical component of the overall school health program. However, the potential positive impact that student health can have on academic achievement is not always recognized (Murray, Low, Hollis, Cross, & Davis, 2007). In the area of health, much has been done at the national level to establish standards and develop curriculum for school children. For example, the National Health Education Standards (The Joint Committee on National Health Education Standards, 2007) are the foundation for health instruction in schools. These standards outline the knowledge and skill goals for students. Most states and many school districts use these standards to align health education curriculum, instruction, and practices (Joint Committee on National Health Education Standards, 2007). In addition, the Centers for Disease Control and Prevention (CDC, 2007a) developed the Health Education Curriculum Analysis Tool (HECAT). The HECAT was designed for regional, state, and local education leaders to guide the development or review of health curricula in order to improve school health education curricula (CDC, 2007a).

Further progress has been made at the national level to improve the quality of teaching in all subjects and thereby impact student learning. The National Board for Professional Teaching Standards (NBPTS) was established in 1987 (NBPTS, n.d.). The mission of this board is to advance the profession of teaching through the creation of a voluntary system to certify teachers who meet established standards, thus creating uniform standards across the country. The NBPTS offers teachers the opportunity to obtain a certificate in 16 subject areas. One of these subject

areas is health (National Board for Professional Teaching Standards, n.d.).

In contrast to the standards established at the national level for curriculum and teachers, licensing and certification requirements vary from state to state (Duncan & Igoe, 1998). In Mississippi, the requirements for certification of health education teachers are not as well established as those requirements for teachers in other academic areas. Teachers in Mississippi become certified in health education upon completion of an approved program (Mississippi Department of Education, n.d.). However, the Mississippi Department of Education does not define what constitutes an approved program, but rather defers to the respective universities to determine if an approved program has been completed. This study will compare the current approved programs for health education teachers among Mississippi's public universities. This study will also use available survey data to examine the characteristics of school health education programs in Mississippi. Data from the Centers for Disease Control and Prevention will be analyzed to examine how school health educators describe their professional preparation.

Research Questions

This study is a qualitative case study of current school health education programs in Mississippi and the professional preparation of secondary health education teachers in Mississippi. The questions are designed to provide a thick description of the characteristics of school health education programs in Mississippi and the education and certification process of secondary health educators (Patton, 2002). To guide the inquiry, this study focused on the following questions:

1. For each of the four-year institutions of higher learning in Mississippi offering an endorsement to teach secondary health education, what constitutes an approved program in order to obtain a supplemental endorsement in health?

2. What are the similarities and differences in the requirements for completion of an approved program between the four-year institutions of higher learning in Mississippi in order to obtain a supplemental endorsement in health education?
3. At what level does the state approved licensure/endorsement program reflect the ten content areas of the Mississippi Comprehensive Health Framework?
4. How does the CDC survey data describe the professional preparation of secondary school health educators in Mississippi?
5. What characteristics of school-based health education in Mississippi are evident in the CDC survey data?

Methods

In order to answer questions one and two, the following information was collected from each four-year institution in Mississippi: (1) a list of the courses required to obtain an endorsement in health education, and (2) a syllabus for each set of required course options. It is common for programs to have options that students may take to meet each requirement. Syllabi were collected and analyzed for all available options. The colleges and universities included in this study are Alcorn State University, Delta State University, Jackson State University, Mississippi State University, Mississippi University for Women, Mississippi Valley State University, University of Mississippi, University of Southern Mississippi, Belhaven University, Blue Mountain College, Millsaps College, Mississippi College, Rust College, Tougaloo College, Tulane University-Mississippi Coast Campus, and William Carey University. To obtain the information needed from each of these institutions, the web sites for each of the Schools of Education were searched. If the information was not posted on the web site, the person responsible for overseeing endorsements in health education was identified. Once the appropriate person was identified, documents related to the course requirements for an

endorsement in health education and the course syllabi were requested. The documents obtained were evaluated using the technique commonly referred to as content analysis. According to Cottrell and McKenzie (2005), content analysis is a means of objectively and systematically evaluating documents. Yin (2003) states that documents can be a key source of evidence in case study research. Although archival data was the only source of data for this study, individual universities were not identified by name in the analysis of the content of the programs.

Question three was answered by obtaining the syllabus and textbooks for each required course. In order to complete the analysis, the content of the required courses or course options for each institution was compared to the ten content areas contained in the kindergarten through grade twelve health education curriculum used by the Mississippi Department of Education. This curriculum is referred to as the Mississippi Comprehensive Health Framework (Mississippi Office of Healthy Schools, n.d.).

In order to answer questions four and five, two sets of archived survey data were obtained from the Centers for Disease Control and Prevention. These data sets are referred to as the 2008 School Health Profiles Study and the 2006 School Health Policies and Programs Study (SHPPS). The School Health Profiles is a national survey distributed biennially to middle and high school principals and lead health education teachers. The School Health Profiles survey asks questions in the areas of school health education, physical education, school health policies, asthma management, and community involvement in school health programs. This case study focused on responses in the area of secondary health education in Mississippi. In this survey, the lead health education teachers and principals were asked questions pertaining to the school health education requirements and content, as well as the professional development and professional preparation of the health education teacher. Copies of the 2008 School Health Profiles and the 2006 School Health Policies and Programs Study questionnaires are provided in

the Appendix.

The CDC recommends a Coordinated School Health Program model that consists of eight components: health education; physical education; health services; nutrition services; health promotion for staff; counseling, psychological and social services; healthy school environment; and parent and community involvement (CDC, 2008b; Institute of Medicine, 1997; Allensworth & Kolbe, 1987). The School Health Policies and Programs Study (SHPPS) is a national survey conducted to assess school health policies and programs in the implementation of the eight components of coordinated school health recommended by the CDC. The most recent SHPPS survey was conducted in 2006. The 2006 questionnaires were distributed to states, schools, school districts, and classrooms. A number of questions address the health education component and provide information pertaining to the school health education program and the professional preparation of health education staff. Questions were asked regarding the topics taught in the health education curriculum, if the curriculum follows national standards, and if teachers are required to be certified, licensed, or endorsed. In answering questions four and five, the data from Mississippi related to implementation of the health education component at the high school level will be used.

Definition of Terms

The following terms and definitions will be used in this study to guide the reader through the discussion and information presented:

1. Accreditation Status – the annual status given to a school district by the Commission on School Accreditation and approved by the State Board of Education. The awarding of this status is based on compliance with established standards of the Mississippi Department of Education (2008).

2. Carnegie Unit – the standard for measuring high school work. It indicates the minimum amount of instruction time for a course subject. One Carnegie Unit represents 140 hours of school instructional time (Mississippi Department of Education, 2008).
3. Certification – the voluntary process through which an individual meets eligibility requirements of an organization through education, passing an examination, and/or paying a fee. Once an individual has met these requirements, he or she is considered to be certified (Merriam-Webster Online Dictionary, 2009).
4. Comprehensive School Health Education – the component of the Coordinated School Health Program that includes the development, delivery, and evaluation of planned, sequential, and age-appropriate instruction for students in grades kindergarten through twelve, based on state guidelines and the National Health Education Standards (Gold & Miner, 2002).
5. Coordinated School Health Program – the model endorsed by the Centers for Disease Control and Prevention that includes the following eight interrelated components: (comprehensive) health education; physical education; health services; nutrition services; counseling, psychological, and social services; healthy school environment; health promotion for staff; and family and community involvement (CDC, 2007a).
6. Health – a state of physical, social, and mental well being as well as the absence of disease (CDC, 2007a).
7. Health Education – planned learning experiences provided to individuals and groups to assist them in gaining knowledge and skills to make good health decisions (Gold & Miner, 2002).

8. Health Educator – a professionally prepared practitioner who uses appropriate educational strategies and methods to promote individual and community health, and to advance the health education profession (Gold & Miner, 2002).
9. Health Outcome – a measurable change in factors related to health status or quality of life (Gold & Miner, 2002).
10. Health Promotions – the process of empowering individuals to increase control over and improve their health (World Health Organization, 1998).
11. Professional Preparation – the undergraduate or graduate course of study offered from an accredited college or university to prepare individuals for competent practice in health education (Gold & Miner, 2002).
12. Subject Area – a field of study for which state curriculum guidelines or standards have been established (Mississippi Department of Education, 2008).
13. Teacher – a person who is employed by a school or school district and is required by law to obtain a teacher's license from the State Board of Education to teach in an instructional area as outlined by the state Department of Education (Mississippi Department of Education, 2008).

Delimitations

According to Wolcott (2001), it is important when conducting research to acknowledge what the research is not about by stating the delimitations. Much of the literature in the area of health education focuses on the area of public health. Public health educators encompass a broad expanse of professionals who work in a wide range of areas, such as public health agencies, hospitals, physician's offices, and many more health related agencies. This study was limited to those health educators whose scope of practice is focused on the teaching of health education in secondary schools in Mississippi. This study was designed to present a broad overview of the

preparation of secondary health educators in the state of Mississippi. The program and course content analysis combined with the analysis of existing CDC survey data are not intended to assess or evaluate the preparation processes or the quality of programs at individual universities. In addition, the type and quality of preparation of individual health educators is recognized to vary widely and this study will not focus on the preparation of a single individual or a sample of individuals.

Limitations of the Study

Further limitations of this study include the following:

1. Course descriptions and syllabi do not necessarily indicate what is actually taught in courses.
2. The quality and content of all courses vary based on the instructor.
3. Survey data are self-reported and therefore rely on the accuracy of the informant.
4. The survey data are limited by questions on the existing CDC surveys.
5. The CDC survey data are one to three years old.
6. The CDC SHPPS data is not of sufficient sample size to be statistically significant.
7. Although this was a qualitative study, interview and observation data were not collected.

The Researcher as Subject

Patton (2002) notes the credibility of qualitative research is dependent upon the experience and training of the researcher. This researcher has a Bachelor of Science degree in Dietetics and a Master of Science degree in Wellness from the University of Mississippi. She became a Registered Dietitian in 1981 after completing an accreditation program established by

the American Dietetic Association, and is a Licensed Dietitian with the state of Mississippi. The researcher has provided medical nutrition therapy in health care settings for the mentally and physically challenged populations, and for the geriatric community, and has participated in the Craft Committee and Wellness Committee for two local school districts. The National Food Service Management Institute (NFSMI) at the University of Mississippi currently employs her. NFSMI is a national resource center whose mission is to provide education and research to promote the continuous improvement of the federally-funded child nutrition programs in the United States. While at NFSMI, she was invited to participate in the *CDC Expert Panel and USDA Work Group on Managing Food Allergies in Schools* in February 2009, sponsored by the Centers for Disease Control and Prevention and the United States Department of Agriculture, for the purpose of making recommendations for serving children with food allergies in public schools throughout the nation. She has presented on topics related to child nutrition at national and state conferences, and was a reviewer for the American Dietetic Association's Position Paper, *Providing Nutrition Services for Infants, Children, Adolescents and Adults with Developmental Disabilities and Special Health Care Needs* published in 2010. In 2004, she obtained a certification in pediatric weight management through the American Dietetic Association.

Overview of Remaining Chapters

This study followed the five-chapter format outlined by Cottrell and McKenzie (2005). Chapter One provided an introduction to the topic in this research proposal, the statement of purpose, and the significance of the study. The research questions and definition of terms are also presented in this chapter.

Chapter Two is a detailed review of the literature and provides the historical background for the study, as well as more recent trends in the area of school health education, and outlines

the impact of health and health education on children. The growing concern for children's health at the national and state levels as well as the role of higher education and teachers will be discussed. The topic of teacher certification and specifically the certification of health education teachers will be introduced.

Chapter Three provides an overview of the methodology that will be used to complete this study. A case study method will be used to gain a more complete picture of the current status of school health education in Mississippi. The preparation and certification of secondary school health educators among the eight public universities and private four-year colleges in Mississippi are examined.

Chapter Four presents the results of the research. The results are organized using the five research questions presented in Chapter One. The results are presented in narrative format. Figures and course listings are included for comparison and clarification of data and documents.

Chapter Five provides conclusions based on the results and findings presented in Chapter Four. Finally, recommendations regarding the implications of this research as well as recommendations for further research are presented.

CHAPTER TWO

REVIEW OF LITERATURE

The purpose of this chapter is to provide the historical context for this study and to introduce the reader to the importance of school health education. School health education can help children gain the maximum benefit from their education and assist them in growing up to become healthy adults. School health education has been an important part of the educational system for many years and is impacted by the effectiveness of the school health teacher.

The National Association of State Boards of Education (Bogden, 2000) recognizes that good school health programs are critical to ensuring students are healthy and ready to learn. Establishing a healthy lifestyle during childhood can play an important role in long-term health and the prevention of chronic disease. School health education can impact the life-long habits that children establish (Carger, Conklin, & Falk-Ross, 2002). The majority of children are enrolled in school, and school is a logical avenue for relaying accurate health information by well-prepared professional teachers. Yet, school health is often perceived as not necessary or not as academic as other areas of study.

History of School Health Education

Schools have been involved in some type of health education since the colonial days. By the mid-nineteenth century, schools were recognized as a critical central location for providing health and social services to children. Lemuel Shattuck gained national attention for a more structured approach to school health through a report he wrote in 1850 as head of the Sanitary Commission of Massachusetts. In this report, Shattuck proposed that every child should be

taught how to preserve his health, because the attainment of wealth, longevity, and happiness all depended upon the preservation of one's own health. The report caught the attention of various medical and public health organizations that saw schools as a logical vehicle for health promotion activities for children (Institute of Medicine [IOM], 1997).

The Temperance Movement also played an important role in the promotion of school health. This movement, which began in the early 1800's and continued into the early twentieth century, had approximately 6,000 local groups operating throughout the United States during the 1800's. These local groups operated under various names such as the Woman's Christian Temperance Union and the Anti-Saloon League. The momentum for the Temperance Movement was fueled by the belief that abuse of alcohol led to crime, financial hardship of families, and health problems. Individuals such as Carry A. Nation and Susan B. Anthony worked to accomplish the goals of the movement. As a result of this movement, states were prompted to pass various laws requiring that schools instruct children regarding the harmful effects of alcohol. The largest achievement of this movement occurred when the 18th Amendment to the U. S. Constitution was passed. This amendment was later repealed with the passage of the 21st Amendment as the Temperance Movement declined. By this time, however, the movement had helped to further solidify the idea that schools and the teaching of children are important avenues in the remedy of social ills (Turner, Sellery, & Smith, 1961; Murdach, 2009).

The spread of tuberculosis in the early 1900's played a pivotal role in the promotion of school health. In 1915, the National Tuberculosis Association began recruiting school children to sell Christmas Seals. In addition to selling the Christmas Seals, the children were encouraged to incorporate a list of health rules into their daily lives. These health rules included healthy eating and hand washing. Groups such as the National Education Association endorsed the enlistment of school children to help stop the spread of tuberculosis (IOM, 1997). The influence

of various government agencies and organizations such as the Child Health Organization of America, the National Tuberculosis Association, and the National Education Association, as well as the Temperance Movement, led to the broadening of these early days of alcohol and health instruction into more of the modern school health programs we see today (Turner, Sellery, & Smith, 1961).

The World War I era also prompted significant growth in the school health movement. The examination of draftees for war brought to light the malnutrition and poor physical condition of many of our nation's youth. This prompted schools to work with philanthropic organizations to provide meals to children to counteract malnutrition and its negative impact on learning (IOM, 1997). Health promotion has been considered to be one of the purposes of public education since the Commission on the Reorganization of Secondary Schools/Education listed instruction in health as one of the seven goals of education (Collins, et al., 1995). In 1918, The National Education Association (NEA) published a report entitled, *The Cardinal Principles of Secondary Education* (IOM, 1997). This report listed the following seven major objectives for secondary education: health, command of fundamental processes, vocation, worthy home membership, citizenship, use of leisure, and ethical character. During this same era the NEA collaborated with the American Medical Association to form the Joint Committee on Health Problems, which promoted early efforts toward coordinated health in schools.

Although various local groups such as the Children's Aid Society of New York had provided school lunches for needy children to some extent since the mid 1800's, the number of these groups increased during the early 1900's. The economic depression of the 1930's led to increased unemployment. Government programs such as the Works Projects Administration, known as the W.P.A., led to the expansion of school lunches to all states by employing needy women to prepare the meals (Gunderson, n.d.).

In the early 1940's, the National Youth Administration and the W.P.A. operated the school lunch program (Gunderson, n.d.). The problem experienced during World War I with draftees not passing health examinations continued into World War II. To help remedy this problem, physical education began to be required in schools and Congress passed the National School Lunch Act in 1946 to promote better nutrition in schools and to protect the health of children (IOM, 1997; Gunderson, n.d.).

Numerous White House Conferences related to school health have been conducted from World War I to the present. These conferences have encouraged leaders from the medical, education, allied health, and public arenas to collaborate on the important role of school health in the lives of children. School health programs have continued to evolve over the years and have been an important safety net, especially for children without access to basic healthcare (IOM, 1997). From the colonial days until the present time, school health education has steadily gained recognition as an important part of the educational experience of children.

Current Trends in Health and School Health Education

Coordinated School Health Program (CSHP) is a term used to describe a multidisciplinary team approach to school health. The goal of a CSHP is to help all children achieve their full potential of well-being and academic success, and to grow up to be responsible adults who proactively safeguard their own health. As noted earlier, the 1918 NEA report, *The Cardinal Principles of Secondary Education*, helped lay the groundwork for Coordinated School Health Programs. During these early years, CSHP's were based on a three-component model. These three components were health instruction, health services, and a healthful environment. The purpose of health instruction was to increase the student's understanding of health information that would in turn be reflected in behavior choices. Health services focused on prevention and early detection of health problems. A healthful environment combined physical

safety, nutrition, and foodservice to create a positive school environment for children (IOM, 1997).

The three-component model of Coordinated School Health Programs was expanded in the 1980's to include a total of eight components. The components included in the eight-component model were: health education; physical education; health services; nutrition services; health promotion for staff; counseling, psychological, and social services; healthy school environment; and parent and community involvement (IOM, 1997; Allensworth & Kolbe, 1987). The eight-component model has been adopted and promoted by the Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health and the Mississippi Department of Education Office of Healthy Schools. This model identifies school and community professionals corresponding to each of the components to form the members of the school health team (IOM, 1997; CDC, 2008b; Mississippi Office of Healthy Schools, n.d.).

This study focused primarily on the health education component of the CSHP model and how this component is implemented in the school setting in the state of Mississippi. According to the CDC (2008b), the health education component should consist of a planned, sequential program of instruction, which is age appropriate, and taught by empowered teachers who are trained to teach health.

The implications of poor health are enormous for children. The health crisis among our nation's children is the collective responsibility of multiple stakeholders – not just our schools. Therefore, the interventions must be a collaborative effort at the national, state, and local level. Schools alone cannot solve the health problems of our nation. However, schools are central locations where children can be accessed and influenced by multiple local, state, and federal agencies. Therefore, schools play a critical role in health promotion and in addressing health problems (CDC, 2008a; Kolbe, Collins, & Cortese, 1997).

School Health Education in Mississippi

In Mississippi, the Office of Healthy Schools within the Mississippi Department of Education (MDOE) administers school health education. The MDOE Office of Healthy Schools has also adopted the eight-component CSHP model endorsed by the CDC. The philosophy of the MDOE is that health education is an integral part of schools and should be taught to children of all ages. This philosophy is based on the assumption that children can best participate in the learning process if they are healthy (MDOE, n.d.).

The curriculum used in the CSHP is the 2006 Mississippi Comprehensive Health Education Framework. This curriculum is designed for use in grades kindergarten through grade twelve to help students gain the knowledge and skills needed to maintain and improve health. Mississippi currently requires one-half Carnegie unit of Comprehensive Health in order to graduate from an accredited secondary school. The health class at the secondary level is to be taught by teachers with an endorsement in health education. In kindergarten through eighth grades, the regular classroom teachers incorporate health education into existing curriculum (MDOE, n.d.).

A health problem of increasing concern nationally is adult and adolescent obesity. Given the prevailing trends of overweight adults in the United States, it is not unexpected that pediatric obesity is also more prevalent (Hughes, Areghan, & Knight, 2005). The National Center for Health Statistics, a part of the Centers for Disease Control and Prevention, periodically conducts a national health survey known as the National Health and Nutrition Examination Survey (NHANES). According to the data gathered from the NHANES survey, the prevalence of overweight individuals increased from 11 to 19 percent for children between the ages of 6 to 11 years and from 11 to 17 percent for adolescents aged 12 to 19 years between 1988-1994 and 2003-2004 respectively (National Center for Health Statistics [NCHS], 2006).

National goals for improvement in the health status and prevention of disease of adults and children have been established by Healthy People 2010 (U.S. Department of Health and Human Services, 2000). This comprehensive plan developed by the United States Department of Health and Human Services establishes public health goals in 28 key focus areas. One of these key focus areas is Educational and Community-Based Programs that outline the importance of community programs, and the role of secondary and postsecondary schools in accomplishing the goals of Healthy People 2010. The Centers for Disease Control and Prevention, and the Health Resources and Services Administration, who co-authored this key focus area, concluded that for health education to impact adolescent lifestyle behaviors, adequate instructional time and well-prepared teachers are necessary (U. S. Department of Health and Human Services [USDHHS], 2000).

The prevalence of childhood and adolescent overweight individuals in Mississippi is even more disturbing than the national data. One study of middle school-aged children found that 54 percent were overweight or at risk for being overweight (Davy, Harrell, Stewart, & King, 2004). African-American adolescents and children of all ages who reside in the Mississippi Delta are especially at risk for being overweight and experiencing the health problems associated with being overweight (Hughes, Areghan, & Knight, 2005; Lower Mississippi Delta Nutrition Intervention Research Consortium, 2004).

The Role of Higher Education

Institutions of higher education are under increased scrutiny by the public to provide a quality education and to produce students who are prepared for their respective fields (Zumeta, 2000). Colleges and universities do not operate in a vacuum. Consequently, their policies and practices impact the organizations of which their students become a part (Goodchild, Lovell, Hines, & Gill, 1997). Society invests significant resources in higher education. In turn, higher

education has tremendous responsibility and is uniquely positioned to improve the well being of the communities it serves. Colleges and universities prepare teachers who educate children, and education is positively related to personal health (Davies, 2001). Teacher preparation programs for health education teachers have the potential to have a positive impact on the health of children.

The American Public Health Association first established educational requirements for the preparation of school health educators in 1938. Through the years, health education in schools has gained increased public attention. Today, many teacher colleges and schools of education offer majors and minors in health education (Turner, et al., 1961). However, professional preparation programs have not had consistent quality standards for school health education teachers (Cortese & Middleton, 1994). This inconsistency of standards has led to the lack of professional identity for school health education teachers (Veenker, 1985). Most health education teachers did not major in health education (Institute of Medicine [IOM], 1997). Certification and licensure requirements for school health educators vary from state to state. Considering the potential impact health education can have on the long-term health of children, it is critical that health educators receive quality and appropriate education.

According to Collins (1995), a survey of secondary health education teachers found that 80 percent of the lead health education teachers had taught or coordinated health education for five or more years. However, less than five percent had majored in health education in college. Thirty-seven percent majored in a non-health-related field, while another 27 percent majored in physical education.

There is currently a shortage of qualified health educators. Nationally, only one in four schools, even at the high school level, employ a certified health educator. Physical education or science education teachers who are not certified in health education teach most health education

classes (Collins 1995). Given the growing need for qualified health educators in schools, professional preparation programs for teachers should place more emphasis on the courses they offer to assist students in preparing for a career in school health education. The academic standards at the national level have evolved significantly in the area of health education. There are nationally recommended standards for the health education of children as well as for the preparation of school health education teachers. However, the national standards for the curriculum to educate kindergarten through twelfth-grade children are more widely accepted than the nationally recommended standards for teachers. The professional preparation of health education teachers should be aligned with the educational standards for students. According to a report submitted to the U. S. Department of Education as required by Title II of the Higher Education Act of 1998, twenty-seven states have not matched standards for teachers to the academic standards for children. As the roles and responsibilities of schools continue to change and evolve, so must the role of higher education in preparing future teachers in the field of health education.

In Mississippi, the requirements for a traditional Class A educator's license begin with a Bachelor's degree or higher in teacher education from an approved program. In addition to the completion of an approved program, the candidate is required to successfully complete the Praxis II, Principles of Learning and Teaching Test, and the Praxis II Specialty Area Test. Supplemental endorsements may be added to this license by passing the Praxis II Specialty Area Test and/or by completion of 21 hours of courses in the subject area to be taught (MDOE, 2008).

In order to teach health education, teachers in Mississippi must hold a Class A Teacher's License and obtain a supplemental endorsement by completion of an approved program. Once a supplemental endorsement has been obtained in health education, the teacher is considered certified (MDOE, 2008). The process by which the supplemental endorsement in health is

obtained is not readily available on the Mississippi Department of Education or the schools of education at the individual institutions of higher learning web sites. Therefore, it is difficult to understand the process. One of the aims of this research study is to learn more about what constitutes an approved program in health education in Mississippi. Currently, the Mississippi Department of Education defers to the respective institution to determine what constitutes an approved program in health education.

