Health education in Montana secondary schools

Diane K. Hammer

The University of Montana

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Health Education
in
Montana Secondary Schools

by
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B.S., Montana State University, 1974
Presented in Partial Fulfillment
of the Requirements for the
Degree of Master of Science
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1984

Approved by:

[Signatures]

Chairman, Board of Examiners

Dean, Graduate School

Date

August 8, 1984

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ACKNOWLEDGMENTS

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I. INTRODUCTION

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

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

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

Clair E. Turner, a faculty member of Harvard, was an early leader in the movement to separate health education from physical education. In 1921, he implemented
health education programs in the fourth, fifth, and sixth grades of two Malden, Massachusetts schools and studied the effects of this education on students' health habits. When his research ended in 1931, Turner wrote, "There is definite evidence of improvement in the habits of the children and their health. The parents most enthusiastically support the program and the city is extending the plan to every school. The children have proved to themselves that the way they live affects the way they feel. The teachers feel that health training is a proper and enjoyable activity." [19]. This study started the publication of the first school health textbook series for students in grades two through nine and the development of the first motivational visual aids for health education [11].

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

During the 1940's, 1950's, and early 1960's, government officials became concerned with the lack of adequate fitness of America's youth. The initial concern surfaced during post World War II years when studies revealed a large number of young men failed to meet physical requirements for the draft. In the 1950's Kraus and Weber, comparing fitness levels of Americans and Europeans, reported
that American youth were less physically fit than Euro­
pean youth. The report led to the later development of
the school fitness movements encouraged by the Eisenhower
and Kennedy administrations. As a result, health educa­
tion programs were de-emphasized in schools. However,
private corporations, such as Kellogg, were instrumental
in providing funds for school health education and the
training of health educators [4].

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

In the 1970's health education saw a surge of pub­
lic interest due to the rise in teenage drug abuse and
sexual activity. Governor Rockefeller commissioned a
steering committee to study social problems, health, and
hospital costs. The study was followed by President
Nixon's appointment of the President's Committee on Health
Education. Several national offices--such as the Bureau
of Health Education, which is now The Center for Health
Promotion and Education, and the Office of Health Infor­
mation and Health Promotion--were created as a result of
recommendations of the commissions [4].
Health education is commonly viewed as a process which aids people in making decisions about matters of physical, spiritual, social, and emotional well-being. For years school health teachers have worked to exert a positive influence on student health. They have tried to change behaviors, influence values, provide information, aid health-related decision-making, analyze lifestyles, and promote wellness. Yet a prevalent concern of parents and school officials is the question of whose values the students should learn. One author [18] described health education as being deeply embedded in the Protestant work ethic which integrates a value judgment about behavior. "Normal behavior" tends to reflect commitments to middle class values of individualism and the work ethic. Within this framework, health education provides moral guidelines by pointing out "good" and "bad" behaviors in eating patterns, exercise status, abuse patterns, and daily decision-making.

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

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

1] School district resentment toward health education because in many places programs have been 'imposed' on unwilling districts through state mandates

2] A lack of an organized base of community support for school health education programs

3] The 'last-in-first-out' rule which says that programs most recently incorporated into the school are the first to be cut during difficult financial times

4] The 'new kid on the block' syndrome which pits comprehensive school health education [seen as the 'new kid'] against the established, traditional programs, at a time when financial support for education is dwindling and everyone is trying to protect personal turf. [10].

Part of the explanation is embedded in "back to basics" trends in public education. The impetus for this movement comes not only from people interested in educational goals, but also from those whose major concern is school budget and financing. Budget committees are eager to believe in the "basics only" philosophy because it eases the burden of cutting curricula to save money. Health education is not viewed as basic to education in the "back to basics" movement and therefore is treated as
a fringe without high priority. Consequently, health educa-
tion in the future will be determined to a large degree by what happens to society in the next several years and by the role of education in that society.

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

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

If we are to look upon education as building whole people so that they can function in a democratic society, we must reexamine what is fundamental. I suppose if we were to ask almost anyone what the fundamentals are, he would cite the three R's . . . this in keeping with the notion that the school is a place for book learning, that the rest of the organism does not and should not grow in school but should do it somewhere else.
we obviously need a new definition of what is fundamental. It seems to me that anything is fundamental without which the organism cannot thrive. Just being alive means very little when compared to becoming a thriving, adequate human being.

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

The most urgent needs of our youth go so much deeper. [10].

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

The teacher education system must also accept responsibility for some of the problems in school health education programs. "Historically, school administrators seeking personnel for health instruction and school health services chose physical educators for the tasks—the assumption being that the goal of physical education was the 'total' health of the individual. Usually, the physical educator was inadequately prepared in health education and possessed little, if any, interest in the discipline. This has led to a low regard for health education programs, a lack of consistency nationally in health
education program development and limited effectiveness." [3].

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

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

According to Cobb [3], health education programs for teachers should become separate and distinct departments in schools of education. By doing this, he feels that one would see an increase in professional pride, more diversified opportunities to expand curricular offerings, and
more opportunities to advance as a distinct professional
discipline. In Montana universities and colleges, one
cannot earn a major teaching degree in health education
without the combination of health and physical education.
Montana State University and Northern Montana College,
however, offer health teaching minors without combination
with physical education [21][22][23][24][25].

A definite need for sound health education prin-
ciples, concepts, and procedures exists so educators can
justify their programs. The following are nine recommen-
dations for teacher use:

1) Develop an understandable, defensible personal
operating philosophy of health education

2) Be familiar with the "back to basics" trend and
be able to defend the role of health education
as a basic

3) Work to broaden the definition of "the basics"

4) Generate support from parents and students for
health education

5) Establish community support through various
health care facilities and community leaders

6) Be professionally active in order to enhance per-
sonal growth

7) Be politically aware in order to understand current
trends in education and to have an input into
legislation

8) Be a health advocate for students

9) Be visible through involvement with health re-
lated issues and movements [10].

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

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

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

1) Provide a comprehensive K-12 program

2) Require specific coursework in health for all pre-service and in-service elementary teachers

3) Require that all secondary level health instruction be provided by a certified health specialist
4) Have a statewide comprehensive study program and related resource materials for classroom use

5) Inform school administrators concerning the discipline of health programs

6) Increase support for health instruction from state education agencies and institutions of higher education

7) Involve parents in planning and evaluating health programs

8) Utilize community resources in health courses [16].

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

A critical influence in the status of health education is the state codes of education. State laws about school health programs are usually inadequate and rarely enforced. Montana is one of forty-two states which has educational codes requiring health education in public school curriculum, even though the codes do not define time allotments, scope, or sequence [9]. Montana's codes require one unit of health and physical education for high school graduation. The school district and/or teacher determines the amount of time to be spent on health and the course content of the class. Therefore, existing health programs in Montana lack consistency as to content
and time allotment [20]. Some programs are merely three weeks of basic instruction in first aid, sex education, or any other topic of current concern. Such an approach does not fulfill a major goal of education: to promote individual responsibility for health [6].

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

The Sample:

In gathering information about the health programs taught in Montana schools, a total of seven teachers were interviewed in six AA schools. The schools were selected from eleven AA Montana schools which responded to a survey conducted by Fred Stetson, University of Montana (appendix A). Criteria used in selecting the six AA schools included: 1) that they were AA schools in western Montana, and; 2) that they had ongoing health education programs.

The primary objective of the study was to use gathered program information to develop a health curriculum for use in a AA secondary school. The names and sizes of the AA schools visited were as follows: Big Sky High School, Missoula, 1100 students; C. M. Russell High School, Great Falls, 1400 students; Columbia Falls High School, Columbia Falls, 700 students; Flathead High School, Kalispell, 1500 students; Hellgate High School, Missoula, 1200 students; and Sentinel High School, Missoula, 1100 students.