Teacher Quality, Student Health, and Academic Achievement

Research (Barton & Coley, 2009) supports the relationship between student learning and teacher quality. Since the passage of NCLB in 2002, it has become even more generally accepted that teacher quality is related to academic achievement and that teachers need to be trained in the subject they are teaching. One of the core propositions of the National Board for Professional Teaching Standards (2002) is that exemplary teachers have rich knowledge of the subjects they teach and how to convey this knowledge to the students. A report by the Office of Instructional Programs and Services with the Mississippi Department of Education stated, "The most important determiner of student success is whether or not a child is being taught by a competent teacher who is grounded in the subject knowledge he or she teaches" (MDE, 2005, p. 9). In addition to a quality teacher, the health of the child also impacts learning.

The health of children is a complex issue of concern to educators, government officials, families, and the children themselves (Marx, Wooley, & Northrop, 1998). The health problems facing children today are different from the problems in past decades. Vaccines and various medications have prevented many of the infectious diseases that devastated the lives of children in the past. Today, the health problems impacting the current and future lives of our nation's children are largely linked to lifestyle behaviors (Centers for Disease Control and Prevention, 2001).

There is a growing body of knowledge that health contributes to cognitive ability and academic achievement in children (Marx, Wooley, & Northrop, 1998; Allensworth & Kolbe, 1987; Murray, Low, Hollis, Cross, & Davis, 2007). Schools, more than any other societal group, are positioned to impact the health of children (Allensworth & Kolbe, 1987). As stated earlier, school health education will be an important factor in the improvement of health in the future (Carger, Conklin, & Falk-Ross, 2002).

Both national health and education organizations agree that health improves educational outcomes and that schools have a critical role to play in society in the area of student health and learning. School officials report a coordinated school health program also results in improved attendance and healthier behavior choices, as evidenced by lower rates of smoking and teenage pregnancy, and improvements in physical activity and eating habits (American Cancer Society, n.d.). Other researchers (Black, 2004) have reported a significant relationship between test scores and nonacademic factors such as nutrition, exercise, and low incidence of tobacco, alcohol, and drug use. Overall, school health programs help schools meet their mission and goals (Marx, et al, 1998).

Summary

Over the past few years, public education has been under pressure to increase academic achievement. Test scores on standardized tests typically measure acceptable academic achievement. The pressure to improve test scores can lead to an increased emphasis on tested subjects and a decreased emphasis on subjects not tested, such as health education. Much effort has been made to improve academic performance at the federal, state, and local levels. Since health, academic success, and risk behaviors are interdependent in children, it is important that health education not be overlooked when striving for successful academic outcomes (Murray, et al., 2007).

A review of the health education literature reveals an impressive amount of information related to health education standards at the national and state levels for school curricula and school children. However, the standards for health education teachers are not as consistent, nor as clearly defined as those for the students.

For the protection of the public interest and to ensure the quality of professional work, state agencies frequently set standards for certification and licensing which impact professional preparation and employment of professionals. Colleges and universities often design programs to enable students to meet these professional standards. In Mississippi, the standards for health education teachers are not as straightforward as for teachers in other areas. Unless these professional standards are in place, it is unlikely that colleges and universities will invest their limited resources to develop curriculum or mandate coursework not required for professional employment. The result can be practicing professionals who may not have had the opportunity to complete sufficient coursework in the subject area they will be teaching. Part of the focus of this descriptive case study was to describe the standards for the preparation of secondary health education teachers in Mississippi, and to compare these standards to the preparation of teachers in other academic areas.

CHAPTER THREE

METHODOLOGY

Rationale

The health and education of children are interrelated and schools have the potential to impact both. Standards are well established at the national and state levels for the health education curriculum used for teaching health to children. The American Association for Health Education and the National Council for Accreditation of Teacher Education (National Council for Accreditation of Teacher Education [NCATE], 2001) have established program standards for the preparation of health education teachers. However, there are no statewide standards for the preparation of health education teachers in Mississippi, and the process for obtaining a supplemental endorsement to teach health education is not general knowledge. In addition, no research has been conducted in order to gain knowledge of the status of school health education and the preparation of secondary health education teachers in Mississippi. The core or central phenomenon of this case study focused on the preparation of health educators and evidence of how that preparation is being realized in the provision of health education in schools. This qualitative case study was designed to gain in-depth knowledge regarding the characteristics of school health education programs and the preparation of health education teachers who teach at the secondary level in the state of Mississippi. According to Cottrell and McKenzie (2005), the case study design can be useful for gaining in-depth knowledge of poorly understood or complex issues.

Data Organization and Analysis

The impact of health on the academic achievement in children has been well established,

and there are national standards based on subject area content available for the health curriculum used in schools for children. Mississippi also has standards established for the health curriculum used in schools for children. However, there is little research available regarding standards for the preparation of school health education teachers in Mississippi. The current process for teaching health in secondary schools in Mississippi is as follows: (1) the teacher must first obtain a traditional, Class A teacher educator's license which requires a Bachelor's degree or higher in teacher education from an approved program, then, (2) a supplemental endorsement is obtained by the completion of an approved program. One of the aims of this research study is to learn more about what constitutes an approved program in health education. A qualitative case study method was chosen for this research study. According to Yin (2003) and Stake (1995), the case study can be a valuable means of gleaning data that might not be obtained through quantitative research alone. This descriptive case study was designed to increase knowledge of the school health education program in Mississippi and how secondary health education teachers are prepared in Mississippi's institutions of higher learning.

As listed previously, the questions this research attempted to answer are as follows:

1. For each of the four-year institutions of higher learning in Mississippi offering an endorsement to teach secondary health education, what constitutes an approved program in order to obtain a supplemental endorsement in health?
2. What are the similarities and differences in the requirements for completion of an approved program between the four-year institutions of higher learning in Mississippi in order to obtain a supplemental endorsement in health education?
3. At what level does the state approved licensure/endorsement programs reflect the ten content areas of the Mississippi Comprehensive Health Framework?

4. How does the CDC survey data describe the professional preparation of secondary school health educators in Mississippi?
5. What characteristics of the school-based health education in Mississippi are evident in the CDC survey data?

Question one asked for each of the institutions of higher learning in Mississippi, what constitutes an approved program in order to obtain a supplemental endorsement in health. The institutions of higher learning in Mississippi included in this qualitative case study were Alcorn State University, Delta State University, Jackson State University, Mississippi State University, Mississippi University for Women, Mississippi Valley State University, University of Mississippi, University of Southern Mississippi, Belhaven University, Blue Mountain College, Millsaps College, Mississippi College, Rust College, Tougaloo College, Tulane University-Mississippi Coast Campus, and William Carey University. In order to answer question one, the web sites for each of the Schools of Education were searched for documents stating the course requirements for obtaining an endorsement to teach secondary health education. If the information was not posted on the web site, the person responsible for overseeing endorsements in health education was identified. Once the appropriate person was identified, documents related to the course requirements for an endorsement in health education were requested.

Question two asked what are the similarities and differences in the requirements for completion of an approved program between the institutions of higher learning in Mississippi in order to obtain a supplemental endorsement in health education. In order to compare the similarities and differences, a syllabus was requested for each of the courses required. The syllabi along with the documents that state the course requirements for obtaining an endorsement to teach secondary health education were gathered by the researcher and coded. The syllabi and other documents were analyzed and used to compare the similarities and differences as well as emerging

themes. In order to increase validity and reliability, Harris, et al. (2009) suggest using more than one person to examine the documents and analyze the data. In this case study, three investigators independently evaluated the data. Results were then compared to look for consistency. The documents obtained were evaluated using the technique commonly referred to as content analysis. According to Cottrell and McKenzie (2005), content analysis is a means of objectively and systematically evaluating documents. Yin (2003) states that documents can be a key source of evidence in case study research. The results of this analysis by the researcher and the two independent investigators were reported. Individual universities are not identified by name in the analysis of the archival documents used in this case study.

Question three asked at what level the state approved licensure/endorsement programs reflect the ten content areas of the Mississippi Comprehensive Health Framework. The Mississippi Comprehensive Health Framework is the name of the curriculum used for teaching health literacy to children in Mississippi's public school's health education classes (Mississippi Office of Healthy Schools, n.d.). This age-specific curriculum is used to teach kindergarten through grade twelve students concepts needed to make knowledgeable decisions regarding a healthy lifestyle. The Mississippi Comprehensive Health Framework curriculum contains ten content areas referred to as Comprehensive Health Strands. Although the Mississippi Comprehensive Health Framework includes age-specific curricula, these ten content areas remain constant for each age group. The ten content areas contained in these curricula are community and environmental health, personal health, human growth and development, disease prevention and control, drug abuse prevention, nutrition, consumer health, mental health, safety and first aid, and family life.

A Course Assessment Rubric was completed independently by each reviewer to rate the content of each course. The course content included the syllabus and textbook. A copy of the

rubric used is provided in Appendix A. Using the ten Health Strands in the Comprehensive Mississippi Health Framework as the key performance indicators, the course content for each course was rated in one of three categories. The categories include: "Fully Covered," "Partially Covered," and "Does Not Cover." A "Fully Covered" rating was recorded as a "2." To achieve this rating, the course content must provide evidence that the Health Strand is fully included in this course. A "Partially Covered" rating was recorded as a "1." To achieve this rating, the course content provides evidence that the Health Strand is partially included in this course. A "Does Not Cover" rating was recorded as a "0." A "0" rating indicates the course content does not provide evidence of coverage of this Health Strand in the course. The data from each course was recorded on the Course Assessment Rubric.

Once all the courses for an endorsement program were rated on the Course Assessment Rubric, the data was recorded on a summary matrix in order to provide a picture of how well each program addressed the ten Comprehensive Health Strands. The purpose of this comparison was to measure the extent to which the health education content recommended for students in Mississippi is covered in the courses required for health education teachers. As stated earlier, Harris, et al. (2009) recommends the use of more than one independent reviewer in evaluating documents to strengthen the qualitative analysis. In following this recommended protocol, two other reviewers in addition to the researcher were utilized in evaluating documents for these ten content areas. One of the reviewers was a university professor with expertise in research protocols and experience as a university program reviewer. The other reviewer was a secondary school health educator.

The researcher obtained all documents needed to rate the content of each course. In order to prevent bias on the part of the independent reviewers, each institution of higher learning was coded. The researcher and the two reviewers discussed and agreed on review procedures to be

followed. The researcher and the two reviewers independently reviewed the course content for each course. The highest score for each content strand for each institution rated by the three reviewers was averaged. The summary matrix form is provided in Appendix B. The independent reviews will remain as originally scored and kept as a reference if needed. As with questions one and two, individual universities were not identified by name in this analysis.

Question four asked how the CDC survey data describes the professional preparation of secondary school health educators in Mississippi. Question five asked what characteristics of school-based health education in Mississippi are evident in the CDC survey data. In order to answer questions four and five, the Mississippi data was extracted from the U. S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC) 2008 School Health Profiles Study and the 2006 School Health Policies and Programs Study (SHPPS).

The School Health Profiles is a survey distributed to middle and high school principals and lead health education teachers throughout the United States. Both the principal questionnaire and the teacher questionnaire ask questions pertaining to grades six through twelve. The teacher questionnaire contains 23 questions and the principal questionnaire contains 50 questions. Both questionnaires contain questions pertaining to the professional preparation of health education teachers, opportunities for professional development, and school health education requirements and content. The CDC has conducted this survey biennially since 1994. The 2006 survey data, published in 2008, provided the first School Health Profiles weighted data for Mississippi. Weighted data is defined by a response rate of 70% or higher. The 2008 School Health Profiles Study data were released in 2009. The 2008 School Health Profiles Lead Health Education Teacher Questionnaire is shown in Appendix C. The 2008 School Health Profiles School Principal Questionnaire is provided in Appendix D.

The School Health Policies and Programs Study (SHPPS) is a national survey distributed

periodically by the CDC to learn about school health policies and programs. The first SHPPS survey was conducted in 1994 while the most recent survey was conducted in 2006. The next SHPPS survey is scheduled for 2012. The SHPPS provides data on the implementation of the eight components that the CDC recommends schools to include in a comprehensive health education program, which are as follows: health education, physical education and activity, health services, mental health and social services, nutrition services, health and safe school environment, faculty and staff health promotion, and family and community involvement. The SHPPS survey assessed these eight components through four questionnaires for the state, district, school, and classroom levels. For Mississippi, 2006 SHPPS data are available for the state and the district levels. For purposes of this study, only the data in the state-level summaries for the Health Education component for Mississippi was used. In contrast to the School Health Profiles data, the sample size for the SHPPS data for Mississippi is small and was not assumed to be reflective of the entire population being sampled. However, because of the extensive number of questions asked that pertain to this study, information may be gleaned to support or compare to other data.

The state and district questionnaires ask questions pertaining to the professional preparation and staff development of the health education teacher, collaboration of the health education teacher within the school and community, and school requirements for the health education program. The School Health Policies and Programs Study 2006, Health Education State Questionnaire is provided in Appendix E. The School Health Policies and Programs Study 2006 Health Education District Questionnaire is provided in Appendix F.

A comparison of the current approved programs for obtaining an endorsement in health education along with the required coursework was needed to understand the current preparation of secondary health educators in Mississippi. Comparing the ten content areas of the Mississippi Comprehensive Health Framework to the content areas in the approved endorsement programs

for secondary health educators helped to identify gaps in the current process. The CDC data for Mississippi provided additional information regarding the professional preparation and professional development of the secondary health educator and the overall status of the school health education program. By gathering information through document and data analysis, the researcher provided a detailed picture of the overall health education program in secondary schools and the preparation of secondary school health educators in Mississippi.

CHAPTER FOUR

RESULTS AND DISCUSSION

The purpose of this study was to determine what is required for an endorsement to teach secondary health education in Mississippi and to describe the status of secondary health education in Mississippi. Little research is available on this topic and no central repository with this information could be found. The Department of Education in Mississippi does not set the standards for an approved endorsement program in secondary health education, but rather defers to the individual institutions of higher learning to determine what constitutes this endorsement. It is important to note that in addition to the endorsement options discussed in this study, the Office of Healthy Schools of the Mississippi Department of Education has in recent years offered an additional method of achieving this endorsement through their Health Education Institutes. These five-day Health Education Institutes were offered in various locations throughout the state. According to the information provided by the Office of Healthy Schools Web site, these institutes offered three continuing education units and served "to provide the necessary endorsement in health education for secondary teachers" who participated (Office of Healthy Schools, n.d.). The Office of Healthy Schools reported that 82 teachers from across Mississippi were to receive an endorsement/certification in health education through these five-day workshops in 2009 alone (Office of Healthy Schools, 2009). Therefore, it is reasonable to assume that many of the currently certified health education teachers in Mississippi did not actually complete any of the approved endorsement programs reported in this research study, nor took the Praxis II specialty area test. Rather, they attended a five-day Health Education Institute

to obtain endorsement and subsequent certification in health education.

These five-day Health Education Institutes were described in a document entitled "Office of Quality Professionals – Summary of State Board of Education Items, July 24-25, 2008" (Office of Quality Professionals, 2008). This document states "In the 2007 legislative session, the Mississippi Legislature passed the MS Healthy Students Act to support the *undeniable relationship between the health of students and academic achievement* by requiring increased amounts of physical activity and health education instruction for K-12 students." (emphasis added) (Office of Quality Professionals, 2008). According to this document, "These Institutes have been developed based on requests from superintendents, principals, teachers, and other school district personnel who support quality implementation of the health education requirement; however, they feel there is a need for additional training/certification." The document further states "It is understood that there are other opportunities that exist to receive an endorsement in health education (i.e. approved program, Master's Degree Program, etc.); however, cost and accessibility to these programs sometimes limit the opportunity for many teachers to participate." This document also acknowledged that prior to the formation of these five-day Health Education Institutes, the only way to receive a health education endorsement was through an approved college program. This document also gave examples of a typical class day, which showed registration between 8:30 to 9:00 a.m., then instruction, evaluation and assessment from 9:00 a.m. to 3:15 p.m., which included two 15-minute breaks and a 45-minute lunch period. If the schedule were strictly followed, the time spent in instruction, evaluation and assessment would constitute five classroom hours per day, or 25 classroom hours for the entire five-day training (Office of Quality Professionals, 2008). A typical three-semester-hour college course that met for 50 minutes during each class period for fifteen weeks during a semester would compute to 37.5 hours of actual classroom instruction. However, most college courses expect

students to devote additional hours outside of class to preparation and study before attending the next class lecture, and most college courses administer mid-term and final examinations to test the student's proficiency of the subject material. Therefore, these five-day Health Education Institutes (25 hours), which are a once-in-a-lifetime requirement, were brought about to replace twelve college semester hours (150 hours) of subject matter training.

This study focused on five research questions. The first three questions addressed the characteristics of the state approved endorsement in health education. In order to answer these questions, all 16 four-year institutions of higher learning were contacted to determine if they offered this endorsement. It was determined that eight institutions offer this endorsement. The institutions contacted are listed below. Those institutions offering a health education endorsement are marked with an asterisk.

- Alcorn State University – Lorman, Mississippi
- *Delta State University – Cleveland, Mississippi
- *Jackson State University – Jackson, Mississippi
- *Mississippi State University – Starkville, Mississippi
- *Mississippi University for Women – Columbus, Mississippi
- Mississippi Valley State University – Itta Bena, Mississippi
- *University of Mississippi – Oxford, Mississippi
- *University of Southern Mississippi – Hattiesburg, Mississippi
- Belhaven University – Jackson, Mississippi
- Blue Mountain College – Blue Mountain, Mississippi
- Millsaps College – Jackson, Mississippi
- *Mississippi College – Clinton, Mississippi
- Rust College – Holly Springs, Mississippi

- Tougaloo College – Tougaloo, Mississippi
- Tulane University (Mississippi Gulf Coast Branch) - Biloxi, Mississippi
- *William Carey University – Hattiesburg, Mississippi

In the discussion to follow, the individual universities offering this endorsement are identified by number rather than by name. The remaining two research questions sought to describe the characteristics of school-based health education and the professional preparation of secondary school health educators in Mississippi. In answering these two questions archival data were used from the Centers for Disease Control and Prevention. This chapter is organized by results and discussion for each research question.

Research Question One

Research question one asks for each of the four-year institutions of higher learning in Mississippi offering an endorsement to teach secondary health education what constitutes an approved program in order to obtain a supplemental endorsement in health.

Among the 16 four-year institutions contacted, eight offer an endorsement in health education. For all eight of the institutions in Mississippi that offer an endorsement in secondary health education, 12 credit hours are required. This requirement is well below the 21-hour course requirement for supplemental endorsements in most other subject areas in Mississippi. The approved endorsement programs at each of the eight institutions offering an endorsement in health education are listed below.

University One: (12 hours total)

- HSE 460 Drug Use and Abuse (3 hours)
- HSE 244 First Aid and CPR (3 hours)
- HSE 439 Principles, Methods, and Materials of Teaching Elementary and Secondary Health (3 hours)
- FCS 325 Marriage, Family, and Sex Education (3 hours)

University Two: (12 hours total)

- HS 399 Human Sexuality (3 hours) - or
- HE 404 Family Living Education (3 hours)
- HE 311 First Aid, Prevention, Treatment, and Rehabilitation of Athletic Injuries (3 hours)
- HE 498 Drug Education (3 hours)
- HE 333 Methods and Materials (3 hours) - or
- HE 401 Consumer Health and Safety (3 hours)

University Three: (12 hours total)

- KI 2213 Emergency Health Care (3 hours)
- PE 4883 School Health Education (3 hours)
- PSY 4223 Drug Use and Abuse (3 hours)
- SO 1203 Marriage and Family (3 hours)

University Four: (12 hours total)

- HK 307 Emergency Health Care (3 hours)
- HK 380 Methods of Teaching Health (3 hours)
- SOC 305 Marriage and Family (3 hours)
- FS 470 Health, Drugs, and Chemical Dependence (3 hours)

University Five: (12 hours total)

- HP191 Personal and Community Health (3 hours) - or
- HP 391 Trends and Current Topics in Health/Sports Nutrition (3 hours)
- HP 203 Red Cross Responding to Emergencies
- FCS 325 Marriage and Family Relationship (3 hours)
- COUN 595 Addictions (3 hours)

University Six: (12 hours total)

- CHS 408 Health Education Methods (3 hours)
- CHS 415 School Health Program (3 hours)
- CHS 430 Human Sexuality (3 hours)
- CHS 422 Drugs and the Whole Person (3 hours)

University Seven: (12 hours total)

- KIN/PED 107 First Aid (3 hours)
- KIN 303 Methods of Teaching Health Education (3 hours)
- KIN 312 Family Life (3 hours)
- KIN 427 Health Education Workshop (3 hours)

University Eight: (12 hours total)

- PED 339 Methods of Teaching Health and Physical Education in the Secondary School (3 hours)
- HEA 230 First Aid (3 hours)
- HEA 300 Health and Exercise for a New Lifestyle (3 hours)
- HEA 323 Consumer Health (3 hours)

The 12-hour course requirement for a health endorsement in Mississippi is also less than the typical requirements for a health endorsement in other states. For comparison purposes the

following states were randomly chosen which had information concerning health education endorsement requirements available on the respective state Web sites:

- Illinois requires 24 credit hours in addition to passing a content-area test or 32 credit hours without a test (Illinois State Board of Education, n.d.).
- Idaho requires 20 semester credit hours and a minimum score of 630 on the Praxis II examination (Idaho State Department of Education, n.d.).
- Colorado requires 24 semester hours of college coursework and/or documented work experience (which may count for up to 6 semester hours of credit) and a passing score on the Health Education Place exam (Colorado Department of Education, n.d.).
- Louisiana offers an endorsement in health by achieving either a passing score on the Praxis II exam in health or by completing 30 semester hours in the area of health (Louisiana Department of Education, 2010).
- Florida grants a certification in health by completing a bachelors or higher degree with a major in health or with a bachelors or higher degree with thirty semester hours in health (Florida Department of Education, 2000).

In all of the comparison states noted, an endorsement in health education requires completion of a state-specified number of health courses and/or completion of a subject-area test. The State of Mississippi provides for a supplemental endorsement in health education either by completion of the Praxis II specialty area test or by the completion of an approved program. The requirements for the approved program are determined not by the Department of Education, but by the institution of higher learning offering the approved endorsement program. The requirements for each institution of higher learning are not provided on the State of Mississippi Department of Education Web site. However, as determined by this research, eight institutions

in Mississippi offer an approved endorsement program and each requires a total of 12 semester hours.

Research Question Two

Research question two asks what are the similarities and differences in the requirements for completion of an approved program between the four-year institutions of higher learning in Mississippi in order to obtain a supplemental endorsement in health education.

The most obvious similarity that was observed regarding the requirements for an endorsement in health education was the required number of credit hours. Each of the eight institutions studied requires a total of 12 credit hours in order to obtain a health education endorsement. Other similarities involve common individual course requirements. One such commonality was a course requirement in first aid or emergency health care. Seven of the eight institutions required a three-hour course in this area. Other similarities in course requirements include a required course in drug abuse, marriage and family living, and a methods-of-teaching health course. A three-hour course in drug use, abuse, and addictions was required at six of the eight institutions. Marriage and family living was either a required course or an optional course at six of the eight institutions. Six of the eight institutions either required or offered as an option a three-hour course in methods-of-teaching health.

Differences in course requirements or options were noted in several areas. Only three institutions required or offered as an option a course in human sexuality or sex education. Nonetheless, there is evidence that this is a health issue in Mississippi. According to the CDC National Youth Risk Behavior Survey (YRBS) 2009 data, high school students in Mississippi report significantly more high-risk sexual behaviors than the national average for the same year. Only three institutions required or offered as an option a course in community or personal health, even though community and environmental health as well as personal health are two of the ten

content areas in the Mississippi Health Framework on which the student health curriculum is based.

Key differences among the eight institutions were also noted in the following two areas: physical activity and nutrition. Only one institution required a dedicated course teaching the health benefits of physical activity. There was also only one institution that offered a dedicated course in nutrition. The institution that offered the course in nutrition did so as an option or choice in obtaining the required 12 hours. In other words, all students would not have to choose this option. In addition, this course in nutrition is being offered in the Fall 2010 semester as a sports nutrition course at the discretion of the instructor in place of the normally required course, Trends and Current Topics in Health. Therefore, this one course in nutrition is not always a requirement even at this one institution. These are surprising and significant findings, considering the substantial emphasis placed on physical activity and nutrition by numerous government and public health organizations in promoting and improving the health of children. Both physical inactivity and poor dietary behaviors are health risk factors surveyed in the CDC YRBS. The 2009 YRBS results for high schools found that the incidence of physical inactivity, poor nutrition, and obesity in Mississippi were all higher than the national averages (CDC, n.d.). Physical activity and nutrition are also two key goal areas for improvement required by the 2006 school year in the 2004 federal Child Nutrition and WIC Reauthorization Act for all schools participating in the National School Lunch Program (Child Nutrition and WIC Reauthorization Act, 2004).