Collection of the Data:

An interview form was devised and completed by the interviewer during each visitation (appendix B). The
instructors were each contacted by telephone to make appointments for interviews. With the exception of one, each location was visited by the researcher in person to see the facilities available to the instructor. Because of scheduling conflicts, one interview was conducted by telephone.

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

Presentation of the Data:

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

In all high schools, except Columbia Falls, health education classes were taught in the ninth and tenth grades only. Columbia Falls High School expanded the
health course offerings to include grades nine through twelve.

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

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

Magazines and journals were not used in health classes in most of the schools. Only two of the seven
teachers indicated using these materials in their classes. The health teacher at C. M. Russell High School listed Health Today and Sports Medicine as resources used in the classroom. The home economics/health teacher at Columbia Falls used American Health (appendix B).

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

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

The areas taught by the seven teachers are found in table 2. No specific area of health was taught by all of the teachers. Fitness/aerobics, sexuality, and VD were
taught by five of the seven teachers. No teacher indicated that he/she covered a unit on death and dying. The health teacher at C. M. Russell High School included a unit on health careers.

In general, the non-physical education/health teacher included more areas in his/her respective health classes than did the physical education/health teacher. The non-physical education teachers covered an average of 17 areas with a range from 14 to 19 different areas. The physical education teachers taught an average of 6 different areas with a range from 4 to 7.
<table>
<thead>
<tr>
<th>Name of School</th>
<th>Grade Level</th>
<th>Teacher Discipline</th>
<th>Total # Hours</th>
<th>Text Used</th>
<th>Magazines &amp; Journals</th>
<th>A.V. Used</th>
<th>Outside Resources</th>
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<tbody>
<tr>
<td>Big Sky</td>
<td>9-10</td>
<td>P.E.</td>
<td>15</td>
<td>no</td>
<td>no</td>
<td>no</td>
<td>yes</td>
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<td>C. M. Russell</td>
<td>9-10</td>
<td>Health</td>
<td>90</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
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<td>Columbia Falls</td>
<td>10-12</td>
<td>Home Ec.</td>
<td>90</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
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<tr>
<td>Columbia Falls</td>
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<td>P.E.</td>
<td>15</td>
<td>no</td>
<td>no</td>
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<tr>
<td>Flathead</td>
<td>9-10</td>
<td>Health</td>
<td>45</td>
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<td>no</td>
<td>yes</td>
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<tr>
<td>Hellgate</td>
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<td>30</td>
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<td>Sentinel</td>
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### TABLE 2

**Health Course Content**

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<th>Topics covered</th>
<th>Big Sky</th>
<th>C.M. Russell</th>
<th>C.F. H.Ec.</th>
<th>C.F. P.E.</th>
<th>Flat-head</th>
<th>Hellgate</th>
<th>Sentinel</th>
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<tr>
<td>Grooming/Hygiene</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Weight control</td>
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<td>X</td>
<td>X</td>
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<td>X</td>
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</tr>
<tr>
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<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
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<td>Sleep</td>
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<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Fitness/Aerobics</td>
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<td>X</td>
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<tr>
<td>Recreation</td>
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<td>X</td>
<td>X</td>
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<td>Old age</td>
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<td>Health careers</td>
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<td><strong>Total offerings</strong></td>
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IV. CONCLUSIONS

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

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

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

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

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

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

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

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

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

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

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

Finally, the researcher recommends additional study to compare the attitudes of students in classes taught by
non-physical education/health teachers and physical education/health teachers.
HIGH SCHOOL HEALTH INSTRUCTION SURVEY
(Please check in the appropriate column)

1. Name of School ____________________________
   Address ____________________________
   Name of Person Completing information ____________________________
   Phone Number ____________________________
   Type of School: _____ Grade _____  Junior High  _____ High School (grades 9-12)
   Class of School _____ A  _____ B  _____ C

2. Who is actually teaching Health? Instructor is: Male X  Female X
   _____ Health Education Teacher  _____ P.E. Teacher  _____ Science teacher  _____ Home Ec Teacher
   _____ Other
   How many years have you been teaching Health? _____ (If more than one teacher involved, Please duplicate for each instructor).