Research Question Three

Research question three asks, at what level do the state approved licensure/endorsement programs reflect the ten content areas of the Mississippi Comprehensive Health Framework?

The health education curriculum used in teaching health to grade kindergarten through

grade twelve is the 2006 Mississippi Comprehensive Health Framework. The purpose of this curriculum is to help students gain health-related knowledge needed to maintain and improve their health, reduce disease and health-related risk behaviors, and enhance their academic potential. This grade-specific and sequential curriculum is based upon ten content areas referred to as comprehensive health strands. These content areas help to ensure consistency in teaching this curriculum. The ten content areas include: community and environmental health; personal health; human growth and development; disease prevention and control; drug abuse prevention; nutrition; consumer health; mental health; safety and first aid; and family life. The Mississippi Comprehensive Health Framework provides competencies for each of the ten content areas (Office of Healthy Schools, n.d.).

This study compared the content provided by the required courses for a health education endorsement at the post-secondary level with the ten content areas contained in the Mississippi Comprehensive Health Framework used at the secondary level in Mississippi. In order to make this comparison, the syllabi and corresponding textbooks were obtained for each of the required courses. If specific chapters were not assigned in the syllabus, then the content reviewers assumed that the entire textbook was covered, which may or may not be accurate. The researcher and the two other reviewers independently evaluated each required course according to the ten content areas. A score was assigned according to how extensively each content area was covered as follows: a score of 0 indicated the content was not covered; a score of 1 indicated the content was partially covered; and a score of 2 indicated that the content was fully covered. The scores for the required courses for each institution were combined in order to determine how well the ten content areas were covered if a student took all courses required for an endorsement.

In order to assess the extent to which the ten content areas were covered, the highest

score for each of the three reviewers for each content area was averaged and then entered into a Microsoft Excel spreadsheet and graphed. As noted earlier, eight institutions of higher learning in Mississippi offer an endorsement in secondary health education. All eight institutions require a total of 12 credit hours for this endorsement. Six institutions have a standard set of four mandatory courses that are required. These institutions were coded as University 1, University 3, University 4, University 6, University 7, and University 8. Two institutions offer a choice of courses to the student resulting in more than one set of possible course combinations. For these two institutions, each possible course combination was evaluated. These institutions were coded as University 2 and University 5. Graphs illustrating the coverage of the ten content areas contained in the 2006 Mississippi Comprehensive Health Framework for these eight institutions are depicted in the figures below.

University 1 required four three-hour courses. These courses included: Drug Use and Abuse; First Aid and CPR; Principles, Methods, and Materials of Teaching Elementary and Secondary Education; and Marriage, Family, and Sex Education. As shown in Figure 1, nutrition and mental health were the content areas with the lowest scores. Drug abuse prevention, safety and first aid, and family life were the content areas best covered through the required course work.

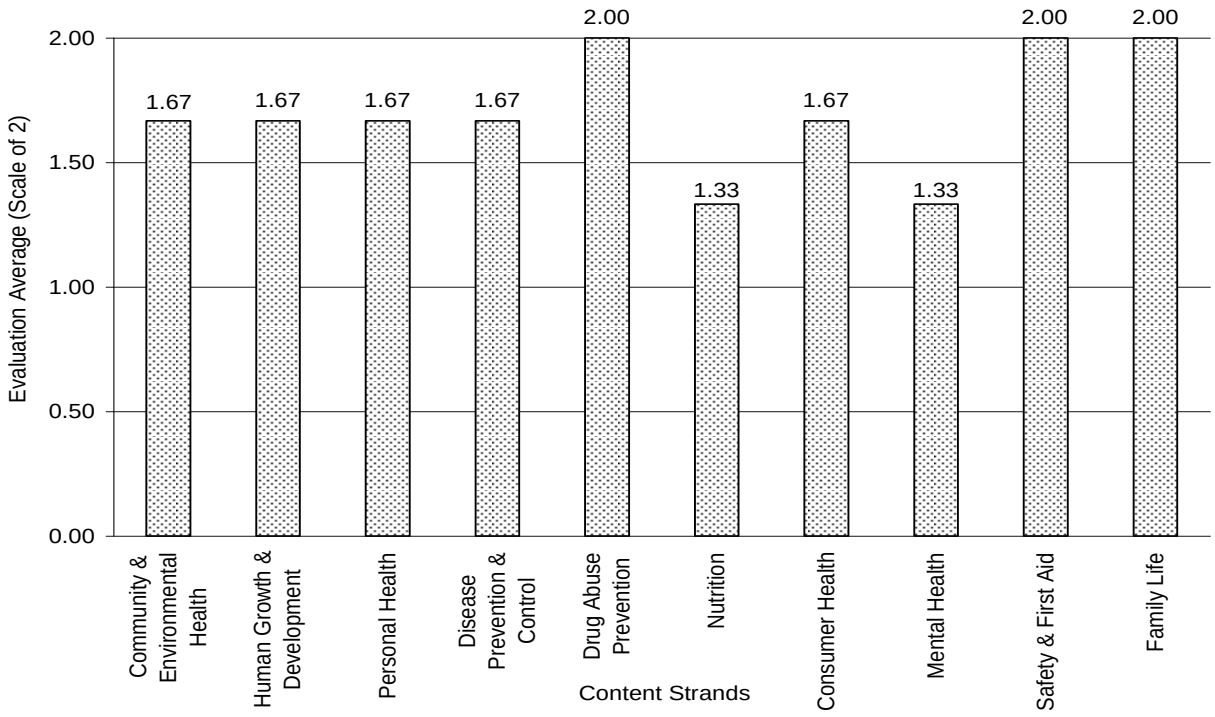

Figure 1: Evaluation of University 1.
Content Strands in the Mississippi Health Framework at the University Level.

University 2 had two mandatory courses for an endorsement in health education, but allowed choices between the remaining two three-hour courses. First Aid and Drug Education were required, but students could choose between Human Sexuality and Family Living Education, and between Methods and Materials, or Consumer Health and Safety. The course choices for University 2 resulted in four possible options. The reviewers' scores for all four possible options were entered into a spreadsheet and graphed and are shown in Figures 2 through 5 below. As shown below, coverage of the ten content areas was not the same for all options.

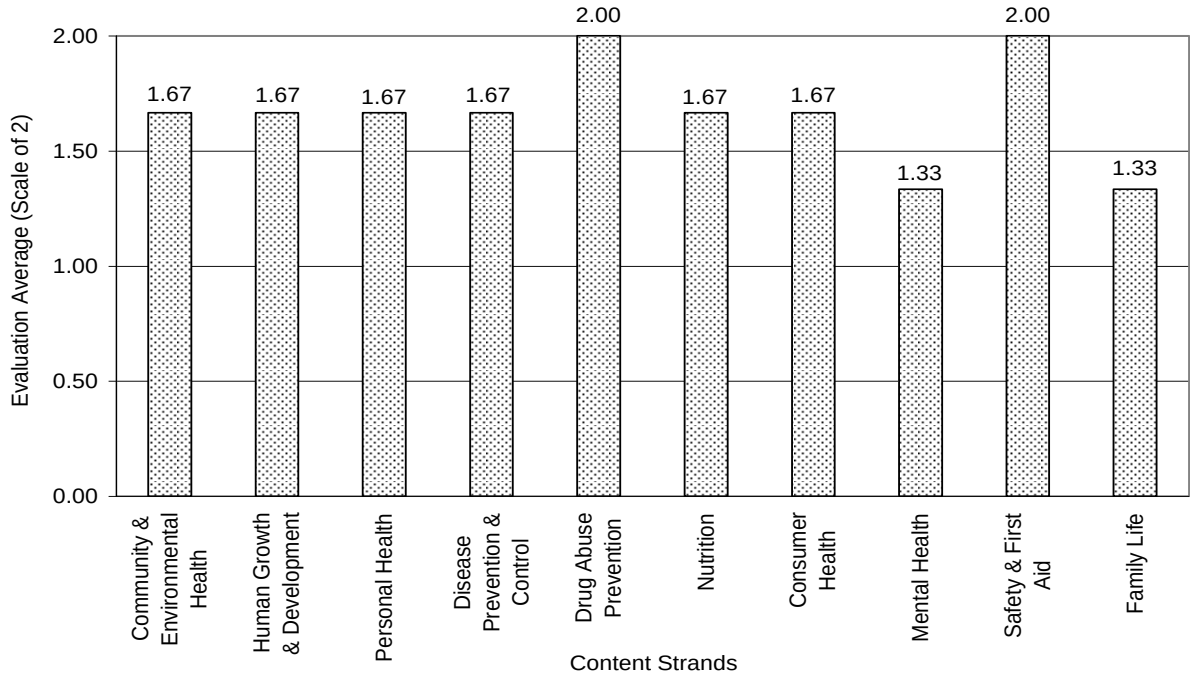

Figure 2: Evaluation of University 2 – Option 1.
Content Strands in the Mississippi Health Framework at the University Level.

Option 1 resulted in mental health and family life as the two lowest scoring areas. The following two areas, drug abuse prevention and safety and first aid, were both fully covered in this option.

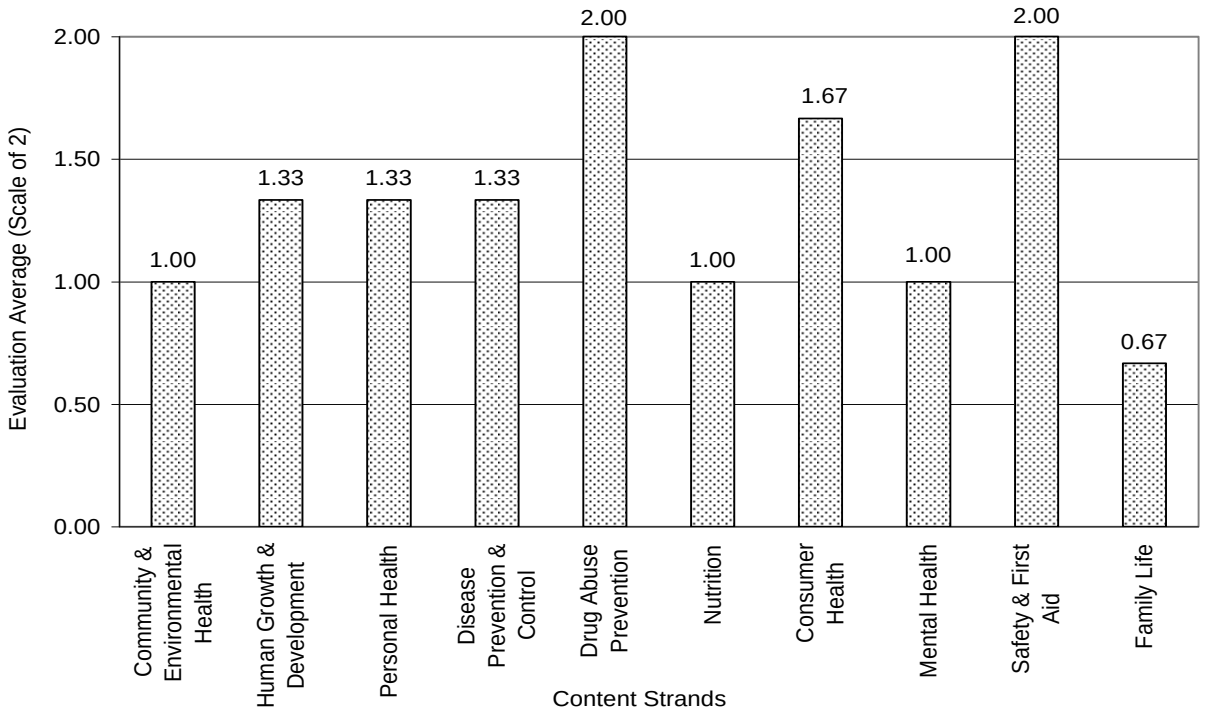

Figure 3: Evaluation of University 2 – Option 2.
Content Strands in the Mississippi Health Framework at the University Level.

For option 2, the two lowest scoring areas were human growth and development and mental health. Three areas were fully covered in this option. These areas were as follows: drug abuse and prevention; safety and first aid; and family life.

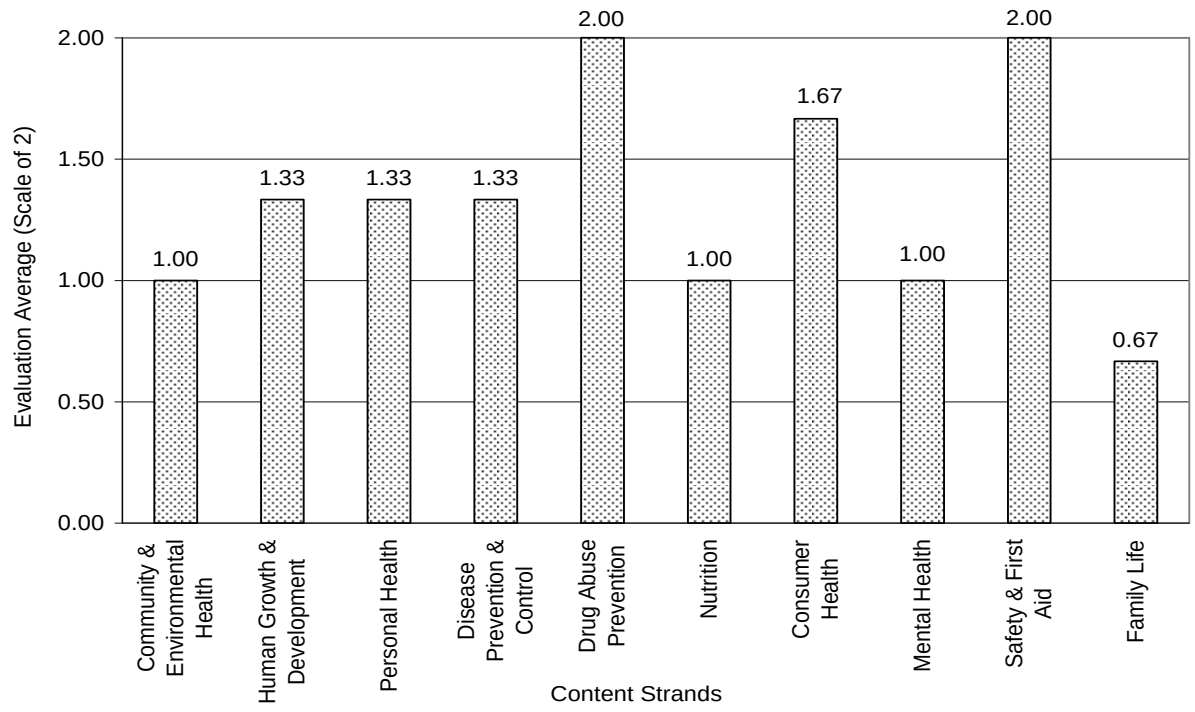

Figure 4: Evaluation of University 2 – Option 3.
Content Strands in the Mississippi Health Framework at the University Level.

For option 3, family life was the least covered content area. The following three areas scored equally at second place in the least covered areas: community and environmental health; nutrition; and mental health. For this option, drug abuse prevention and safety and first aid were the two areas best covered.

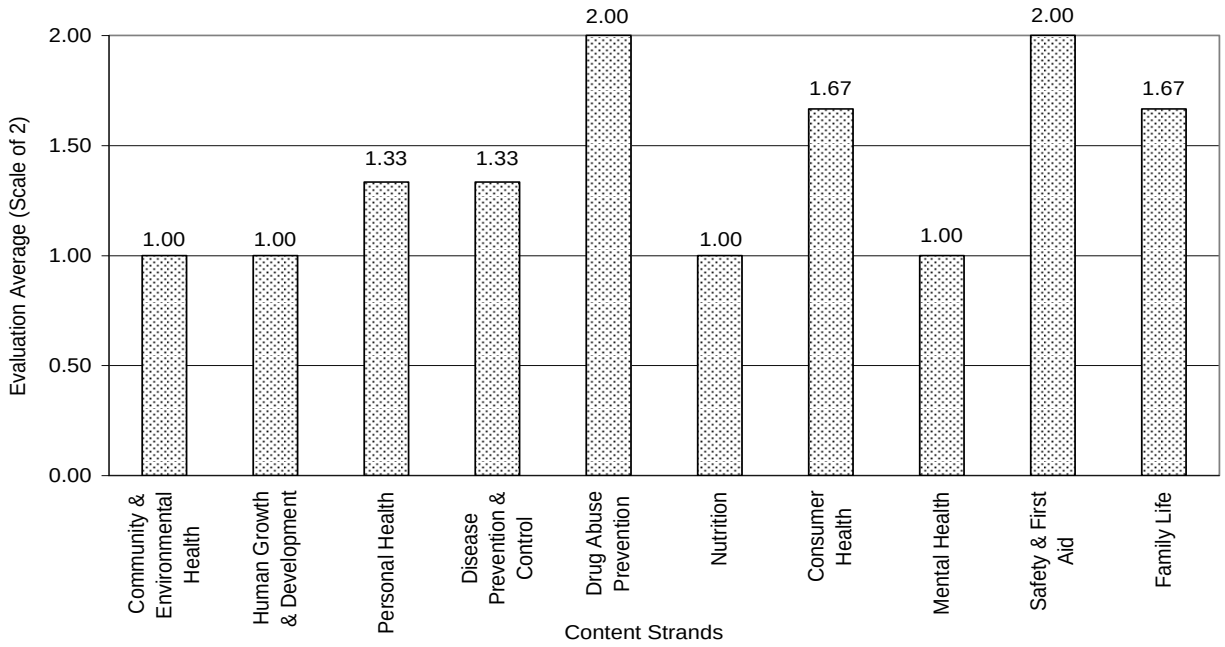

Figure 5: Evaluation of University 2 – Option 4.
Content Strands in the Mississippi Health Framework at the University Level.

For option 4 of University 2, there were four areas that scored equally for least covered areas. These areas were community and environmental health, human growth and development, nutrition, and mental health. The two areas best covered in this option were drug abuse prevention and safety and first aid.

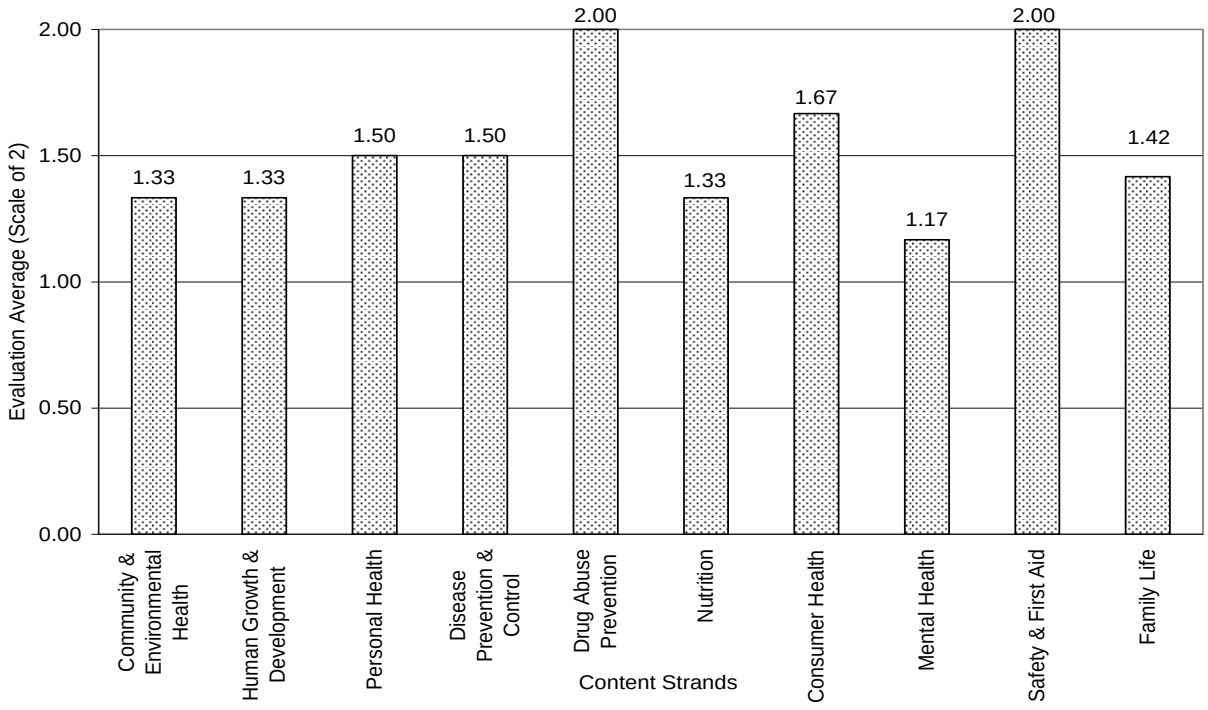

Figure 6: University 2 - Average of All Four Options.
Content Strands in the Mississippi Health Framework at the University Level.

An average of all four options for University 2 is shown in Figure 6. Overall, mental health is the least covered content area, followed by community and environmental health, human growth and development, and nutrition. Overall, drug abuse and prevention and safety and first aid were the two content areas that were best covered.

University 3 required four three-hour courses. These courses were Emergency Health Care, School Health Education, Drug Use and Abuse, and Marriage and Family. The coverage of the ten content areas is shown in Figure 7. For this university, mental health and human growth and development received equal scores for the two lowest-scoring areas. Disease prevention and control, safety and first aid, and family life were the three areas best covered at University 3.

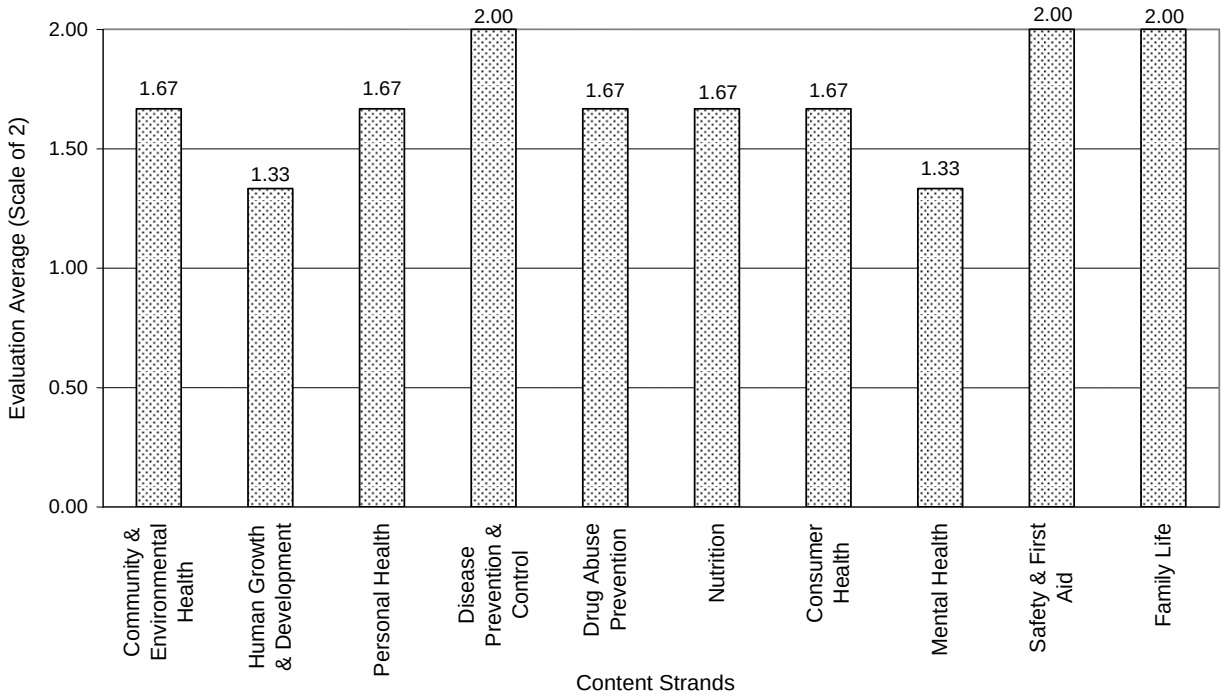

Figure 7: Evaluation of University 3.
Content Strands in the Mississippi Health Framework at the University Level.

University 4 required the following four three-hour courses: Emergency Health Care; Methods of Teaching Health; Marriage and Family; and Health, Drugs, and Chemical Dependencies. Three areas at this university tied for the least covered areas. These three areas were: community and environmental health; human growth and development; and disease prevention and control. The areas best covered were personal health, drug abuse and prevention, safety and first aid, and family life. The evaluation for University 4 is shown in Figure 8 below.

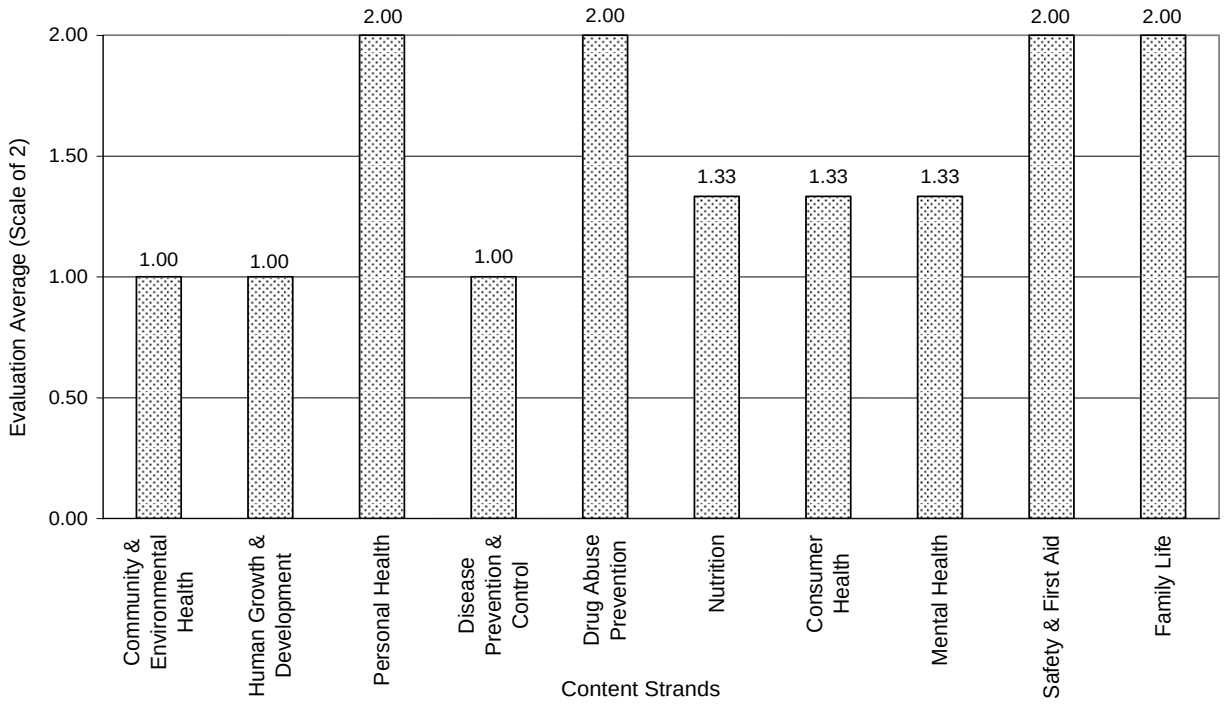

Figure 8: Evaluation of University 4.
Content Strands in the Mississippi Health Framework at the University Level.

At University 5, three courses required for the health education endorsement are mandatory. These three courses are as follows: Red Cross – Responding to Emergencies; Marriage and Family Relationship; and Addictions. For the remaining course, the student can choose between Personal and Community Health, and Trends and Current Topics. These course choices resulted in two possible track options. For the fall 2010 semester, Sports Nutrition was taught in place of the Trends and Current Topics course. It is important to note that the sports nutrition textbook used for one of the course choices was unique this semester since the textbook for this course varies with the instructor. For University 5, mental health was the lowest scoring content area in both options. The content areas best covered in option 1 were drug abuse and prevention, safety and first aid, and family life. The best covered content areas for option 2 were the same as for option 1 with the addition of the nutrition content area. Good coverage of nutrition for University 5 – option 2 resulted from the offering of the sports nutrition class which

was unique for the fall 2010 semester. The two options for University 5 are depicted in Figures 9 and 10 below.

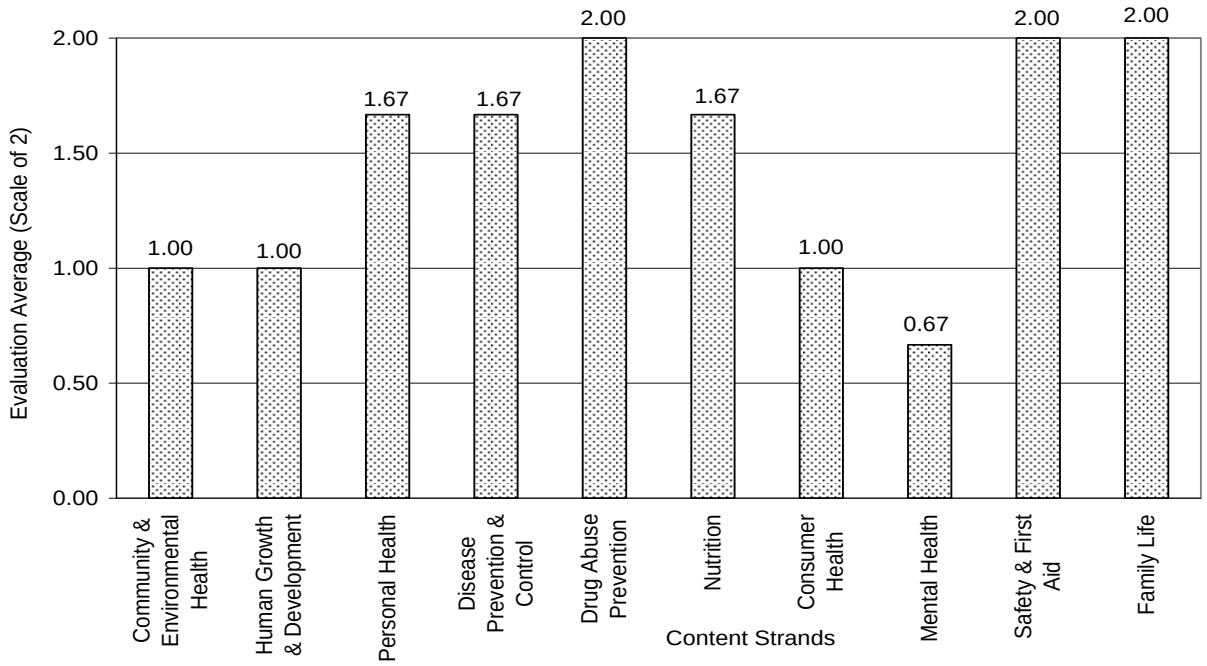

Figure 9: Evaluation of University 5 – Option 1.
Content Strands in the Mississippi Health Framework at the University Level.

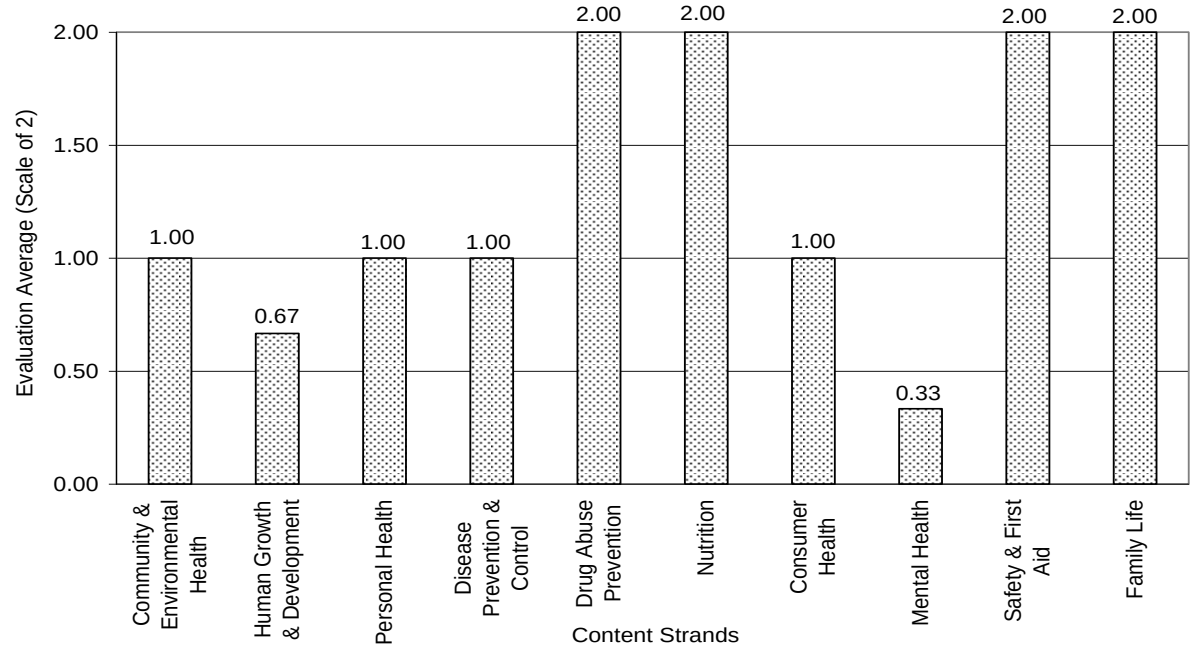

Figure 10: Evaluation of University 5 – Option 2.
Content Strands in the Mississippi Health Framework at the University Level.

An average of both options for University 5 is shown in Figure 11. When both options are averaged, mental health is the lowest scoring content area followed by human growth and development. An average of both options results in best coverage of the following three areas: drug abuse and prevention; safety and first aid; and family life.

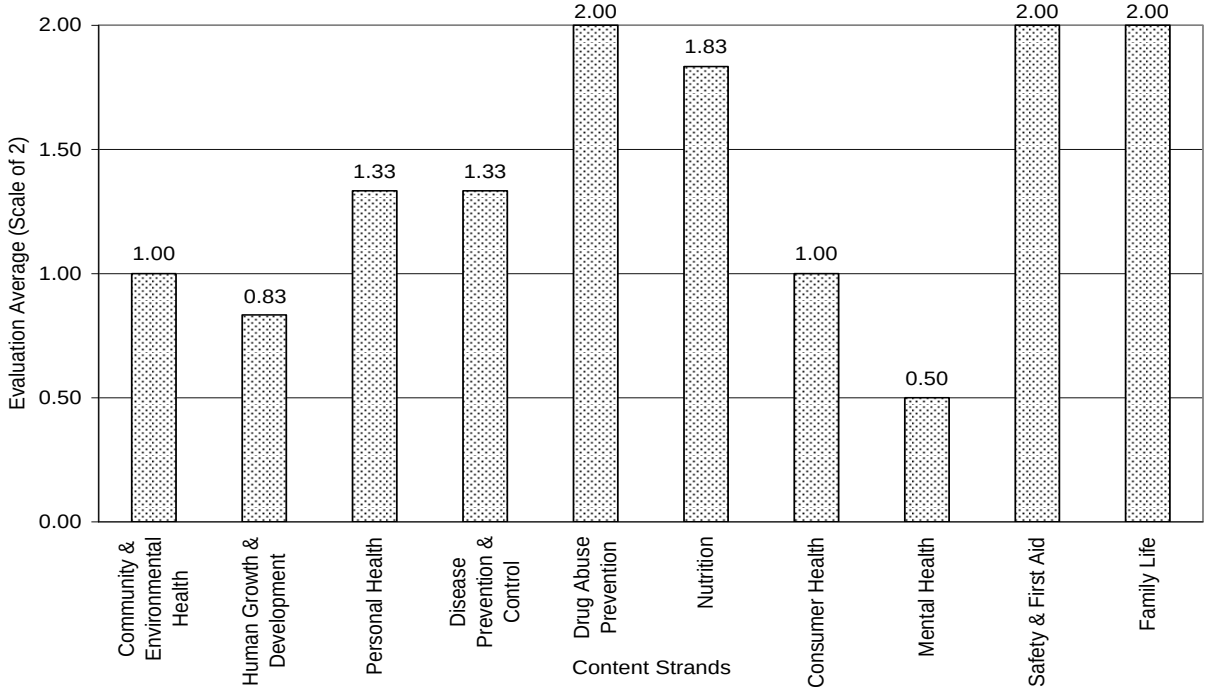

Figure 11: Evaluation of University 5 – Average of Both Options.
Content Strands in the Mississippi Health Framework at the University Level. .

University 6 required the following four three-hour courses: Health Education Methods; School Health Programs; Human Sexuality; and Drugs and the Whole Person. For this university, there were five content areas which received equal lowest scores. These were personal health, consumer health, mental health, safety and first aid, and family life. The content area which scored best at this university was drug abuse and prevention. University 6 was unique in that all four of the required courses were at the 400 level. The content area scores for University 6 are shown in Figure 12.

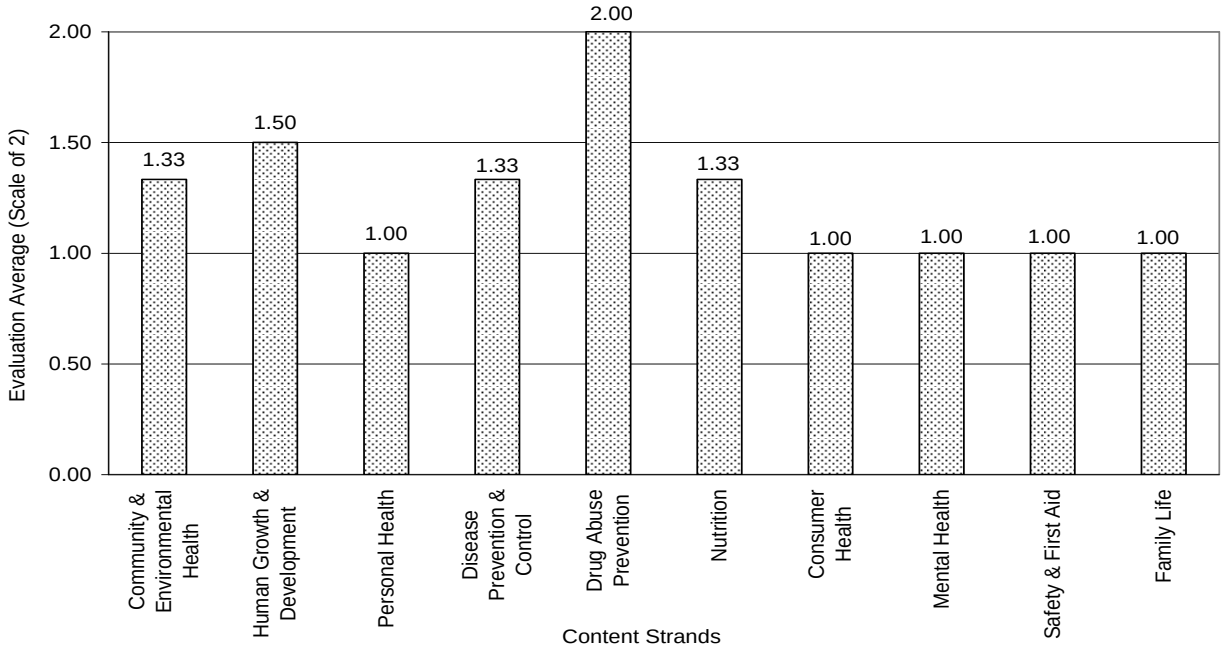

Figure 12: Evaluation of University 6.
Content Strands in the Mississippi Health Framework at the University Level.

In order to obtain an endorsement in health education, University 7 required the following four three-hour courses: First Aid and CPR; Methods of Teaching Health Education; Family Life; and Health Education Workshop. For this university the content areas with the lowest scores were human growth and development, drug abuse and prevention, and mental health. The two content areas best covered at University 7 were community and environmental health, and safety and first aid. Content area scores for University 7 are shown in Figure 13 below.

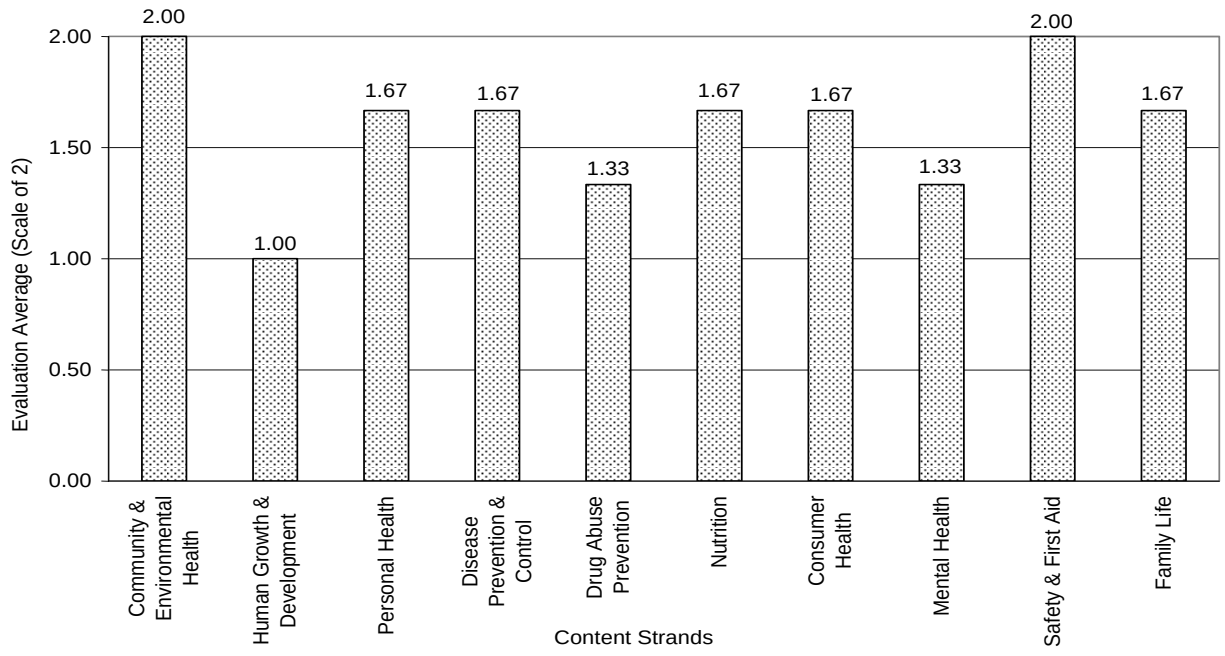

Figure 13: Evaluation of University 7.
Content Strands in the Mississippi Health Framework at the University Level.

University 8 requires four three-hour courses for the health education endorsement. These courses are: Methods of Teaching Health and Physical Education in the Secondary School; First Aid; Health and Exercise for a New Lifestyle; and Consumer Health. For this university, human growth and development and family life were the two lowest scoring content areas. The two content areas best covered at University 8 were personal health and safety and first aid. Also noteworthy was the observation that two of the courses required for University 8 used textbooks published in the 1980's, although more current textbooks are available. The content area scores for University 8 are shown in Figure 14 below.

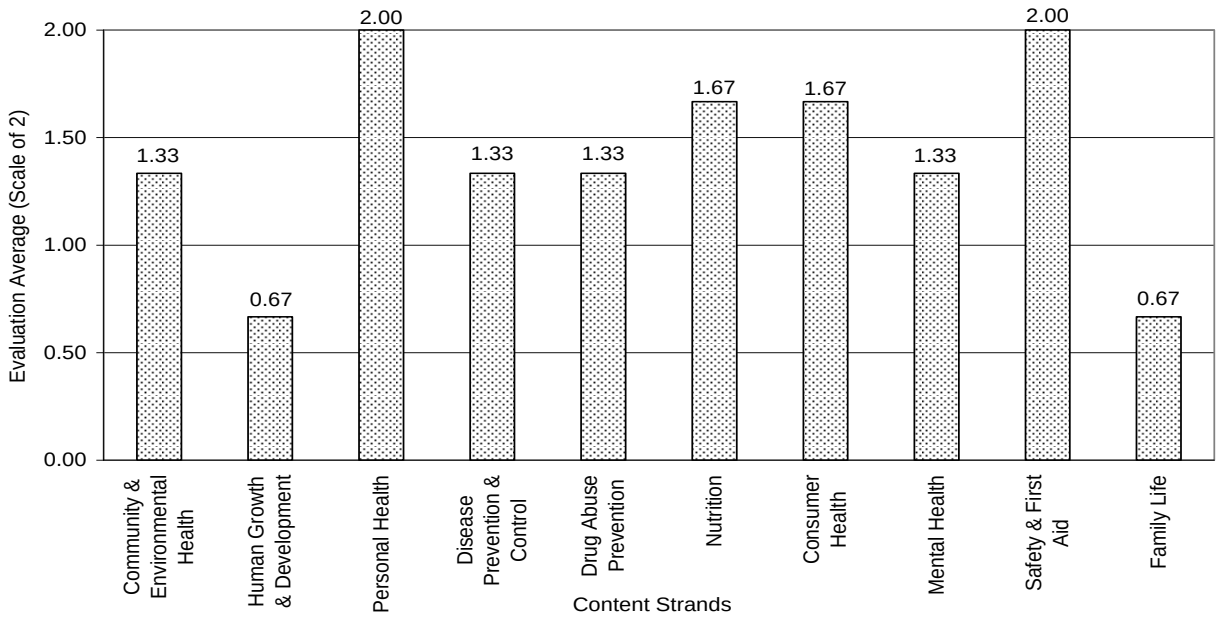

Figure 14: Evaluation of University 8.
Content Strands in the Mississippi Health Framework at the University Level.

In order to get an average for the state of Mississippi for all content areas, the scores for all eight universities offering an endorsement in health education were averaged. These averages are shown in Figure 15 below. When the scores for all universities are averaged, mental health, and human growth and development were the two lowest scoring areas overall. The highest scoring content areas overall were drug abuse and prevention, and safety and first aid. However, none of the ten content areas were fully covered in the average of the eight universities.

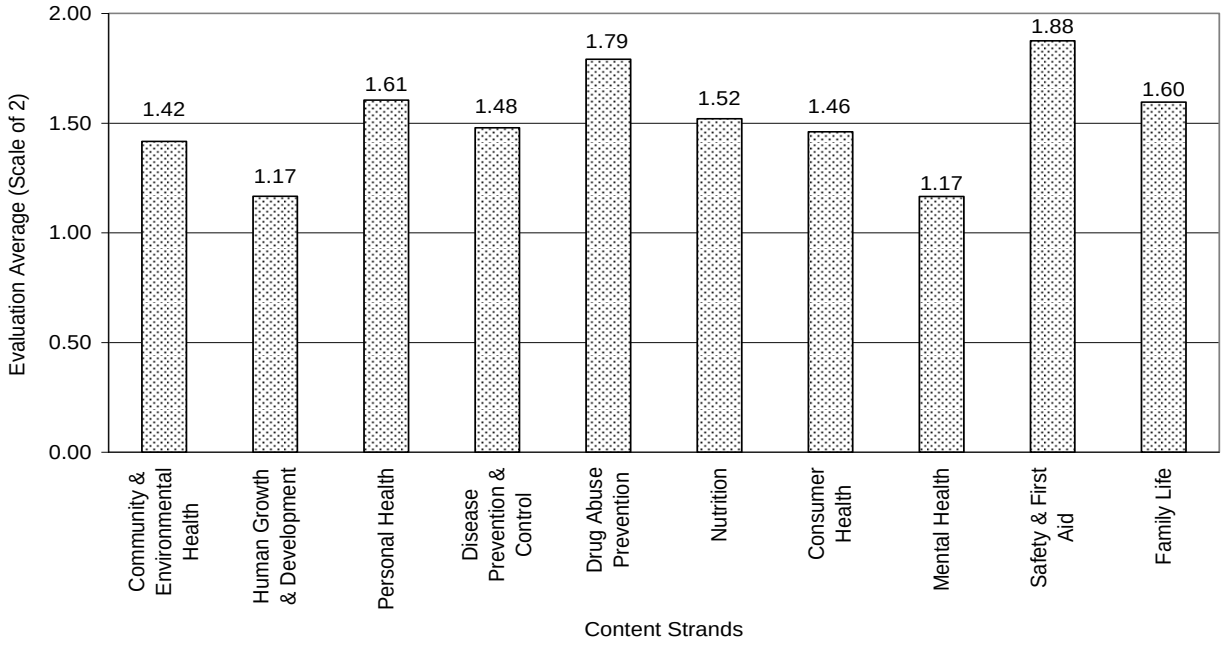

Figure 15: Average of All Universities.
Content Strands in the Mississippi Health Framework at the University Level.

In order to provide an overview of all eight universities, the average of the highest score for each reviewer for each of the ten content areas is provided in Table 1.

Table 1: *Content Strand Comparison by University*

	University								
Content Strand	***1***	***2***	***3***	***4***	***5***	***6***	***7***	***8***	***Avg.***
Community and Environmental Health	1.67	1.33	1.67	1.00	1.00	1.33	2.00	1.33	1.42
Human Growth and Development	1.67	1.33	1.33	1.00	0.83	1.50	1.00	0.67	1.17
Personal Health	1.67	1.50	1.67	2.00	1.33	1.00	1.67	2.00	1.61
Disease Prevention and Control	1.67	1.50	2.00	1.00	1.33	1.33	1.67	1.33	1.48
Drug Abuse Prevention	2.00	2.00	1.67	2.00	2.00	2.00	1.33	1.33	1.79
Nutrition	1.33	1.33	1.67	1.33	1.83	1.33	1.67	1.67	1.52
Consumer Health	1.67	1.67	1.67	1.33	1.00	1.00	1.67	1.67	1.46
Mental Health	1.33	1.17	1.33	1.33	0.50	1.00	1.33	1.33	1.17
Safety and First Aid	2.00	2.00	2.00	2.00	2.00	1.00	2.00	2.00	1.88
Family Life	2.00	1.42	2.00	2.00	2.00	1.00	1.67	0.67	1.60

Research Question Four

How does the CDC survey data describe the professional preparation of secondary school health educators in Mississippi?