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

   1. Disease prevention
   2. Health prevention
   3. Life cycle
   4. Preventive Health Care
   5. Wellness & Self help
   6. First Aid and Safety
   7. Decision making
   8. Other (Specify) ________

4. Ethnic background of students (Indicate % of students in classes) 98% Cauasian 02% Black
   ______ Indian  ______ Spanish American ______ Other (specify) ______

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

6. Please list any films or prepared audio-visual programs being used and their sources.
   _____ From boy to man  _____ From girl to woman  _____ Naturally ... A Girl
   _____ Hawaii Ana Resource Center's  _____ CPR film from Red Cross
   _____ Promethea Assurance Agency  _____ Hypothermia  _____ Normal Wilderness

7. How are classes organized? Block of _____ weeks meeting ____ times per week 15 Total hours
   _____ Other (Specify) ______

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

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

NOTE: Should you need additional space to answer the above questions, please attach another
   sheet with your comments.
1 - Which Health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12)
2 - What areas are considered, by you to reflect the greatest student needs? Rank in area of importance (1 — 5, 1 being top)
3 - 1 — 5, 5 being lowest
4 - Level of coverage 3 — Detailed, 2 — Brief, 1 — Not covered

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</table>

ADDITIONAL COMMENTS: Our health program is inadequate because of the short time spent in health (3 week). We need a health program with a regular health teacher for at least 15 hours required by 9th and 10th grade.

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

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

1. Name of School ____________________________ Address ______________________ High School ____________________________

Name of Person Completing information ____________________________ (Health Chairman)

Phone Number 791-2387 Student enrollment ______________

Type of School: ___ Grade ___ Junior High /C-12/ High School (grades 9-12)

Class of School ___ AA ___ A ___ B ___ C


2. Who is actually teaching Health? Instructor is: Male ___ Female ___

X Health Education Teacher ___ P.E. Teacher ___ Science teacher ___ Home Ec Teacher ___ Other ___

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

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

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

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

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

Modern Health — Holt, Rinehart & Winston

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

We use films on all information covered in all health topics areas: Physical Fitness, Alcohol, drugs, Systems of the body, R.D., Nutrition, Mental Health

8. How are classes organized? Block of ______ weeks meeting ______ times per week __ Total hours

Other (Specify): Meet every other day for two Semesters

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

___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12

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

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

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1 - Which Health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12).

2 - What areas are considered, by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top, 5 being lowest).

4 - Level of coverage 3 - Detailed, 2 - Brief, 1 - Not covered.


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</table>

**ADDITIONAL COMMENTS**

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

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

1. Name of School __________________________
   Address __________________________________
   Name of Person Completing Information ____________
   Phone Number ___________________________ Student enrollment ___________
   Type of School: __________ Grade _______ Junior High ______ High School (grades 9-12)
   Class of School: ______ A ______ B ______ C

2. Who is actually teaching Health? Instructor is: Male ______ Female X
   Health Education Teacher ______ P.E. Teacher ______ Science teacher ______ Home Ec Teacher
   Other ______________________________________
   How many years have you been teaching Health? ______ (If more than one teacher involved,
   please duplicate for each instructor).

3. Check areas by grade level as to the major focus of your instruction:
   1. Disease prevention
   2. Health prevention
   3. Life cycle
   4. Preventive Health Care
   5. Wellness & Self Help
   6. First Aid and Safety
   7. Decision making
   8. Other (Specify) ______

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

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

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

7. How are classes organized? Block of ______ weeks meeting ______ times per week ______ Total hours
   ______ Semester ______ Other ______ (Specify)

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

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

NOTE: Should you need additional space to answer the above questions, please attach another sheet with your comments.
1 - Which Health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12)
2 - What areas are considered, by you, to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top 3 - 1 - 5, 5 being lowest)
4 - Level of coverage 3 - Detailed, 2 - Brief, 1 - Not covered

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ADDITIONAL COMMENTS: Cannot understand how to complete item 3.1.