The Centers for Disease Control and Prevention (CDC) conducts School Health Profiles surveys biennially among principals and lead health education teachers to assess school programs. The most recent questionnaires were mailed in the spring of 2008 to 271 secondary schools in Mississippi, which included grades six through twelve. Since the response rates were greater than 70 percent, the results are weighted and are considered representative of secondary schools in Mississippi. Results from these surveys are available on the CDC and the Mississippi Office of Healthy Schools (OHS) Web sites (Brener et al., 2009; Office of Health Schools, [n.d.]). The Mississippi Office of Healthy Schools Web site has data for high schools which includes grades nine through twelve. The Profiles survey data on the OHS Web site provides information regarding the major emphasis of the lead health education teacher's professional preparation. Fifty-three percent of high school health education teachers majored in health and physical education combined. The remaining high school health education teachers reported majors in the following: 18 percent majored in home economics or family and consumer science; 12 percent majored in physical education; nine percent majored in health education; two percent majored in kinesiology, exercise science or exercise physiology; two percent majored in biology; three percent majored in nursing; and two percent majored in some other educational degree. According to the Profiles data, 96 percent of high school principals reported that the staff who teach health education were required to be certified, licensed, or endorsed by the state in health education. In contrast, 94 percent of the schools lead health education teachers report that they are certified, licensed, or endorsed by the state to teach health education. The Profiles data also report that 36 percent of schools have a lead health education teacher with 15 years or more

experience; 22 percent have a teacher with two to five years of experience; 16 percent have a teacher with six to nine years experience; 13 percent have a teacher with 10 to 14 years experience; and 13 percent have a teacher with one year of experience.

The School Health Policies and Practices Study (SHPPS) is a comprehensive national survey conducted by the CDC to assess school health policies and practices by component (CDC, 2007b). The most recent SHPPS survey was conducted in 2006. Information related to the professional preparation of health education teachers are provided in the health education component of this survey for Mississippi. According to the SHPPS survey, Mississippi does not require newly-hired health education teachers at the high school level to have undergraduate or graduate level training in health education. However, Mississippi does offer certification, licensure, or endorsement in health education, and does require this endorsement at the high school level for health education teachers.

In the area of professional development, several areas are noteworthy. The School Health Profiles data reported that only 27 percent of high school health education teachers had received professional preparation in the area of emotional or mental health, while 76 percent reported that they would like to receive professional development in this area. The School Health Profiles also reported that only 19 percent of high school health education teachers had received professional development in human sexuality, while 67 percent reported they would like to receive professional development in this area. In the area of nutrition, 38 percent of teachers reported that they had received professional development, while 73 percent said they would like to receive professional development in this area. These findings are significant when considering that the review of course materials to evaluate the coverage of the ten content areas in the Mississippi Health Framework discussed in question three found that the content area least covered overall in the university endorsement requirements at the undergraduate level was

mental health. The School Health Profile findings are also significant in the areas of human sexuality and nutrition. While only a small percentage of health education teachers, 19 percent and 38 percent respectively, reported having had professional development in these areas, the majority of these teachers reported they would like to have professional development in these areas. As discussed in the results for question three, nutrition, and human growth and development were two of the least covered content areas overall at the undergraduate preparation level. The universities that required an undergraduate course in human sexuality scored higher in the human growth and development area. According to the 2006 School Health Policies and Practices Study, there was no professional development funding available in Mississippi in the two areas of emotional and mental health or human sexuality for health education teachers. However, the 2006 School Health Policies and Practices Study reported that funding was available for professional development in the area of nutrition. In addition, Mississippi did provide funding during the two years prior to the survey for staff development in the following topical areas: alcohol- or other drug-use prevention, injury prevention and safety, nutrition and dietary behavior, physical activity and fitness, tobacco-use prevention, and violence prevention.

Research Question Five

What characteristics of school-based health education in Mississippi are evident in the CDC survey data?

The SHPPS responses for the health education component for Mississippi help to identify characteristics of Mississippi's school-based health education program. Mississippi does not require that students are tested on health topics. However, Mississippi does require or encourage schools to follow national or state health education standards. According to the SHPPS data, the state of Mississippi also provides to schools a curriculum, a chart describing the scope and sequence of instruction, lesson plans, recommended textbooks, and plans for evaluating student

progress. Mississippi also has specified time requirements for health instruction at the high school level.

Portions of the CDC Profiles data provide additional insight regarding characteristics of the school-based health education program in Mississippi. Among Mississippi's schools that required a health education course, 81 percent of schools require students who fail this course to repeat the course. Seventy-four percent of the schools in Mississippi have a health education curriculum that addresses all eight national standards for health education. Ninety-six percent of the principals reported that schools in Mississippi have a health education teacher who is licensed, certified, or endorsed by the state, and 56 percent of schools reported being provided with key materials for teaching health education. Eighty-six percent of high school principals reported that the health education teacher is on the school health council.

The state-level summary of the School Health Policies and Practices Study reported that there is a health education coordinator at the state level (CDC, 2007b). In addition, the SHPPS reported that Mississippi does have curriculum standards for schools and this curriculum is based on the National Health Education Standards.

Summary

Health education is a critical part of the education program for high school students in Mississippi. Health is an academic area that should be taught by teachers who have been professionally prepared in a manner comparable to teachers trained in other academic areas. Although licensure or endorsement is required at the high school level in order to teach health education, professional preparation in health at the undergraduate or graduate level is not required. There is not a clearly defined curriculum among universities about health education classes. Each institution of higher learning which offers an endorsement in health education sets its own course requirements.

The standards for the health education curriculum for Mississippi's students meet national standards. However, the standards for the professional preparation of Mississippi's health teachers are not aligned with the high standards set for the students they are to teach, and are below the semester credit hours required for other academic areas. In addition, Mississippi has in recent years provided a five-day workshop as an alternative to obtaining an endorsement instead of taking the required 12 semester credit hours at the university level. Although not all of the fifty states were researched for their requirements, none of the states that were sampled allowed a five-day workshop as a substitute for university coursework. As a result, Mississippi lags behind many other states in the requirements for certification of secondary health education teachers.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, RECOMMENDATIONS, AND IMPLICATIONS FOR FURTHER STUDY

This chapter includes a brief summary of Chapters One through Four and discusses conclusions based on this study. Recommendations and implications for further study are also presented.

Summary

The purpose of this study was to determine which institutions of higher learning in Mississippi offer an endorsement in health education, what these requirements are, the differences and similarities in these requirements, and how secondary school health education in Mississippi is reflected in data from the Centers for Disease Control and Prevention 2008 School Health Profiles and 2006 School Health Policies and Studies. This study investigated the following research questions:

1. For each of the four-year institutions of higher learning in Mississippi offering an endorsement to teach secondary health education, what constitutes an approved program in order to obtain a supplemental endorsement in health?
2. What are the similarities and differences in the requirements for completion of an approved program between the four-year institutions of higher learning in Mississippi in order to obtain a supplemental endorsement in health education?
3. At what level does the state approved licensure/endorsement programs reflect the ten content areas of the Mississippi Comprehensive Health Framework?

4. How does the CDC survey data describe the professional preparation of secondary school health educators in Mississippi?
5. What characteristics of school-based health education in Mississippi are evident in the CDC survey data?

There is currently little research regarding the preparation of school health education teachers in Mississippi; yet, Mississippi has the highest rates of childhood obesity and chronic disease in the nation (CDC, 2009b).

The review of literature highlighted the historical and present-day significance of school health education. School health has been an important part of American education from the Colonial period through the present time. Initially, school health promoted knowledge needed to protect children from infectious diseases. Today, the focus of school health has expanded from the prevention of infectious diseases to the prevention of chronic diseases impacted by lifestyle choices.

Current trends in school health education include the eight component model promoted by the CDC, the Institute of Medicine, and the Mississippi Office of Healthy Schools (IOM, 1997; CDC, 2008b; Mississippi Office of Healthy Schools, n.d.). The components of this model are (1) health education, (2) physical education, (3) health services, (4) nutrition services, (5) health promotion for staff, (6) counseling, psychological, and social services, (7) healthy school environment, (8) and parent and community involvement. This study focused on the health education component. Successful implementation of the health education component requires a planned, sequential, and age-appropriate curriculum taught by well-trained teachers. Research (CDC, 2008a; Kilbe, Collins, & Cortese, 1997) has found that secondary and postsecondary schools have a critical role in the attainment of national and state goals for health improvement and disease prevention, and that qualified health education teachers are vital to this effort. The

relationship between student health, teacher quality, and academic achievement is supported by the research (Davies, 2001). Research (CDC, 2009b; Lavin, 1993; Joint Committee on National Health Education Standards, 2007; NBPTS, n.d.) also shows an increased interest in school health education in recent years, the development of national health education standards for secondary schools, and the establishment of the National Board for Professional Teaching Standards.

This research used a qualitative case study method in order to gain a better understanding of the status of school health education in Mississippi and the preparation of secondary school health educators at public and private four-year colleges and universities in Mississippi. The colleges and universities providing a health education endorsement which were included in this study were Delta State University, Jackson State University, Mississippi State University, Mississippi University for Women, University of Mississippi, University of Southern Mississippi, Mississippi College, and William Carey University. Course requirements, corresponding syllabi, and required textbooks were obtained for each institution. In order to answer questions one, two, and three, course documents were analyzed by the researcher and two independent reviewers.

Questions four and five were examined by utilizing the CDC 2008 School Health Profiles and 2006 School Health Policies and Programs Study data for Mississippi. This study used only the data related to characteristics of the school health education program and the professional preparation of lead health education teachers. The results of this study were presented in Chapter Four and are summarized in the conclusions below.

Conclusions

The findings of this study resulted in the following conclusions. Of the16 four-year institutions of higher learning in Mississippi, eight currently offer an endorsement in secondary

health education. Of these eight institutions, six are public and two are private. At each of these institutions, 12 credit hours are required for this endorsement. Seven institutions required a course in first aid or emergency health care. A course in drug use and abuse is required at six institutions. Six institutions either require or offer as an option a course in marriage and family and a course in methods-of-teaching health. Three of the universities required a course in human sexuality as well as personal and community health. Only one institution required a course on the health aspects of physical activity, and only one institution offered an option to take a nutrition course.

The three reviewers independently reviewed the course syllabi and textbooks in order to analyze how well the combined course requirements covered the ten content areas of the Mississippi Comprehensive Health Framework. Each reviewer scored each course according to how well the ten content areas were covered. A score of 0 was given if the content area was not covered. A score of 1 was given if the content area was partially covered. A score of 2 was given if a content area was considered to be fully covered. The highest score for each reviewer for each content area for each set of required courses was then averaged. Two institutions offered more than one course option to students in order to meet the endorsement requirements. For these two institutions, all course options were analyzed. It would not be reasonable to assume that each course would fully cover all ten content areas. For example, the more thoroughly a course covers one content area, the less likely it would be that this course would cover other areas. However, when all required courses are combined it would be reasonable to expect that all ten content areas would be fully covered. The ten content areas include community and environmental health, personal health, human growth and development, disease prevention and control, drug abuse prevention, nutrition, consumer health, mental health, safety and first aid, and family life.

Human growth and development, and mental health were the two content areas found to be the least covered overall among the eight universities. Each of these two areas had an average score of 1.17. A required course in educational psychology, general psychology, or counseling could significantly improve the scores in the mental health as well as the family life content areas. None of the eight universities included in this study currently require such courses for an endorsement in health education. Coverage of the mental health content area could also be improved through the purposeful selection of textbooks for other required courses that include aspects of mental health.

Coverage of the human growth and development content strand could be improved by the addition of a course in human sexuality. Only three institutions currently require a course in human sexuality or sex education. This is a critical area for secondary health education teachers since the 2009 National Youth Risk Behavior Survey found that high school students in Mississippi are more likely to engage in high-risk sexual behaviors than high school students in the United States as a whole (CDC, n.d.). The human growth and development content area could also be improved through a course in nutrition across the life span.

The content area of safety and first aid was the best covered area with an average score of 1.88 among the eight universities. The second best covered content area was drug abuse prevention with an average score of 1.79. Higher scores in these two content areas occurred as a result of the high incidence of required courses in these two areas. Seven of the eight institutions required a three-hour course in first aid or emergency health care. Six of the eight institutions required a course in drug use, abuse and addictions. Depending on the textbook chosen, the required course in these two areas sometimes led to the partial coverage of other content areas, such as personal health, in addition to the primary content area.

The average scores for the remaining six content areas fell between the two lowest and

the two highest areas discussed above. Community and environmental health had an average score of 1.42. Personal health had an average score of 1.61. The average score for disease prevention and control was 1.48. Nutrition had an average score of 1.52. Consumer health had an average score of 1.46, and family life had an average score of 1.60.

A course in nutrition across the life span would result in more complete coverage of the nutrition content strand as well as several other content strands such as personal health, community and environmental health, consumer health, disease prevention and control, and family life. The coverage of personal health, community and environmental health, consumer health, disease prevention and control, and family life could also be improved through the addition of a course addressing the health benefits of physical activity. Therefore, the addition of required courses in both nutrition and the health benefits of physical activity should significantly improve all six content areas that fall between the two lowest scoring and the two highest scoring areas. Strengthening the areas of nutrition and physical activity is particularly important since these are two key areas of emphasis in health promotion efforts toward the overall improvement of health as well as the reduction in the risk of chronic diseases. In addition, the 2009 National Youth Risk Behavior Survey showed that youth in Mississippi are more likely to engage in less healthy dietary and physical activity behaviors than are youth on average in the United States.

Data from the CDC School Health Profiles and the School Health Policies and Practices Study (SHPPS) provided information about the school health education program in Mississippi and the professional preparation of the school health teachers. Mississippi does not require newly-hired secondary health education teachers to have undergraduate or graduate training in health education. Mississippi does however require secondary health education teachers to be certified. The majority of the high school health education teachers surveyed majored in health and physical education combined. Only nine percent majored in health education. The

remaining teachers surveyed reported majoring in home economics, family and consumer science, physical education, kinesiology or exercise science, biology, nursing, or some other degree.

In the area of professional development for high school health education teachers in Mississippi, the CDC found that only 27 percent had professional development in the area of emotional or mental health, only 19 percent had received professional development in human sexuality, and only 38 percent had received professional development in nutrition. The CDC data reported that the majority of the teachers surveyed reported that they would like to have professional development in these areas. According to the CDC data, there was no funding available for professional development in the areas of emotional and mental health, or human sexuality. However, the data showed that there was funding available for professional development in the area of nutrition. It is important to note that these same professional development areas which were found by CDC to be weak, were also found by this study to be weak areas of content coverage in the evaluation of the courses required for an endorsement in health education.

Regarding characteristics of school-based health education in Mississippi, the following findings were noted in the CDC data. Mississippi does report having a health education coordinator at the state level. Health is not a subject area test in Mississippi kindergarten through grade 12 schools; however, 81 percent of schools require students to repeat the class if they fail to pass. The state of Mississippi does provide a number of health education resources to schools, including a curriculum, recommendations for textbooks, and lesson plans. In addition, the health education curriculum used in the majority of Mississippi schools follows the national guidelines and addresses all eight of the national standards for secondary health education.

Recommendations

In order to improve the quality of health education teacher preparation, Mississippi's institutions of higher learning should exercise leadership to ensure their teacher preparation programs produce teachers who are knowledgeable in this subject area. The courses required for an endorsement in health education, when combined, should fully cover the ten content areas in the Mississippi Comprehensive Health Framework and should prepare secondary health education teachers for National Board Certification in health. One of the tenets of National Board Certification is that teachers have a rich knowledge base in the subject(s) they teach. According to the online directory, there are currently 3,224 teachers in Mississippi who are National Board Certified. Of these teachers, only one has this certification in the area of health (NBPTS, n.d.). Mississippi's health education teachers should be encouraged to achieve this certification and should be provided with professional development to gain the content knowledge they need to achieve National Board Certification.

According to the American Cancer Society (n.d.), poor eating habits and lack of physical activity contribute to obesity and chronic diseases. Nutrition and physical activity are key components of a comprehensive health education program (Bogden, 2000). In addition, physical activity and nutrition are two key areas recognized by the CDC (n.d.) and the federal Child Nutrition and WIC Reauthorization Act (Child Nutrition and WIC Reauthorization Act, 2004). Therefore, it would be logical to recommend that a course in the health benefits of physical activity as well as a course in general nutrition across the human lifespan be required in order to obtain an endorsement in health education. The addition of these courses could significantly improve the coverage of multiple content strands of the Mississippi Health Framework. The inclusion of a course in comprehensive school health education would partially cover all ten content areas. Since this study found mental health as well as human growth and development to

be the least covered areas, universities should ensure that these topics are more fully covered when selecting textbooks for required classes. A course in human sexuality would improve the coverage of the content areas of human growth and development, personal health, as well as disease prevention and control. Most institutions in Mississippi currently require a course in first aid, drug abuse, and community health – and these requirements should continue.

The total semester hours required for an endorsement in health should be comparable to the total semester hours required for other academic areas. In Mississippi, 21 semester credit hours are required for an endorsement in most other subject areas. The discipline of health is as rigorous as other academic areas and should have similar academic requirements. According to Allegrante, et al., (2004), quality academic programs are better able to compete for resources and to attract high caliber students and faculty. The findings of this study suggest the need to standardize the preparation of secondary school health education teachers. Mississippi universities are faced with limited resources, limited funding, and limited instructional time to provide academic preparation. A collaborative effort among the eight state universities could provide a vehicle to align the post-secondary health education curriculum and instruction with the secondary health education curriculum in a manner that is most cost-effective for all universities offering an endorsement in health education.

The CDC data provided the basis for recommendations in the area of professional development. According to the CDC School Health Profiles data, only 27 percent of health education teachers had received professional development in the area of emotional and mental health, and only 19 percent had received professional development in the area of human sexuality. This is especially troubling since these two areas were found to be the least covered by the coursework at the eight institutions offering an endorsement in health education. The CDC data reported that the majority of these teachers reported that they would like to have

professional development in these areas. According to the SHPPS study, Mississippi reported that no funding was available for professional development in these two areas. Therefore, it is recommended that funding be made available for professional development in these areas.

In the area of nutrition, the School Health Profiles data showed that only 19 percent of health teachers reported to have had professional development, while 73 percent would like to have received professional development in this area. According to the SHPPS data, Mississippi reports that funding is available for professional development in the area of nutrition. Therefore, it is recommended that this funding be made available to include school health education teachers in nutrition training and workshops.

The School Health Profiles results for principals reported that health teachers serve on the school health council in 86 percent of high schools. Since the school health councils set the tone for wellness and school health policies, it is clear that the influence of the school health education teacher goes well beyond the required health education class at Mississippi's high schools, and an investment in the training of these teachers has the potential for the greatest return in the health of children.

The mission or goal of teacher preparation programs at institutions of higher learning is to produce quality teachers who are well equipped to teach in their chosen field. If the goal of teacher preparation programs is to produce highly effective teachers and to position them to achieve National Board Certification, pass the Praxis examinations, or achieve other certifications in their specialty area, then the requirements for an endorsement should be designed to support this goal. In leadership, Stephen Covey refers to this concept as beginning with the end in mind (Covey, 1990). Each state establishes state boards that have the authority to set standards for teacher preparation. State boards also have the responsibility for licensing the professionals who are under the authority of that board. These various state boards establish

licensure guidelines in order to ensure public safety and honor public trust. The Mississippi State Board of Education states that its mission is "to provide leadership through the development of policy and accountability systems so that all students are prepared to compete in the global community" (Mississippi Board of Education, n.d.). One of the strategies given for accomplishing this goal is to increase the quality of teachers. The National Council on Teacher Quality (NCTQ) regularly publishes reports highlighting state policies related to teacher quality (NCTQ, 2011). These reports score the effectiveness of state policies in the following five areas: delivering well prepared teachers, expanding the teaching pool, identifying effective teachers, retaining effective teachers, and exiting ineffective teachers. Although the preparation of health education teachers specifically was not reported, the overall score for Mississippi in the area of Delivering Well Prepared Teachers was C. Two of the reasons given in this report for a C score are (1) the failure to provide policies to ensure that teacher preparation programs are accountable for the quality of teachers they produce, and (2) the licensing of teachers who may lack subject-matter knowledge. Therefore, it is recommended that polices at the state level be written to improve Mississippi's score in the area of Delivering Well Prepared Teachers.

Implications for Further Study

This study investigated the status of the secondary school health program and the professional preparation of secondary school health education teachers in Mississippi. The results produced several recommendations and thus indicate the need for further study as discussed below.

The current health education endorsement requirements at the university level are 12 credit hours, which are well below the 21 credit hours typically required for endorsements in most other academic areas. Further research is needed to determine how the current requirement for 12 credit hours originated, and how the Mississippi State Board of Education and institutions

of higher learning could best collaborate to improve the quality of health teacher preparation.

In addition to the health education endorsement offered by eight of Mississippi's four-year institutions of higher learning, the Mississippi Department of Education Office of Healthy Schools offered five-day workshops to provide participants an endorsement in secondary health education. Further research would be needed to determine the extent to which this workshop covered the ten content areas of the Mississippi Comprehensive Health Framework. This research concluded that even with 12 credit hours of college coursework, there are gaps in content coverage. One college credit hour typically represents 50 minutes of instructional time per week or about 12.5 clock hours of instruction per semester. Therefore, the 12 credit hours required by the four-year institutions would result in about 150 hours of instructional time. Any hours the student spent studying for these classes would be in addition to this. In contrast, these five-day workshops would be a maximum of 25 hours of actual classroom time. A logical assumption would be that these workshops would at best meet a short-term goal of getting certified, but long-term may not have the depth of knowledge needed to help teachers impart content to the children being taught or to advance the school health education program. This lack of in-depth knowledge would be of special concern for a state such as Mississippi which is most in need of knowledgeable health education teachers. In addition, the option of obtaining an endorsement by attending a five-day workshop has essentially set up a two-tiered system between those who have completed health-related college course work and those who have not. An area for future study would be to determine how many secondary health education teachers have actually taken the 12 hours currently required for an endorsement in health education. Since the Office of Healthy Schools of the Mississippi Department of Education has offered an alternate route of endorsement by completion of a five-day Health Education Institute, further study is needed to learn more about the preparation of the current secondary health education

teachers and why these five-day institutes were begun.

According to the CDC SHPPS data, Mississippi does require or encourage schools to follow national or state health education standards in the local curriculum. However, since the SHPPS data was based on a very small sample size, more research is needed to determine if what was reported in the SHPPS data is representative of the state as a whole. Further study is also needed regarding professional development for health education teachers in order to gain the content knowledge to achieve additional certification such as National Board Certification.

Health education is an important academic area toward the education of children. The issues of health education and teacher quality have never been greater. Health education teachers should be as prepared as teachers in other academic areas. Setting standards for health education teaching credentials that are comparable to those set for other teacher candidates by universities and by the State Board of Education for teacher licensure would serve to elevate the profession of health education teachers to the level of importance it deserves.

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Vita

Ensley Howell is the daughter of Henry Mack and Vashti Applewhite of West Point, Mississippi. She graduated from The University of Mississippi in 1979 with a Bachelor of Science degree in dietetics. Following graduation, she completed an internship and obtained a professional certification as a Registered Dietician and a Licensed Dietician. In 1997 she obtained a Master's of Science degree in wellness from the University of Mississippi.

Howell has worked as a hospital foodservice director and as a clinical dietitian. Since 1997 she has been employed with the National Food Service Management Institute at the University of Mississippi.

In her spare time, Ensley teaches a three-year-old Sunday school class at West Heights Baptist Church in Pontotoc and also serves as a volunteer with the Pontotoc County 4-H Program. She is a member and past president of the Pontotoc Town and Country Garden Club, a member of the Pontotoc County Historical Society, and a graduate of Leadership Pontotoc County. She is also a member of the Daughters of the American Revolution and interested in genealogical research.

In December 1976, Ensley married Chuck Howell, a native of Fayette, Alabama. Ensley and Chuck have two children, Ben and John Howell.

APPENDIX A

COURSE ASSESSMENT RUBRIC

Course Assessment Rubric

Course: **University:**

Comprehensive Health Strand	Descriptors	TWO (Fully Covers) The syllabus provides evidence that Health Strand is fully included in this course.	ONE (Partially Covers) The syllabus provides evidence that Health Strand is partially included in this course.	ZERO (Does not Cover) The syllabus does not provide evidence of Health Strand in this course.
Community and Environmental Health	Ability to obtain valid health information; Influence of culture, media, technology, and other factors on health; Implications of modern technology on societal health; Influences of different cultural beliefs on health behaviors; Ability to advocate for personal, family, and community health; Public awareness campaign that promotes reducing the risks of intentional and unintentional injury; Societal problems of drug use, misuse, and abuse			
Human Growth and Development	Interpersonal communication skills to enhance health; Conflict resolution styles and components of communication that can aid in resolving conflicts; Goal-setting and decision-making skills to enhance health; Human reproduction from conception to birth; Decision-making model to identify reasons for abstaining from pre-marital sexual activity			
Personal Health	Concepts related to health promotion and disease prevention; Physiological and psychological effects of stress; Ability to obtain valid health information; Keeping family medical records; Influence of culture, media, technology, and other factors on health; Implications of modern technology on societal health; Goal-setting and decision-making skills to enhance health			

Course Assessment Rubric

Course: University:

Comprehensive Health Strand	Descriptors	TWO (Fully Covers) The syllabus provides evidence that Health Strand is fully included in this course.	ONE (Partially Covers) The syllabus provides evidence that Health Strand is partially included in this course.	ZERO (Does not Cover) The syllabus does not provide evidence of Health Strand in this course.
Disease Prevention and Control	Concepts related to health promotion, injury, and disease prevention; Transmission, symptoms, treatment and prevention of communicable, non-communicable and sexually; transmitted diseases; Etiology and control of the AIDS virus; Ability to practice health enhancing behaviors and reduce health risk; Impact of environmental health problems on personal and community health; Recognize valid health information; Future positive effects of drugs and medicines on society; Goal-setting and decision-making skills to enhance health; Costs associated with healthcare; Identify the relationship of values to action; Ability to advocate for personal, family, and community health			
Drug Abuse Prevention	Ability to practice health enhancing behaviors and reduce health risk; Effect of drugs and medicines on the life span of human beings; Measures for at-risk behavior involving communicable diseases; Goal-setting and decision-making skills to enhance health; Activities and groups that protect the consumer			

Course Assessment Rubric

Course: **University:**

Comprehensive Health Strand	Descriptors	TWO (Fully Covers) The syllabus provides evidence that Health Strand is fully included in this course.	ONE (Partially Covers) The syllabus provides evidence that Health Strand is partially included in this course.	ZERO (Does not Cover) The syllabus does not provide evidence of Health Strand in this course.
Nutrition	Ability to practice health enhancing behaviors and reduce health risk; Interrelationship between the amount of food consumed to obtain ideal weight and the amount of food consumed in obese individuals; Relationship between psychological factors and eating disorders; Goal-setting and decision-making skills to enhance health; Role of nutrition and nutrients in maintaining health			
Consumer Health	Ability to obtain valid health information; Differentiate between professional and non-professional medical services; Influence of culture, media, technology, and other factors on health; Implications of modern technology on societal health; Ability to advocate for personal, family, and community health; Public awareness campaign that promotes reducing the risks of intentional and unintentional injury			

Course Assessment Rubric

Course: University:

Comprehensive Health Strand	Descriptors	TWO (Fully Covers) The syllabus provides evidence that Health Strand is fully included in this course.	ONE (Partially Covers) The syllabus provides evidence that Health Strand is partially included in this course.	ZERO (Does not Cover) The syllabus does not provide evidence of Health Strand in this course.
Mental Health	Physiological and psychological effects of stress; Types of mental disorders; Resources for treatment of mental illness; Conflicts and problems within a family; Ability to work cooperatively with others to avoid potentially harmful situations.			
Safety and First Aid	Ability to practice health enhancing behaviors and reduce health risk; Connection between human and environmental factors to the risk of accidents; First aid practices; Goal-setting and decision-making skills to enhance health; Decision-making model to identify reasons for abstaining from pre-marital sexual activity; Activities and groups that protect the consumer; Personal safety at home; Ability to advocate for personal, family, and community health; Societal problems of drug use, misuse, and abuse			
Family Life	Role of the family in the transmission of values, attitudes, behavior, personalities, and responsibilities of its members; Limitations of defense mechanisms in solving problems; Communication and Conflict resolutions styles; Goal-setting and decision-making skills to enhance health; Ability to advocate for personal, family, and community health.			

APPENDIX B

SUMMARY MATRIX:
CONTENT STRANDS IN THE MISSISSIPPI HEALTH FRAMEWORK

Summary Matrix: Content Strands in the Mississippi Health Framework

University Code:

Course Title	Community and Environmental Health	Human Growth and Development	Personal Health	Disease Prevention and Control	Drug Abuse Prevention	Nutrition	Consumer Health	Mental Health	Safety and First Aid	Family Life

APPENDIX C

2008 SCHOOL HEALTH PROFILES:
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

2008 SCHOOL HEALTH PROFILES
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

This questionnaire will be used to assess school health education across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. This questionnaire should be completed by the **lead health education teacher** (or the person acting in that capacity) and concerns only activities that occur in the school listed below. Please consult with other people if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of this questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____

Title: _____

School name: _____

District: _____

Telephone number: _____

To be completed by the SEA or LEA conducting the survey

School name: _____

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

2008 SCHOOL HEALTH PROFILES
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

REQUIRED HEALTH EDUCATION

(Definition: Required health education is defined as instruction about health education topics such as injuries and violence, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity that students must receive for graduation or promotion from this school.)

1. Is health education required for students in any of grades 6 through 12 in this school?
(Mark one response.)

a. Yes
b. No → **Skip to Question 5**

2. How many required health education courses do students take in grades 6 through 12 in this school?
(Mark one response.)

a. 0 courses → **Skip to Question 5**
b. 1 course
c. 2 courses
d. 3 courses
e. 4 or more courses

3. Is a required health education course taught in each of the following grades in this school?
(Mark yes, no, or not applicable for each grade.)

	Grade	Yes	No	Not Applicable (e.g., grade not taught in this school.)
a.	6	0	0	0
b.	7	0	0	0
c.	8	0	0	0
d.	9	0	0	0
e.	10	0	0	0
f.	11	0	0	0
g.	12	0	0	0

4. If students fail a required health education course, are they required to repeat it?
(Mark one response.)
a. Yes
b. No

5. Are those who teach health education at this school provided with the following materials?
(Mark yes or no for each material.)

	Material	Yes	No
a.	Goals, objectives, and expected outcomes for health education	0	0
b.	A chart describing the annual scope and sequence of instruction for health education	0	0
c.	Plans for how to assess student performance in health education	0	0
d.	A written health education curriculum	0	0

6. Does your <u>health education curriculum</u> address each of the following?

(Mark yes or no for each skill; or mark NA for each skill if your school does not have a health education curriculum.)

	Skill	Yes	No	NA
a.	Comprehending concepts related to health promotion and disease prevention to enhance health	0	0	0
b.	Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors	0	0	0
c.	Accessing valid information and products and services to enhance health	0	0	0
d.	Using interpersonal communication skills to enhance health and avoid or reduce health risks	0	0	0
e.	Using decision-making skills to enhance health	0	0	0
f.	Using goal-setting skills to enhance health	0	0	0
g.	Practicing health-enhancing behaviors to avoid or reduce risks	0	0	0
h.	Advocating for personal, family, and community health	0	0	0

7. During this school year, have teachers in this school tried to increase student <u>knowledge</u> on each of the following topics in a <u>required course</u> in any of grades 6 through 12?

(Mark yes or no for each topic.)

	Topic	Yes	No
a.	Alcohol or other drug use prevention	0	0
b.	Asthma awareness	0	0
c.	Emotional and mental health	0	0
d.	Foodborne illness prevention	0	0
e.	HIV (human immunodeficiency virus) prevention	0	0
f.	Human sexuality	0	0
g.	Injury prevention and safety	0	0
h.	Nutrition and dietary behavior	0	0
i.	Physical activity and fitness	0	0
j.	Pregnancy prevention	0	0
k.	STD (sexually transmitted disease) prevention	0	0
l.	Suicide prevention	0	0
m.	Tobacco-use prevention	0	0
n.	Violence prevention, such as bullying, fighting, or homicide	0	0

8. During this school year, did teachers in this school teach each of the following <u>tobacco-use prevention topics</u> in a <u>required course</u> for students in any of grades 6 through 12?
(Mark yes or no for each topic.)

	Topic	Yes	No
a.	Identifying tobacco products and the harmful substances they contain	0	0
b.	Identifying short and long-term health consequences of tobacco use	0	0
c.	Identifying legal, social, economic, and cosmetic consequences of tobacco use	0	0
d.	Understanding the addictive nature of nicotine	0	0
e.	Effects of tobacco use on athletic performance	0	0
f.	Effects of second-hand smoke and benefits of a smoke-free environment	0	0
g.	Understanding the social influences on tobacco use, including media, family, peers, and culture	0	0
h.	Identifying reasons why students do and do not use tobacco	0	0
i.	Making accurate assessments of how many peers use tobacco	0	0
j.	Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness)	0	0
k.	Using goal-setting and decision-making skills related to not using tobacco	0	0
l.	Finding valid information and services related to tobacco-use prevention and cessation	0	0
m.	Supporting others who abstain from or want to quit using tobacco	0	0
n.	Supporting school and community action to support a tobacco-free environment	0	0
o.	Identifying harmful effects of tobacco use on fetal development	0	0

9. During this school year, did teachers in this school teach each of the following <u>HIV, STD, or pregnancy prevention topics</u> in a <u>required course</u> for students <u>in any of grades 6, 7, or 8</u>?
(Mark yes or no for each topic; or mark NA for each topic if your school does not contain grades 6, 7, or 8.)

	Topic	Yes	No	NA
a.	The differences between HIV and AIDS	0	0	0
b.	How HIV and other STDs are transmitted	0	0	0
c.	How HIV and other STDs are diagnosed and treated	0	0	0
d.	Health consequences of HIV, other STDs, and pregnancy	0	0	0
e.	The benefits of being sexually abstinent	0	0	0
f.	How to prevent HIV, other STDs, and pregnancy	0	0	0
g.	How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	0	0	0
h.	The influences of media, family, and social and cultural norms on sexual behavior	0	0	0
i.	Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	0	0	0
j.	Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	0	0	0
k.	Compassion for persons living with HIV or AIDS	0	0	0

10. During this school year, did teachers in this school teach each of the following HIV, STD, or pregnancy prevention topics in a required course for students in any of grades 9, 10, 11, or 12?
(Mark yes or no for each topic; or mark NA for each topic if your school does not contain grades 9, 10, 11, or 12.)

	Topic	Yes	No	NA
a.	The relationship among HIV, other STDs, and pregnancy	0	0	0
b.	The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy	0	0	0
c.	The benefits of being sexually abstinent	0	0	0
d.	How to prevent HIV, other STDs, and pregnancy	0	0	0
e.	How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	0	0	0
f.	The influences of media, family, and social and cultural norms on sexual behavior	0	0	0
g.	Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	0	0	0
h.	Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	0	0	0
i.	Efficacy of condoms, that is, how well condoms work and do not work	0	0	0
j.	The importance of using condoms consistently and correctly	0	0	0
k.	How to obtain condoms	0	0	0

11. During this school year, did teachers in this school teach each of the following nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12?
(Mark yes or no for each topic.)

	Topic	Yes	No
a.	Benefits of healthy eating	0	0
b.	Food guidance using MyPyramid	0	0
c.	Using food labels	0	0
d.	Balancing food intake and physical activity	0	0
e.	Eating more fruits, vegetables, and whole grain products	0	0
f.	Choosing foods that are low in fat, saturated fat, and cholesterol	0	0
g.	Using sugars in moderation	0	0
h.	Using salt and sodium in moderation	0	0
i.	Eating more calcium-rich foods	0	0
j.	Food safety	0	0
k.	Preparing healthy meals and snacks	0	0
l.	Risks of unhealthy weight control practices	0	0
m.	Accepting body size differences	0	0
n.	Signs, symptoms, and treatment for eating disorders	0	0

12. During this school year, did teachers in this school teach each of the following physical activity topics in a required course for students in any of grades 6 through 12?
(Mark yes or no for each topic.)

	Topic	Yes	No
a.	Physical, psychological, or social benefits of physical activity	0	0
b.	Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition)	0	0
c.	Phases of a workout (i.e., warm-up, workout, cool down)	0	0
d.	How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity)	0	0
e.	Developing an individualized physical activity plan	0	0
f.	Monitoring progress toward reaching goals in an individualized physical activity plan	0	0
g.	Overcoming barriers to physical activity	0	0
h.	Decreasing sedentary activities such as television viewing	0	0
i.	Opportunities for physical activity in the community	0	0
j.	Preventing injury during physical activity	0	0
k.	Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active)	0	0
l.	Dangers of using performance-enhancing drugs such as steroids	0	0

HIV PREVENTION

13. During this school year, did your school provide any HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk (e.g. black, Hispanic, or American Indian youth), including after-school or supplemental programs, that did each of the following?
(Mark yes or no for each activity.)

	Activity	Yes	No
a.	Provided curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities	0	0
b.	Provided curricula or supplementary materials in the primary languages of the youth and families	0	0
c.	Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community	0	0
d.	Facilitated access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community	0	0

COLLABORATION

14. During this school year, have any health education staff worked with each of the following groups on health education activities? (Mark yes or no for each group.)

	Group	Yes	No
a.	Physical education staff	0	0
b.	School health services staff (e.g., nurses)	0	0
c.	School mental health or social services staff (e.g., psychologists, counselors, and social workers)	0	0
d.	Nutrition or food service staff	0	0

15. During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of the following topics?
(Mark yes or no for each topic.)

	Topic	Yes	No
a.	HIV prevention, STD prevention, or teen pregnancy prevention	0	0
b.	Tobacco-use prevention	0	0
c.	Physical activity	0	0
d.	Nutrition and healthy eating	0	0
e.	Asthma	0	0

PROFESSIONAL DEVELOPMENT

16. During the past two years, did you receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics?
(Mark yes or no for each topic.)

	Topic	Yes	No
a.	Alcohol or other drug use prevention	0	0
b.	Asthma awareness	0	0
c.	Emotional and mental health	0	0
d.	Foodborne illness prevention	0	0
e.	HIV (human immunodeficiency virus) prevention	0	0
f.	Human sexuality	0	0
g.	Injury prevention and safety	0	0
h.	Nutrition and dietary behavior	0	0
i.	Physical activity and fitness	0	0
j.	Pregnancy prevention	0	0
k.	STD (sexually transmitted disease) prevention	0	0
l.	Suicide prevention	0	0
m.	Tobacco-use prevention	0	0
n.	Violence prevention, such as bullying, fighting, or homicide	0	0

17. During the past two years, did you receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics?
(Mark yes or no for each topic.)

	Topic	Yes	No
a.	Describing how widespread HIV and other STD infections are and the consequences of these infections	0	0
b.	Understanding the modes of transmission and effective prevention strategies for HIV and other STDs	0	0
c.	Identifying populations of youth who are at high risk of being infected with HIV and other STDs	0	0
d.	Implementing health education strategies using prevention messages that are likely to be effective in reaching youth	0	0
e.	Teaching HIV prevention education to students with physical, medical, or cognitive disabilities	0	0
f.	Teaching HIV prevention education to students of various cultural backgrounds	0	0
g.	Using interactive teaching methods for HIV prevention education, such as role plays or cooperative group activities	0	0

(answers continued on next page for Question 17)

(answers continued from previous page for Question 17)

		Yes	No
h.	Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills	0	0
i.	Teaching about health-promoting social norms and beliefs related to HIV prevention	0	0
j.	Strategies for involving parents, families, and others in student learning of HIV prevention education	0	0
k.	Assessing students' performance in HIV prevention education	0	0
l.	Implementing standards-based HIV prevention education curriculum and student assessment	0	0
m.	Using technology to improve HIV prevention education instruction	0	0
n.	Teaching HIV prevention education to students with limited English proficiency	0	0
o.	Addressing community concerns and challenges related to HIV prevention education	0	0

18. Would you like to receive professional development on each of these <u>health education topics</u>? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Alcohol or other drug use prevention	0	0
b.	Asthma awareness	0	0
c.	Emotional and mental health	0	0
d.	Foodborne illness prevention	0	0
e.	HIV (human immunodeficiency virus) prevention	0	0
f.	Human sexuality	0	0
g.	Injury prevention and safety	0	0
h.	Nutrition and dietary behavior	0	0
i.	Physical activity and fitness	0	0
j.	Pregnancy prevention	0	0
k.	STD (sexually transmitted disease) prevention	0	0
l.	Suicide prevention	0	0
m.	Tobacco-use prevention	0	0
n.	Violence prevention, such as bullying, fighting, or homicide	0	0

19. During the past two years, did you receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following <u>topics</u>? (Mark yes or no for each teaching topic.)

	Topic	Yes	No
a.	Teaching students with physical, medical, or cognitive disabilities	0	0
b.	Teaching students of various cultural backgrounds	0	0
c.	Teaching students with limited English proficiency	0	0
d.	Using interactive teaching methods, such as role plays or cooperative group activities	0	0
e.	Encouraging family or community involvement	0	0
f.	Teaching skills for behavior change	0	0
g.	Classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management	0	0
h.	Assessing or evaluating students in health education	0	0

20. Would you like to receive professional development on each of these <u>topics</u>?
(Mark yes or no for each teaching topic.)

	Topic	Yes	No
a.	Teaching students with physical, medical, or cognitive disabilities	0	0
b.	Teaching students of various cultural backgrounds	0	0
c.	Teaching students with limited English proficiency	0	0
d.	Using interactive teaching methods, such as role plays or cooperative group activities	0	0
e.	Encouraging family or community involvement	0	0
f.	Teaching skills for behavior change	0	0
g.	Classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management	0	0
h.	Assessing or evaluating students in health education	0	0

PROFESSIONAL PREPARATION

21. What was the major emphasis of your professional preparation?
(Mark one response.)

a. Health and physical education combined
b. Health education
c. Physical education
d. Other education degree
e. Kinesiology, exercise science, or exercise physiology
f. Home economics or family and consumer science
g. Biology or other science
h. Nursing
i. Counseling
j. Public health
k. Nutrition
l. Other

22. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle/junior high school or senior high school?

a. Yes
b. No

23. Including this school year, how many years of experience do you have teaching <u>health education classes or topics</u>?
(Mark one response.)

a. 1 year
b. 2 to 5 years
c. 6 to 9 years
d. 10 to 14 years
e. 15 years or more

Thank you for your responses. Please return this questionnaire.

APPENDIX D

2008 SCHOOL HEALTH PROFILES: SCHOOL PRINCIPAL QUESTIONNAIRE

2008 SCHOOL HEALTH PROFILES
SCHOOL PRINCIPAL QUESTIONNAIRE

This questionnaire will be used to assess school health programs and policies across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. **This questionnaire should be completed by the** principal **(or the person acting in that capacity) and concerns only activities that occur in the school listed below. Please consult with other people if you are not sure of an answer.**

2. **Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.**

3. **Follow the instructions for each question.**

4. **Write any additional comments you wish to make at the end of the questionnaire.**

5. **Return the questionnaire in the envelope provided.**

Person completing this questionnaire

Name: _____

Title: _____

School name: _____

District: _____

Telephone number: _____

To be completed by the SEA or LEA conducting the survey

School name: _____

Survey ID			

2008 SCHOOL HEALTH PROFILES
PRINCIPAL QUESTIONNAIRE

1. Are any of the following grades taught in this school?
(Mark yes or no for each grade.)

	Grade	Yes	No
a.	6	0	0
b.	7	0	0
c.	8	0	0
d.	9	0	0
e.	10	0	0
f.	11	0	0
g.	12	0	0

If you answered NO to all grades in Question 1, you are finished. Please return this questionnaire.

2. Has your school ever used the School Health Index or other self-assessment tool to assess **your school's policies, activities, and programs in the following areas?**
(Mark yes or no for each area.)

	Area	Yes	No
a.	Physical activity	0	0
b.	Nutrition	0	0
c.	Tobacco-use prevention	0	0
d.	Asthma	0	0

3. The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts participating in federally subsidized child nutrition programs (e.g., National School Lunch Program, School Breakfast Program) to establish a local school wellness policy. Do you have a copy of your district's wellness policy?
(Mark one response.)

a. Yes
b. No
c. Our district does not have a wellness policy

4. Currently, does someone at your school oversee or coordinate school health and safety programs and activities?
(Mark one response.)

a. Yes
b. No

5. Is there one or more than one group (e.g., a school health council, committee, or team) at this school that offers guidance on the development of policies or coordinates activities on health topics? (Mark one response.)

a. Yes
b. No → Skip to Question 7

6. Are each of the following groups represented on any school health council, committee, or team?
(Mark yes or no for each group.)

	Group	Yes	No
a.	School administration	0	0
b.	Health education teachers	0	0
c.	Physical education teachers	0	0
d.	Mental health or social services staff	0	0
e.	Nutrition or food service staff	0	0
f.	Health services staff (e.g., school nurse)	0	0
g.	Maintenance and transportation staff	0	0
h.	Student body	0	0
i.	Parents or families of students	0	0
j.	Community	0	0
k.	Local health departments, agencies, or organizations	0	0
l.	Faith-based organizations	0	0
m.	Businesses	0	0
n.	Local government	0	0

7 . Are any school staff required to receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on HIV, STD, or pregnancy prevention issues and resources for the following groups?
(Mark yes or no for each group.)

	Group	Yes	No
a.	Ethnic/racial minority youth at high risk (e.g. black, Hispanic, or American Indian youth)	0	0
b.	Youth who participate in drop-out prevention, alternative education, or GED programs	0	0

8. Does this school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity? These clubs sometimes are called gay/straight alliances.
(Mark one response.)

a. Yes
b. No

9. Has your school adopted a policy that addresses each of the following issues for students or staff with HIV infection or AIDS?
(Mark yes or no for each issue.)

	Issue	Yes	No
a.	Attendance of students with HIV infection	0	0
b.	Procedures to protect HIV-infected students and staff from discrimination	0	0
c.	Maintaining confidentiality of HIV-infected students and staff	0	0
d.	Worksite safety (i.e., universal precautions for all school staff)	0	0
e.	Confidential counseling for HIV-infected students	0	0
f.	Communication of the policy to students, school staff, and parents	0	0
g.	Adequate training about HIV infection for school staff	0	0
h.	Procedures for implementing the policy	0	0

10. Are all staff who teach health education topics at this school certified, licensed, or endorsed by the state in health education?
(Mark one response.)

a. Yes
b. No
c. Not applicable (i.e., state does not offer certification, licensure, or endorsement in health education)

REQUIRED PHYSICAL EDUCATION

(Definition: Required physical education is defined as instruction that helps students develop the knowledge, attitudes, skills, and confidence needed to adopt and maintain a physically active lifestyle that students must receive for graduation or promotion from this school.)

11. Is physical education <u>required</u> for students in <u>any</u> of grades 6 through 12 in this school?
(Mark one response.)

a. Yes
b. No → Skip to Question 14

12. Is a <u>required physical education course</u> taught in each of the following grades in this school?
(Mark yes, no, or not applicable for each grade.)

	Grade	Yes	No	Not Applicable (e.g., grade not taught in this school.)
a.	6	0	0	0
b.	7	0	0	0
c.	8	0	0	0
d.	9	0	0	0
e.	10	0	0	0
f.	11	0	0	0
g.	12	0	0	0

13. Can students be exempted from taking <u>required physical education</u> for one grading period or longer for any of the following reasons?
(Mark yes or no for each reason.)

	Reason	Yes	No
a.	Enrollment in other courses (i.e., math or science)	0	0
b.	Participation in school sports	0	0
c.	Participation in other school activities (i.e., ROTC, band, or chorus)	0	0
d.	Participation in community sports activities	0	0
e.	Religious reasons	0	0
f.	Long-term physical or medical disability	0	0
g.	Cognitive disability	0	0
h.	High physical fitness competency test score	0	0
i.	Participation in vocational training	0	0
j.	Participation in community service activities	0	0

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

14. Are all staff who teach physical education at this school certified, licensed, or endorsed by the state in physical education?
(Mark one response.)

a. Yes
b. No
c. Not applicable (i.e., state does not offer certification, licensure, or endorsement in physical education)

15. During the past two years, did any physical education teachers or specialists at this school receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on physical education?
(Mark one response.)

a. Yes
b. No

16. Are those who teach physical education at this school provided with the following materials?
(Mark yes or no for each material.)

	Material	Yes	No
a.	Goals, objectives, and expected outcomes for physical education	0	0
b.	A chart describing the annual scope and sequence of instruction for physical education	0	0
c.	Plans for how to assess student performance in physical education	0	0
d.	A written physical education curriculum	0	0

17. Does this school offer opportunities for all students to participate in intramural activities or physical activity clubs? (Intramural activities or physical activities clubs are any physical activities programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability).
(Mark one response.)

a. Yes
b. No

TOBACCO-USE PREVENTION POLICIES

18. Has this school adopted a policy prohibiting tobacco use?
(Mark one response.)

a. Yes
b. No → **Skip to Question 25**

19. Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity?
(Mark yes or no for each type of tobacco for each group.)

		Students		Faculty/Staff		Visitors	
	Type of tobacco	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
a.	Cigarettes	0	0	0	0	0	0
b.	Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)	0	0	0	0	0	0
c.	Cigars	0	0	0	0	0	0
d.	Pipes	0	0	0	0	0	0

20. Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups?
(Mark yes or no for each time for each group.)

		Students		Faculty/Staff		Visitors	
	Time	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
a.	During school hours	0	0	0	0	0	0
b.	During non-school hours	0	0	0	0	0	0

21. Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups?
(Mark yes or no for each location for each group.)

		Students		Faculty/Staff		Visitors	
	Location	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
a.	In school buildings	0	0	0	0	0	0
b.	Outside on school grounds, including parking lots and playing fields	0	0	0	0	0	0
c.	On school buses or other vehicles used to transport students	0	0	0	0	0	0
d.	At off-campus, school-sponsored events	0	0	0	0	0	0

22. Does your school have procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco?
(Mark yes, no, or not applicable for each group.)

	Group	**Yes**	**No**	**Not Applicable**
a.	Students	0	0	0
b.	Faculty and staff	0	0	0
c.	Visitors	0	0	0

23. Does your school's tobacco-use prevention policy include guidelines on what actions the school should take when students are caught smoking cigarettes?
(Mark one response.)

a. Yes
b. No

24. At your school, who is responsible for enforcing your tobacco-use prevention policy?
(Mark one response.)

a. No single individual is responsible
b. Principal
c. Assistant principal
d. Other school administrator
e. Other school faculty or staff member

25. Which of the following help determine what actions the school takes when students are caught smoking cigarettes? (Mark all that apply.)

a. Zero tolerance
b. Effect or severity of the violation
c. Grade level of student
d. Repeat offender status
e. None of these

26. When <u>students</u> are caught smoking cigarettes, how often are each of the following actions taken?
(Mark one response for each action.)

	Action	Never	Rarely	Sometimes	Always or almost always
a.	Parents or guardians are notified	0	0	0	0
b.	Referred to a school counselor	0	0	0	0
c.	Referred to a school administrator	0	0	0	0
d.	Encouraged, but not required, to participate in an assistance, education, or cessation program	0	0	0	0
e.	Required to participate in an assistance, education, or cessation program	0	0	0	0
f.	Referred to legal authorities	0	0	0	0
g.	Placed in detention	0	0	0	0
h.	Not allowed to participate in extra-curricular activities or interscholastic sports	0	0	0	0
i.	Given in-school suspension	0	0	0	0
j.	Suspended from school	0	0	0	0
k.	Expelled from school	0	0	0	0
l.	Reassigned to an alternative school	0	0	0	0

27. Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed?
(Mark one response.)

a. Yes
b. No

28. During the past two years, has your school…
(Mark yes or no for each activity.)

	Activity	Yes	No
a.	Gathered and shared information with students and families about mass-media messages or community-based tobacco-use prevention efforts	0	0
b.	Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use	0	0

29. Does your school provide tobacco cessation services for each of the following groups?
(Mark yes or no for each group.)

	Group	Yes	No
a.	Faculty and staff	0	0
b.	Students	0	0

30. Does your school have arrangements with any organizations or health care professionals not on school property to provide tobacco cessation services for each of the following groups?
(Mark yes or no for each group.)

	Group	Yes	No
a.	Faculty and staff	0	0
b.	Students	0	0

NUTRITION-RELATED POLICIES AND PRACTICES

31. When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered?
(Mark one response.)

a. Foods or beverages are not offered at school celebrations
b. Never
c. Rarely
d. Sometimes
e. Always or almost always

32. Can students purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar?
(Mark one response.)

a. Yes
b. No → **Skip to Question 35**

33. Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar?
(Mark yes or no for each food or beverage.)

	Food or beverage	Yes	No
a.	Chocolate candy	0	0
b.	Other kinds of candy	0	0
c.	Salty snacks that are not low in fat, such as regular potato chips	0	0
d.	Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	0	0
e.	Ice cream or frozen yogurt that is not low in fat	0	0
f.	2% or whole milk (plain or flavored)	0	0
g.	Water ices or frozen slushes that do not contain juice	0	0
h.	Soda pop or fruit drinks that are not 100% juice	0	0
i.	Sports drinks, such as Gatorade	0	0
j.	Foods or beverages containing caffeine	0	0
k.	Fruits (not fruit juice)	0	0
l.	Non-fried vegetables (not vegetable juice)	0	0

34. Does this school limit the package or serving size of any individual food and beverage items sold in vending machines or at the school store, canteen, or snack bar?
(Mark one response.)

a. Yes
b. No

35. During this school year, has your school done any of the following?
(Mark yes or no for each.)

		Yes	No
a.	Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	0	0
b.	Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	0	0
c.	Provided information to students or families on the nutrition and caloric content of foods available	0	0
d.	Conducted taste tests to determine food preferences for nutritious items	0	0
e.	Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation or other nutrition-related topics	0	0

36. At this school, are candy, meals from fast food restaurants, or soft drinks promoted through the distribution of products, such as t-shirts, hats, and book covers to students?
(Mark one response.)

a. Yes
b. No

37. Does this school prohibit advertisements for candy, fast food restaurants, or soft drinks in the following locations?
(Mark yes or no for each location.)

	Location	Yes	No
a.	In the school building	0	0
b.	On school grounds including on the outside of the school building, on playing fields, or other areas of the campus	0	0
c.	On school buses or other vehicles used to transport students	0	0
d.	In school publications (e.g., newsletters, newspapers, web sites, or other school publications)	0	0

HEALTH SERVICES

38. Is there a full-time registered nurse who provides health services to students at your school? (A full-time nurse means that a nurse is at the school during all school hours, 5 days per week.)
(Mark one response.)

a. Yes
b. No

39. Which of the following sources of school health information does your school use to identify students diagnosed with chronic health conditions such as asthma?
(Mark all that apply.)

a. This school does not identify students diagnosed with chronic health conditions such as asthma
b. Student emergency cards
c. Medication records
d. Health room visit information
e. Emergency care plans
f. Physical exam records
g. Notes from parents
h. Other

40. At your school, how many <u>students with known asthma</u> have an asthma action plan on file? (Students with known asthma are those who are identified by the school to have a current diagnosis of asthma as reported on student emergency cards, medication records, health room visit information, emergency care plans, physical exam forms, parent notes, and other forms of health care clinician notification.)
(Mark one response.)

a. This school has no students with known asthma.
b. All students with known asthma have an asthma action plan on file.
c. Most students with known asthma have an asthma action plan on file.
d. Some students with known asthma have an asthma action plan on file.
e. No students with known asthma have an asthma action plan on file.

41. At your school, which of the following information is used to identify students with poorly controlled asthma?
(Mark all that apply.)

a. This school does not identify students with poorly controlled asthma.
b. Frequent absences from school
c. Frequent visits to the school health office due to asthma
d. Frequent asthma symptoms at school
e. Frequent non-participation in physical education class due to asthma
f. Students sent home early due to asthma
g. Calls from school to 911, or other local emergency numbers, due to asthma

42. Does your school provide the following services for students with poorly controlled asthma?
(Mark yes or no for each service.)

	Service	**Yes**	**No**
a.	Providing referrals to primary healthcare clinicians or child health insurance programs	0	0
b.	Ensuring an appropriate written asthma action plan is obtained	0	0
c.	Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school	0	0
d.	Offering asthma education for the student with asthma and his/her family	0	0
e.	Minimizing asthma triggers in the school environment	0	0
f.	Addressing social and emotional issues related to asthma	0	0
g.	Providing additional psychosocial counseling or support services as needed	0	0
h.	Ensuring access to safe, enjoyable physical education and activity opportunities	0	0
i.	Ensuring access to preventive medications before physical activity	0	0

43. Does this school have a designated and <u>secure storage location</u> for medications, including quick-relief asthma medications? (A secure location is one that is locked or inaccessible to everyone except the school nurse or her designee.)

a. Yes
b. No → **Skip to Q45**

44. Is this location accessible at all times by the school nurse or her designee?

a. Yes
b. No

45. How often are school staff members required to receive training on recognizing and responding to severe asthma symptoms?
(Mark one response.)

a. More than once per year
b. Once per year
c. Less than once per year
d. No such requirement

46. Has your school adopted a policy stating that students are permitted to carry and self-administer asthma medications?

a. Yes
b. No → **Skip to Q49**

47. Does your school have procedures to inform each of the following groups about your school's policy permitting students to carry and self-administer asthma medications?
(Mark yes or no for each group.)

	Groups	Yes	No
a.	Students	0	0
b.	Parents/families	0	0

48. At your school, who is responsible for implementing your school's policy permitting students to carry and self-administer asthma medication? (Mark one response.)

a. No single individual is responsible
b. Principal
c. Assistant principal
d. School nurse
e. Other school faculty or staff member

FAMILY AND COMMUNITY INVOLVEMENT

49. During the past two years, have students' families helped develop or implement policies and programs related to the following topics?
(Mark yes or no next to each topic.)

	Topic	Yes	No
a.	HIV, STD, or teen pregnancy prevention	0	0
b.	Tobacco-use prevention	0	0
c.	Physical activity	0	0
d.	Nutrition and healthy eating	0	0
e.	Asthma	0	0

50. During the past two years, have community members helped develop or implement policies and programs related to the following topics?
(Mark yes or no next to each topic.)

	Topic	Yes	No
a.	HIV, STD, or teen pregnancy prevention	0	0
b.	Tobacco-use prevention	0	0
c.	Physical activity	0	0
d.	Nutrition and healthy eating	0	0
e.	Asthma	0	0

Thank you for your responses. Please return this questionnaire.

APPENDIX E

SCHOOL HEALTH POLICIES AND PROGRAMS STUDY 2006: HEALTH EDUCATION STATE QUESTIONNAIRE

Form Approved
OMB No: 0920-0445
Expiration Date: 11/30/2008

Health Education
State Questionnaire

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, Mailstop D-74, Atlanta, GA 30333; Attention PRA (0920-0445).

NOTE: THROUGHOUT THIS QUESTIONNAIRE, TEXT THAT APPEARS IN ALL CAPITAL LETTERS WILL NOT BE READ ALOUD TO RESPONDENTS.

THIS QUESTIONNAIRE WILL BE ADMINISTERED USING COMPUTER ASSISTED TELEPHONE INTERVIEW TECHNOLOGY. THE INTERVIEWER WILL READ THE QUESTIONS ALOUD AND TYPE RESPONSES TO THE QUESTIONS INTO THE COMPUTER. THE INTERVIEW PROGRAM WILL 1) DISPLAY THE CORRECT TENSE OF VERBS, 2) PROVIDE ALTERNATE ANSWERS TO QUESTIONS (E.G., NOT APPLICABLE, "I DON'T KNOW"), 3) NAVIGATE COMPLEX SKIP PATTERNS, AND 4) PERFORM OTHER USEFUL FUNCTIONS. THE PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

1. This questionnaire focuses on your state's policies and practices regarding health education.

2. When I use the word "policy," I mean any law, rule, regulation, administrative order, or similar kind of mandate issued by the state board of education, state legislature, or other state agency with authority over schools in your state. I am most interested in what is required by the state, not what is recommended or contained in non-binding guidance documents, unless the question specifically asks about recommendations.

3. If a state policy is worded in such a way that it requires districts or schools to develop and adopt their own policies on a given topic, for the purpose of this questionnaire please consider it the same as a statewide requirement.

4. I recognize that the state may sometimes grant policy exceptions or waivers, but please answer each question based on what is considered the general policy and standard practice.

5. Please do not consider district or school practices or policies when answering the questions. We will ask about district and school practices and policies when we collect information from districts and schools across the country.

The first questions ask about your state's standards or guidelines for teaching health education. These standards or guidelines might cover topics such as the goals and objectives of health education or expected student outcomes.

1. Has your state adopted a policy stating that districts or schools will follow any national or state health education standards or guidelines?

   Yes 1-->SKIP TO Q3
   No 2

2. Has your state adopted a policy encouraging districts or schools to follow any national or state health education standards or guidelines?

   Yes 1
   No 2-->SKIP TO THE INTRODUCTION TO Q8

3. Are these health education standards or guidelines based on the National Health Education Standards?

   Yes 1
   No 2

The next questions ask about methods your state education agency might use to improve district or school compliance with these health education standards or guidelines.

4. To improve compliance with health education standards or guidelines, does your state use staff development for health education teachers?

   Yes 1
   No 2

5. To improve compliance with health education standards or guidelines, does your state include health education in statewide assessments or testing?

   Yes 1
   No 2

6. Does your state use written reports from districts or schools to document compliance with health education standards or guidelines?

   Yes 1
   No 2

7. Is health education included when your state does onsite reviews in school districts for overall compliance with educational standards or guidelines?

   Yes 1
   No 2

Now I'm going to ask you about elementary school instruction.

8. Has your state adopted goals, objectives, or expected outcomes for elementary school health education?

   Yes 1
   No 2-->SKIP TO THE INTRODUCTION TO Q10

The next questions ask about student outcomes.

9. Do the goals and objectives adopted by your state for elementary school health education specifically address…

		Yes	No
a.	Comprehending concepts related to health promotion and disease prevention?	1	2
b.	Accessing valid health information and health promotion products and services?	1	2
c.	Analyzing the influence of culture, media, technology, and other factors on health?	1	2
d.	Practicing health-enhancing behaviors and reducing health risks?	1	2
e.	Using interpersonal communication skills to enhance health?	1	2
f.	Using goal-setting and decision-making skills to enhance health?	1	2
g.	Advocating for personal, family, and community health?	1	2

The next questions ask about specific health topics.

10. Has your state adopted a policy stating that elementary schools will teach about…

		Yes	No
a.	Alcohol or other drug use prevention?	1	2
b.	Tobacco use prevention?	1	2
c.	Nutrition and dietary behavior?	1	2
d.	Physical activity and fitness, that is classroom instruction, not a physical education period?	1	2
e.	Pregnancy prevention?	1	2
f.	HIV or human immunodeficiency virus prevention?	1	2
g.	Other STD or sexually transmitted disease prevention?	1	2
h.	Human sexuality?	1	2
i.	Emotional and mental health?	1	2
j.	Suicide prevention?	1	2
k.	Violence prevention, for example bullying, fighting, or homicide?	1	2
l.	Injury prevention and safety?	1	2
m.	Asthma awareness?	1	2
n.	Foodborne illness prevention?	1	2

The next questions ask about curricula used by elementary schools for health education. By curriculum, I mean a written course of study that generally describes what students will know and be able to do by the end of a single grade or multiple grades and for a particular subject area. It is often presented through a detailed set of directions, strategies, and materials to facilitate student learning and teaching of content.

11. Does your state require or recommend that districts or schools use one particular curriculum for elementary school health education?

Require	1
Recommend	2
Neither	3-->SKIP TO THE INTRODUCTION TO Q13

12. Who developed that curriculum?
MARK ALL THAT APPLY

State education agency	1
Other state agency	2
Commercial company	3
Academic institution	4
State-level organization or coalition	5
Other	6

The next questions ask about information and materials that state agencies may provide for elementary school health education.

13. During the past two years, has your state provided…

		Yes	No
a.	A list of one or more recommended elementary school health education curricula?	1	2
b.	A list of one or more recommended elementary school health education textbooks?	1	2
c.	An elementary school health education curriculum?	1	2
d.	A chart describing the scope and sequence of instruction for elementary school health education?	1	2
e.	Lesson plans or learning activities for elementary school health education?	1	2
f.	Plans for how to assess or evaluate students in elementary school health education?	1	2

14. States use many ways to describe how much health education students are required to receive while in elementary school. For example, states may describe these requirements in terms of minutes per week, hours per quarter, or hours per year. In your state, are there specified time requirements for health education at the elementary school level?

Yes 1
No 2

Now I'm going to ask you about middle or junior high school instruction.

15. Has your state adopted goals, objectives, or expected outcomes for middle or junior high school health education?

Yes 1
No 2-->SKIP TO THE INTRODUCTION TO Q17

The next questions ask about student outcomes.

16. Do the goals and objectives adopted by your state for middle or junior high school health education specifically address…

		Yes	No
a.	Comprehending concepts related to health promotion and disease prevention?	1	2
b.	Accessing valid health information and health promoting products and services?	1	2
c.	Analyzing the influence of culture, media, technology, and other factors on health?	1	2
d.	Practicing health-enhancing behaviors and reducing health risks?	1	2
e.	Using interpersonal communication skills to enhance health?	1	2
f.	Using goal-setting and decision-making skills to enhance health?	1	2
g.	Advocating for personal, family, and community health?	1	2

The next questions ask about specific health topics.

17. Has your state adopted a policy stating that middle or junior high schools will teach about…

		Yes	No
a.	Alcohol or other drug use prevention?	1	2
b.	Tobacco use prevention?	1	2
c.	Nutrition and dietary behavior?	1	2
d.	Physical activity and fitness, that is classroom instruction, not a physical education period?	1	2
e.	Pregnancy prevention?	1	2
f.	HIV or human immunodeficiency virus prevention?	1	2
g.	Other STD or sexually transmitted disease prevention?	1	2
h.	Human sexuality?	1	2
i.	Emotional and mental health?	1	2
j.	Suicide prevention?	1	2
k.	Violence prevention, for example bullying, fighting, or homicide?	1	2
l.	Injury prevention and safety?	1	2
m.	Asthma awareness?	1	2
n.	Foodborne illness prevention?	1	2

The next questions ask about curricula used by middle or junior high schools for health education.

18. Does your state require or recommend that districts or schools use one particular curriculum for middle or junior high school health education?

Require	1
Recommend	2
Neither	3-->SKIP TO THE INTRODUCTION TO Q20

19. Who developed that curriculum?
MARK ALL THAT APPLY

State education agency	1
Other state agency	2
Commercial company	3
Academic institution	4
State-level organization or coalition	5
Other	6

The next questions ask about information and materials that state agencies may provide for middle or junior high school health education.

20. During the past two years, has your state provided…

		Yes	No
a.	A list of one or more recommended middle or junior high school health education curricula?	1	2
b.	A list of one or more recommended middle or junior high school health education textbooks?	1	2
c.	A middle or junior high school health education curriculum?	1	2
d.	A chart describing the scope and sequence of instruction for middle or junior high school health education?	1	2
e.	Lesson plans or learning activities for middle or junior high school health education?	1	2
f.	Plans for how to assess or evaluate students in middle or junior high school health education?	1	2

21. States use many ways to describe how much health education students are required to receive while in middle or junior high school. For example, states may describe these requirements in terms of minutes per week, hours per quarter, or hours per year. In your state, are there specified time requirements for health education at the middle or junior high school level?

Yes 1
No 2

Next I'm going to ask you about senior high school instruction.

22. Has your state adopted goals, objectives, or expected outcomes for senior high school health education?

Yes 1
No 2-->SKIP TO THE INTRODUCTION TO Q24

The next questions ask about student outcomes.

23. Do the goals and objectives adopted by your state for senior high school health education specifically address…

		Yes	No
a.	Comprehending concepts related to health promotion and disease prevention?	1	2
b.	Accessing valid health information and health promoting products and services?	1	2
c.	Analyzing the influence of culture, media, technology, and other factors on health?	1	2
d.	Practicing health-enhancing behaviors and reducing health risks?	1	2
e.	Using interpersonal communication skills to enhance health?	1	2
f.	Using goal-setting and decision-making skills to enhance health?	1	2
g.	Advocating for personal, family, and community health?	1	2

The next questions ask about specific health topics.

24. Has your state adopted a policy stating that senior high schools will teach about…

		Yes	No
a.	Alcohol or other drug use prevention?	1	2
b.	Tobacco use prevention?	1	2
c.	Nutrition and dietary behavior?	1	2
d.	Physical activity and fitness, that is classroom instruction, not a physical education period?	1	2
e.	Pregnancy prevention?	1	2
f.	HIV or human immunodeficiency virus prevention?	1	2
g.	Other STD or sexually transmitted disease prevention?	1	2
h.	Human sexuality?	1	2
i.	Emotional and mental health?	1	2
j.	Suicide prevention?	1	2
k.	Violence prevention, for example bullying, fighting, or homicide?	1	2
l.	Injury prevention and safety?	1	2
m.	Asthma awareness?	1	2
n.	Foodborne illness prevention?	1	2

The next questions ask about curricula used by senior high schools for health education.

25. Does your state require or recommend that districts or schools use one particular curriculum for senior high school health education?

Require	1
Recommend	2
Neither	3-->SKIP TO THE INTRODUCTION TO Q27

26. Who developed that curriculum?
MARK ALL THAT APPLY

State education agency	1
Other state agency	2
Commercial company	3
Academic institution	4
State-level organization or coalition	5
Other	6

The next questions ask about information and materials that state agencies may provide for senior high school health education.

27. During the past two years, has your state provided…

		Yes	No
a.	A list of one or more recommended senior high school health education curricula?	1	2
b.	A list of one or more recommended senior high school health education textbooks?	1	2
c.	A senior high school health education curriculum?	1	2
d.	A chart describing the scope and sequence of instruction for senior high school health education?	1	2
e.	Lesson plans or learning activities for senior high school health education?	1	2
f.	Plans for how to assess or evaluate students in senior high school health education?	1	2

28. States use many ways to describe how much health education students are required to receive while in senior high school. For example, states may describe these requirements in terms of minutes per week, hours per quarter, or hours per year. In your state, are there specified time requirements for health education at the senior high school level?

Yes	1
No	2

The next questions ask about student assessment policies in your state.

29a. Has your state adopted a policy stating that elementary school students will be tested on health topics?

Yes 1
No 2

29b. Has your state adopted a policy stating that middle or junior high school students will be tested on health topics?

Yes 1
No 2

29c. Has your state adopted a policy stating that senior high school students will be tested on health topics?

Yes 1
No 2

Now I'm going to ask you several questions about staffing and staff development in your state.

30a. Has your state adopted a policy stating that newly hired staff who teach health education at the elementary school level will have undergraduate or graduate training in health education?

Yes 1
No 2

30b. What about at the middle or junior high school level?

Yes 1
No 2

30c. What about at the senior high school level?

Yes 1
No 2

31a. Has your state adopted a policy stating that newly hired staff who teach health education at the middle or junior high school level will be Certified Health Education Specialists or CHES?

Yes 1
No 2

31b. What about at the senior high school level?

Yes	1
No	2

32. Does your state offer certification, licensure, or endorsement to teach health education?

Yes	1
No	2-->SKIP TO Q36

The next questions ask about types of certification, licensure, or endorsement your state may offer for health education teachers.

33. Does your state offer certification, licensure, or endorsement for…

		Yes	No
a.	Health education for grades K-12?	1	2
b.	Health education for elementary school?	1	2
c.	Health education for middle or junior high school?	1	2
d.	Health education for senior high school?	1	2
e.	Combined health education and physical education for grades K-12?	1	2
f.	Combined health education and physical education for elementary school?	1	2
g.	Combined health education and physical education for middle or junior high school?	1	2
h.	Combined health education and physical education for senior high school?	1	2

34a. Has your state adopted a policy stating that newly hired staff who teach health education at the elementary school level will be certified, licensed, or endorsed by the state to teach health education?

Yes	1
No	2
State does not offer certification, licensure, or endorsement to teach health education at the elementary school level	3

34b. What about at the middle or junior high school level?

Yes	1
No	2
State does not offer certification, licensure, or endorsement to teach health education at the middle/junior high school level	3

34c. What about at the senior high school level?

Yes	1
No	2
State does not offer certification, licensure, or endorsement to teach health education at the senior high school level	3

35. Has your state adopted a policy stating that teachers will earn continuing education credits on health education topics to maintain state certification, licensure, or endorsement to teach health education?

Yes	1
No	2

36. Has your state adopted a policy stating that each school district will have someone to oversee or coordinate school health education?

Yes	1
No	2

37. Has your state adopted a policy stating that each school will have someone to oversee or coordinate health education at the school, for example, a lead health education teacher?

Yes	1
No	2

My next questions are about staff development for those who teach health education. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

38. During the past two years, has your state provided funding for or offered staff development to those who teach health education on…

		Yes	No
a.	Alcohol or other drug use prevention?	1	2
b.	Tobacco use prevention?	1	2
c.	Nutrition and dietary behavior?	1	2
d.	Physical activity and fitness?	1	2
e.	Pregnancy prevention?	1	2
f.	HIV or human immunodeficiency virus prevention?	1	2
g.	Other STD or sexually transmitted disease prevention?	1	2
h.	Human sexuality?	1	2
i.	Emotional and mental health?	1	2
j.	Suicide prevention?	1	2
k.	Violence prevention, for example bullying, fighting, or homicide?	1	2
l.	Injury prevention and safety?	1	2
m.	Asthma awareness?	1	2
n.	Foodborne illness prevention?	1	2

39. During the past two years, has your state provided funding for or offered staff development to those who teach health education on…

		Yes	No
a.	Teaching students with long-term physical, medical, or cognitive disabilities?	1	2
b.	Teaching students of various cultural backgrounds?	1	2
c.	Teaching students with limited English proficiency?	1	2
d.	Using interactive teaching methods, such as role plays or cooperative group activities?	1	2
e.	Encouraging family or community involvement?	1	2
f.	Teaching skills for behavior change?	1	2
g.	Using classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management?	1	2
h.	Assessing or evaluating students in health education?	1	2

Now I'm going to ask you about collaboration among health education staff and other staff in your state.

40a. During the past 12 months, have state-level health education staff worked on health education activities with state-level physical education staff?

Yes	1
No	2
State does not have state-level physical education staff	3

40b. What about with state-level school health services staff?

Yes	1
No	2
State does not have state-level school health services staff	3

40c. What about with state-level school mental health or social services staff?

Yes	1
No	2
State does not have state-level school mental health or social services staff	3

40d. What about with state-level school nutrition or food service staff?

Yes	1
No	2
State does not have state-level school nutrition or food service staff	3

41. During the past 12 months, have state-level health education staff worked on health education activities with staff or members from…

		Yes	No
a.	The state-level AAHPERD ?	1	2
b.	The state-level American School Health Association?	1	2
c.	A state-level school nurses' association?	1	2
d.	A state-level physicians' organization, such as the American Academy of Pediatrics?	1	2
e.	A state-level health organization, such as the American Heart Association or the American Cancer Society?	1	2
f.	The state health department?	1	2
g.	The state mental health or social services agency?	1	2
h.	A state-level school health committee, council, or team?	1	2
i.	Colleges or universities?	1	2
j.	Businesses?	1	2

42. Currently, does someone in your state oversee or coordinate school health education?

Yes	1
No	2-->That is the last question. Thank you very much for taking the time to complete this questionnaire.

43. Are you this person?

Yes	1
No	2-->That is the last question. Thank you very much for taking the time to complete this questionnaire.

The last few questions ask about your educational background.

44. Do you have an undergraduate degree?

Yes	1
No	2-->SKIP TO Q50A

45. What did you major in? MARK ALL THAT APPLY

Health education	1
Physical education	2
Other education	3
Kinesiology, exercise physiology, or exercise science	4
Nursing	5
Nutrition	6
Public health	7
Biology or other science	8
Home economics or family and consumer science	9
Other	10

46. Did you have an undergraduate minor?

Yes	1
No	2-->SKIP TO Q48

47. What did you minor in? MARK ALL THAT APPLY

Health education	1
Physical education	2
Other education	3
Kinesiology, exercise physiology, or exercise science	4
Nursing	5
Nutrition	6
Public health	7
Biology or other science	8
Home economics or family and consumer science	9
Other	10

48. Do you have a graduate degree?

Yes	1
No	2-->SKIP TO Q50A

49. In what area or areas? MARK ALL THAT APPLY

Health education	1
Physical education	2
Other education	3
Kinesiology, exercise physiology, or exercise science	4
Nursing	5
Nutrition	6
Public health	7
Biology or other science	8
Home economics or family and consumer science	9
Other	10

50a. Are you certified, licensed, or endorsed by the state to teach health education at the elementary school level?

Yes	1
No	2
State does not offer certification, licensure, or endorsement to teach health education at the elementary school level	3

50b. What about at the middle or junior high school level?

Yes	1
No	2
State does not offer certification, licensure, or endorsement to teach health education at the middle/junior high school level	3

50c. What about at the senior high school level?

Yes	1
No	2
State does not offer certification, licensure, or endorsement to teach health education at the senior high school level	3

51. Are you a Certified Health Education Specialist or CHES?

Yes	1
No	2

Thank you very much for taking the time to participate in this study. If you would like more information about this study or would like clarification of any questions in this survey, please call 800-287-1815.

APPENDIX F

SCHOOL HEALTH POLICIES AND PROGRAMS STUDY 2006:
HEALTH EDUCATION DISTRICT QUESTIONNAIRE

HE_District - public use

Form Approved
OMB No: 0920-0445
Expiration Date: 11/30/2008

Health Education

District Questionnaire

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, Mailstop D-74, Atlanta, GA 30333; Attention PRA (0920-0445).

NOTE: THROUGHOUT THIS QUESTIONNAIRE, TEXT THAT APPEARS IN ALL CAPITAL LETTERS WILL NOT BE READ ALOUD TO RESPONDENTS.

THIS QUESTIONNAIRE WILL BE ADMINISTERED USING COMPUTER ASSISTED TELEPHONE INTERVIEW TECHNOLOGY. THE INTERVIEWER WILL READ THE QUESTIONS ALOUD AND TYPE RESPONSES TO THE QUESTIONS INTO THE COMPUTER. THE INTERVIEW PROGRAM WILL 1) DISPLAY THE CORRECT TENSE OF VERBS, 2) PROVIDE ALTERNATE ANSWERS TO QUESTIONS (E.G., NOT APPLICABLE, "I DON'T KNOW"), 3) NAVIGATE COMPLEX SKIP PATTERNS, AND 4) PERFORM OTHER USEFUL FUNCTIONS. THE PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

1. This questionnaire focuses on your district's policies and practices regarding health education.

2. When I use the word "policy," I mean any law, rule, regulation, administrative order, or similar kind of mandate issued by the local school board or other local agency with authority over schools in your district. I am most interested in what is required by the district, not what is recommended or contained in non-binding guidance documents, unless the question specifically asks about recommendations.

3. If a district policy is worded in such a way that it requires schools to develop and adopt their own policies on a given topic, for the purpose of this questionnaire please consider it the same as a district-wide requirement.

4. I recognize that the district may sometimes grant policy exceptions or waivers, but please answer each question based on what is considered the general policy and standard practice.

5. Please do not consider school practices or policies when answering the questions. We will ask about school practices and policies when we collect information from schools across the country.

The first questions ask about your district's standards or guidelines for teaching health education.

These standards or guidelines might cover topics such as the goals and objectives of health education or expected student outcomes.

1. Has your district adopted a policy stating that schools will follow any national, state, or district health education standards or guidelines?

   Yes 1-->SKIP TO Q3
   No 2

2. Has your district adopted a policy encouraging schools to follow any national, state, or district health education standards or guidelines?

   Yes 1
   No 2-->SKIP TO THE INTRODUCTION TO Q8

3. Are these health education standards or guidelines based on the National Health Education Standards?

   Yes 1
   No 2

The next questions ask about methods your district might use to improve school compliance with these health education standards or guidelines.

4. To improve compliance with health education standards or guidelines, does your district use staff development for health education teachers?

   Yes 1
   No 2

5. Does your district use written reports from schools to document compliance with health education standards or guidelines?

   Yes 1
   No 2

6. To improve compliance with health education standards or guidelines, does your district use teacher evaluations or classroom monitoring?

   Yes 1
   No 2

7. To improve compliance with health education standards or guidelines, does your district use teachers to mentor other teachers?

   Yes 1
   No 2

Now I'm going to ask you about elementary school instruction.

8. Has your district adopted goals, objectives, or expected outcomes for elementary school health education?

   Yes 1
   No 2-->SKIP TO THE INTRODUCTION TO Q10

The next questions ask about student outcomes.

9. Do the goals and objectives adopted by your district for elementary school health education specifically address…

		Yes	No
a.	Comprehending concepts related to health promotion and disease prevention?	1	2
b.	Accessing valid health information and health promoting products and services?	1	2
c.	Analyzing the influence of culture, media, technology, and other factors on health?	1	2
d.	Practicing health-enhancing behaviors and reducing health risks?	1	2
e.	Using interpersonal communication skills to enhance health?	1	2
f.	Using goal-setting and decision-making skills to enhance health?	1	2
g.	Advocating for personal, family, and community health?	1	2

The next questions ask about specific health topics.

10. Has your district adopted a policy stating that elementary schools will teach about…

		Yes	No
a.	Alcohol or other drug use prevention?	1	2
b.	Tobacco use prevention?	1	2
c.	Nutrition and dietary behavior?	1	2
d.	Physical activity and fitness, that is classroom instruction, not a physical education period?	1	2
e.	Pregnancy prevention?	1	2
f.	HIV or human immunodeficiency virus prevention?	1	2
g.	Other STD or sexually transmitted disease prevention?	1	2
h.	Human sexuality?	1	2
i.	Emotional and mental health?	1	2
j.	Suicide prevention?	1	2
k.	Violence prevention, for example bullying, fighting, or homicide?	1	2
l.	Injury prevention and safety?	1	2
m.	Asthma awareness?	1	2
n.	Foodborne illness prevention?	1	2

IF STUDENTS RECEIVE INSTRUCTION ON HUMAN SEXUALITY TOPICS (Q10E, Q10F, Q10G, OR Q10H IS "YES"), ANSWER Q11 AND Q12. OTHERWISE, SKIP TO THE INTRODUCTION TO Q13.

11. Has your district adopted a policy stating that elementary schools will notify parents or guardians before students receive instruction on pregnancy prevention, HIV prevention, other STD prevention, or human sexuality?

Yes	1
No	2

12. Has your district adopted a policy stating that elementary schools will allow parents or guardians to exclude their children from receiving instruction on pregnancy prevention, HIV prevention, other STD prevention, or human sexuality?

Yes	1
No	2

The next questions ask about curricula used by elementary schools for health education. By curriculum, I mean a written course of study that generally describes what students will know and be able to do by the end of a single grade or multiple grades and for a particular subject area. It is often presented through a detailed set of directions, strategies, and materials to facilitate student learning and teaching of content.

13. Does your district require or recommend that schools use one particular curriculum for elementary school health education?

Require	1
Recommend	2
Neither	3-->SKIP TO THE INTRODUCTION TO Q15

14. Who developed that curriculum? MARK ALL THAT APPLY

State education agency	1
Other state agency	2
School district	3
Commercial company	4
Academic institution	5
State-level organization or coalition	6
Other	7

The next questions ask about information and materials that your district may have provided for elementary school health education.

15. During the past two years, has your district provided…

		Yes	No
a.	A list of one or more recommended elementary school health education curricula?	1	2
b.	A list of one or more recommended elementary school health education textbooks?	1	2
c.	An elementary school health education curriculum?	1	2
d.	A chart describing the scope and sequence of instruction for elementary school health education?	1	2
e.	Lesson plans or learning activities for elementary school health education?	1	2
f.	Plans for how to assess or evaluate students in elementary school health education?	1	2

16. Districts use many ways to describe how much health education students are required to receive while in elementary school. For example, districts may describe these requirements in terms of minutes per week, hours per quarter, or hours per year. In your district, are there specified time requirements for health education at the elementary school level?

    Yes 1
    No 2

The next questions ask about staffing for elementary school health education in your district.

17. Has your district adopted a policy stating that newly hired staff who teach health education at the elementary school level will have undergraduate or graduate training in health education?

    Yes 1
    No 2

18. Has your district adopted a policy stating that newly hired staff who teach health education at the elementary school level will be certified, licensed, or endorsed by the state to teach health education?

Yes	1
No	2
State does not offer certification, licensure, or endorsement to teach health education at the elementary school level	3

Now I'm going to ask you about middle or junior high school instruction.

19. Has your district adopted goals, objectives, or expected outcomes for middle or junior high school health education?

Yes	1
No	2-->SKIP TO THE INTRODUCTION TO Q21

The next questions ask about student outcomes.

20. Do the goals and objectives adopted by your district for middle or junior high school health education specifically address…

		Yes	No
a.	Comprehending concepts related to health promotion and disease prevention?	1	2
b.	Accessing valid health information and health promoting products and services?		1
c.	Analyzing the influence of culture, media, technology, and other factors on health?	1	2
d.	Practicing health-enhancing behaviors and reducing health risks?	1	2
e.	Using interpersonal communication skills to enhance health?	1	2
f.	Using goal-setting and decision-making skills to enhance health?	1	2
g.	Advocating for personal, family, and community health?	1	2

The next questions ask about specific health topics.

21. Has your district adopted a policy stating that middle or junior high schools will teach about…

		Yes	No
a.	Alcohol or other drug use prevention?	1	2
b.	Tobacco use prevention?	1	2
c.	Nutrition and dietary behavior?	1	2
d.	Physical activity and fitness, that is classroom instruction, not a physical education period?	1	2
e.	Pregnancy prevention?	1	2
f.	HIV or human immunodeficiency virus prevention?	1	2
g.	Other STD or sexually transmitted disease prevention?	1	2
h.	Human sexuality?	1	2
i.	Emotional and mental health?	1	2
j.	Suicide prevention?	1	2
k.	Violence prevention, for example bullying, fighting, or homicide?	1	2
l.	Injury prevention and safety?	1	2
m.	Asthma awareness?	1	2
n.	Foodborne illness prevention?	1	2

IF STUDENTS RECEIVE INSTRUCTION ON HUMAN SEXUALITY TOPICS (Q21E, Q21F, Q21G, OR Q21H IS "YES"), ANSWER Q22 AND Q23. OTHERWISE, SKIP TO THE INTRODUCTION TO Q24.

22. Has your district adopted a policy stating that middle or junior high schools will notify parents or guardians before students receive instruction on pregnancy prevention, HIV prevention, other STD prevention, or human sexuality?

    Yes 1
    No 2

23. Has your district adopted a policy stating that middle or junior high schools will allow parents or guardians to exclude their children from receiving instruction on pregnancy prevention, HIV prevention, other STD prevention, or human sexuality?

    Yes 1
    No 2

The next questions ask about curricula used by middle or junior high schools for health education.

24. Does your district require or recommend that schools use one particular curriculum for middle or junior high school health education?

Require	1
Recommend	2
Neither	3-->SKIP TO THE INTRODUCTION TO Q26

25. Who developed that curriculum?
MARK ALL THAT APPLY

State education agency	1
Other state agency	2
School district	3
Commercial company	4
Academic institution	5
State-level organization or coalition	6
Other	7

The next questions ask about information and materials that your district may have provided for middle or junior high school health education.

26. During the past two years, has your district provided…

		Yes	No
a.	A list of one or more recommended middle or junior high school health education curricula?	1	2
b.	A list of one or more recommended middle or junior high school health education textbooks?	1	2
c.	A middle or junior high school health education curriculum?	1	2
d.	A chart describing the scope and sequence of instruction for middle or junior high school health education?	1	2
e.	Lesson plans or learning activities for middle or junior high school health education?	1	2
f.	Plans for how to assess or evaluate students in middle or junior high school health education?	1	2

27. Districts use many ways to describe how much health education students are required to receive while in middle or junior high school. For example, districts may describe these requirements in terms of minutes per week, hours per quarter, or hours per year. In your district, are there specified time requirements for health education at the middle or junior high school level?

    Yes 1
    No 2

The next questions ask about staffing for middle or junior high school health education in your district.

28. Has your district adopted a policy stating that newly hired staff who teach health education at the middle or junior high school level will have undergraduate or graduate training in health education?

    Yes 1
    No 2

29. Has your district adopted a policy stating that newly hired staff who teach health education at the middle or junior high school level will be Certified Health Education Specialists or CHES?

    Yes 1
    No 2

30. Has your district adopted a policy stating that newly hired staff who teach health education at the middle or junior high school level will be certified, licensed, or endorsed by the state to teach health education?

    Yes 1
    No 2
    State does not offer certification, licensure, or endorsement to teach health education at the middle/junior high school level 3

Next I'm going to ask you about senior high school instruction.

31. Has your district adopted goals, objectives, or expected outcomes for senior high school health education?

    Yes 1
    No 2-->SKIP TO THE INTRODUCTION TO Q33

The next questions ask about student outcomes.

32. Do the goals and objectives adopted by your district for senior high school health education specifically address…

		Yes	No
a.	Comprehending concepts related to health promotion and disease prevention?	1	2
b.	Accessing valid health information and health promoting products and services?	1	2
c.	Analyzing the influence of culture, media, technology, and other factors on health?	1	2
d.	Practicing health-enhancing behaviors and reducing health risks?	1	2
e.	Using interpersonal communication skills to enhance health?	1	2
f.	Using goal-setting and decision-making skills to enhance health?	1	2
g.	Advocating for personal, family, and community health?	1	2

The next questions ask about specific health topics.

33. Has your district adopted a policy stating that senior high schools will teach about…

		Yes	No
a.	Alcohol or other drug use prevention?	1	2
b.	Tobacco use prevention?	1	2
c.	Nutrition and dietary behavior?	1	2
d.	Physical activity and fitness, that is classroom instruction, not a physical education period?	1	2
e.	Pregnancy prevention?	1	2
f.	HIV or human immunodeficiency virus prevention?	1	2
g.	Other STD or sexually transmitted disease prevention?	1	2
h.	Human sexuality?	1	2
i.	Emotional and mental health?	1	2
j.	Suicide prevention?	1	2
k.	Violence prevention, for example bullying, fighting, or homicide?	1	2
l.	Injury prevention and safety?	1	2
m.	Asthma awareness?	1	2
n.	Foodborne illness prevention?	1	2

IF STUDENTS RECEIVE INSTRUCTION ON HUMAN SEXUALITY TOPICS (Q33E, Q33F, Q33G, OR Q33H IS "YES"), ANSWER Q34 AND Q35. OTHERWISE, SKIP TO THE INTRODUCTION TO Q36.

34. Has your district adopted a policy stating that senior high schools will notify parents or guardians before students receive instruction on pregnancy prevention, HIV prevention, other STD prevention, or human sexuality?

Yes	1
No	2

35. Has your district adopted a policy stating that senior high schools will allow parents or guardians to exclude their children from receiving instruction on pregnancy prevention, HIV prevention, other STD prevention, or human sexuality?

Yes	1
No	2

The next questions ask about curricula used by senior high schools for health education.

36. Does your district require or recommend that schools use one particular curriculum for senior high school health education?

Require	1
Recommend	2
Neither	3-->SKIP TO THE INTRODUCTION TO Q38

37. Who developed that curriculum? MARK ALL THAT APPLY

State education agency	1
Other state agency	2
School district	3
Commercial company	4
Academic institution	5
State-level organization or coalition	6
Other	7

The next questions ask about information and materials that your district may have provided for senior high school health education.

38. During the past two years, has your district provided…

		Yes	No
a.	A list of one or more recommended senior high school health education curricula?	1	2
b.	A list of one or more recommended senior high school health education textbooks?	1	2
c.	A senior high school health education curriculum?	1	2
d.	A chart describing the scope and sequence of instruction for senior high school health education?	1	2
e.	Lesson plans or learning activities for senior high school health education?	1	2
f.	Plans for how to assess or evaluate students in senior high school health education?	1	2

39. Districts use many ways to describe how much health education students are required to receive while in senior high school. For example, districts may describe these requirements in terms of minutes per week, hours per quarter, or hours per year. In your district, are there specified time requirements for health education at the senior high school level?

Yes 1
No 2

The next questions ask about staffing for senior high school health education in your district.

40. Has your district adopted a policy stating that newly hired staff who teach health education at the senior high school level will have undergraduate or graduate training in health education?

Yes 1
No 2

41. Has your district adopted a policy stating that newly hired staff who teach health education at the senior high school level will be Certified Health Education Specialists or CHES?

Yes 1
No 2

42. Has your district adopted a policy stating that newly hired staff who teach health education at the senior high school level will be certified, licensed, or endorsed by the state to teach health education?

Yes	1
No	2
State does not offer certification, licensure or endorsement to teach health education at the senior high school level	3

43. Has your district adopted a policy stating that those who teach health education will earn continuing education credits on health education topics?

Yes	1
No	2

44. Has your district adopted a policy stating that each school will have someone to oversee or coordinate health education at the school, for example, a lead health education teacher?

Yes	1
No	2

My next questions are about staff development for those who teach health education. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

45. During the past two years, has your district provided funding for or offered staff development to those who teach health education on…

		Yes	No
a.	Alcohol or other drug use prevention?	1	2
b.	Tobacco use prevention?	1	2
c.	Nutrition and dietary behavior?	1	2
d.	Physical activity and fitness?	1	2
e.	Pregnancy prevention?	1	2
f.	HIV or human immunodeficiency virus prevention?	1	2
g.	Other STD or sexually transmitted disease prevention?	1	2
h.	Human sexuality?	1	2
i.	Emotional and mental health?	1	2
j.	Suicide prevention?	1	2
k.	Violence prevention, for example bullying, fighting, or homicide?	1	2
l.	Injury prevention and safety?	1	2
m.	Asthma awareness?	1	2
n.	Foodborne illness prevention?	1	2

46. During the past two years, has your district provided funding for or offered staff development to those who teach health education on…

		Yes	No
a.	Teaching students with long-term physical, medical, or cognitive disabilities?	1	2
b.	Teaching students of various cultural backgrounds?	1	2
c.	Teaching students with limited English proficiency?	1	2
d.	Using interactive teaching methods, such as role plays or cooperative group activities?	1	2
e.	Encouraging family or community involvement?	1	2
f.	Teaching skills for behavior change?	1	2
g.	Using classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management?	1	2
h.	Assessing or evaluating students in health education?	1	2

Now I'm going to ask you about collaboration among health education staff and other staff in your district.

47a. During the past 12 months, have district-level health education staff worked on health education activities with district-level physical education staff?

Yes	1
No	2
District does not have district-level physical education staff	3

47b. What about with district-level health services staff?

Yes	1
No	2
District does not have district-level health services Staff	3

47c. What about with district-level mental health or social services staff?

Yes	1
No	2
District does not have district-level mental health or social services staff	3

47d. What about with district-level nutrition or food service staff?

Yes	1
No	2
District does not have district-level nutrition or food service staff	3

47e. What about with district-level general curriculum coordinators or supervisors?

Yes	1
No	2
District does not have district-level general curriculum coordinators or supervisors	3

48. During the past 12 months, have district health education staff worked on health education activities with staff or members from…

		Yes	No
a.	A local health department?	1	2
b.	A local hospital?	1	2
c.	A local mental health or social services agency?	1	2
d.	A local law enforcement agency?	1	2
e.	A local service club, such as the Rotary Club?	1	2
f.	Local fire or emergency services?	1	2
g.	A health organization, such as the American Heart Association or the American Cancer Society?	1	2
h.	A local college or university?	1	2
i.	A local business?	1	2

The next question asks about health education promotion that might occur in your district.

49. During the past 12 months, has your district…

		Yes	No
a.	Provided families with information on school health education?	1	2
b.	Offered any health education for families?	1	2
c.	Provided district or school personnel—for example classroom teachers, administrators, or school board members—with information on school health education?	1	2
d.	Sought positive media attention for school health education?	1	2

The next questions ask about different aspects of school health education that might have been evaluated during the past two years.

50. During the past two years, have the following aspects of health education in your district been evaluated?

	Yes	No	N/A
a. Health education policies	1	2	3
b. Health education curricula	1	2	3
c. Health education staff development or in-service programs	1	2	3

51. Currently, does someone in your district oversee or coordinate health education?

Yes	1
No	2-->That is the last question.

Thank you very much for taking the time to complete this questionnaire.

52. Are you this person?

Yes	1
No	2-->That is the last question. Thank you very much for taking the time to complete this questionnaire.

The last few questions ask about your educational background.

53. Do you have an undergraduate degree?

Yes	1
No	2-->SKIP TO Q59A

54. What did you major in? MARK ALL THAT APPLY

Health education	1
Physical education	2
Other education	3
Kinesiology, exercise physiology, or exercise science	4
Nursing	5
Nutrition	6
Public health	7
Biology or other science	8
Home economics or family and consumer science	9
Other	10

55. Did you have an undergraduate minor?

Yes	1
No	2-->SKIP TO Q57

56. What did you minor in? MARK ALL THAT APPLY

Health education	1
Physical education	2
Other education	3
Kinesiology, exercise physiology, or exercise science	4
Nursing	5
Nutrition	6
Public health	7
Biology or other science	8
Home economics or family and consumer science	9
Other	10

57. Do you have a graduate degree?

Yes	1
No	2-->SKIP TO Q59A

58. In what area or areas? MARK ALL THAT APPLY

Health education	1
Physical education	2
Other education	3
Kinesiology, exercise physiology, or exercise science	4
Nursing	5
Nutrition	6
Public health	7
Biology or other science	8
Home economics or family and consumer science	9
Other	10

59a. Are you certified, licensed, or endorsed by the state to teach health education at the elementary school level?

Yes	1
No	2
State does not offer certification, licensure, or endorsement to teach health education at the elementary school level	3

59b. What about at the middle or junior high school level?

Yes	1
No	2
State does not offer certification, licensure, or endorsement to teach health education at the middle/junior high school level	3

59c. What about at the senior high school level?

Yes	1
No	2
State does not offer certification, licensure, or endorsement to teach health education at the senior high school level	3

60. Are you a Certified Health Education Specialist or CHES?

Yes	1
No	2

Thank you very much for taking the time to participate in this study.

If you would like more information about this study or would like clarification of any questions in this survey, please call 800-287-1815.