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

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

1. Name of School: Inland High School
Address: 644 4th Ave, Hilliard, OH 43026
Name of Person Completing information: Kathy Clarke
Phone Number: 406-755-7130
Student enrollment:

Type of School: Grade: Junior High  High School (grades 9-12)
Class of School: AA ___ A ___ B ___ C

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

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

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

1. Disease prevention
2. Health prevention
3. Life cycle
4. Preventive Health Care
5. Wellness & Self Help
6. First Aid and Safety
7. Decision making
8. Other (Specify)

Grade: 7  8  9  10  11  12

5. Ethnic background of students (indicate % of students in classes) /100
Caucasion  Black
Indian  Spanish American  Other (specify)

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

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

8. How are classes organized? Block of ___ weeks meeting ___ times per week  ___ Total hours
Other

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

7  8  9  10  11  12

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

NOTE: Should you need additional space to answer the above questions, please attach another sheet with your comments.
1 - Which Health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12)

2 - What areas are considered, by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top 3 - 1 - 5, 5 being lowest)

4 - Level of coverage: 3 - Detailed, 2 - Brief, 1 - Not covered


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Additional Comments: I've often thought I could make a fortune if I took time to write a secondary Health Education workbook.

K. Clarke

Return completed form to: Fred Stetson, Associate Professor, HPE, University of Montana Missoula, Montana 59812
**HIGH SCHOOL HEALTH INSTRUCTION SURVEY**

(Please check in the appropriate column)

1. Name of School: [Name of School]
   Address: [900 S. Main St., A½]  
   Name of Person Completing information: [Name of Person]
   Phone Number: [602-341-22]  

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

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

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

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<td>Decision making</td>
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<td>Other (Specify)</td>
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</table>

5. Ethnic background of students (Indicate % of students in classes)  
   [White] [Black] [Indian] [Spanish American] [Other (specify)]

6. Please state name of text(s) and publisher being used at the various grade levels.
   [Modern Health, Dell, Prentice Hall]

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

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

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

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

**NOTE:** Should you need additional space to answer the above questions, please attach another sheet with your comments.
1. Which Health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12)

2. What areas are considered, by you, to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top 3 - 5, 5 being lowest)

3. Level of coverage: 3 - Detailed, 2 - Brief, 1 - Not covered


<table>
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<th>Wellness</th>
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<th>Personality Development</th>
<th>Common Psychological Problems</th>
<th>Mental disorders and stress</th>
<th>Medications</th>
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<th>Smoking/Smokeless tobacco</th>
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<th>Relationships</th>
<th>Marriage</th>
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<th>Childbirth</th>
<th>Parenting</th>
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Comments

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

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

1. Name of School ___
   Address ___
   Name of Person Completing information ___
   Phone Number 72-2403 ___  Student enrollment ___
   Type of School: __ Grade ___ Junior High ___ High School (grades 9-12)
   Class of School ___ A ___ B ___ C

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

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

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

   1. Disease prevention ___
   2. Health prevention ___
   3. Life cycle ___
   4. Preventive Health Care ___
   5. Wellness & Self Help ___
   6. Decision making ___
   7. Other (Specify) ___

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

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

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

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

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

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

NOTE: Should you need additional space to answer the above questions, please attach another sheet with your comments.
1 - Which Health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12)

2 - What areas are considered by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top, 5 being lowest)

4 - Level of coverage: 3 - Detailed, 2 - Brief, 1 - Not covered


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**ADDITIONAL COMMENTS:** Not all students take Home Ec & Phys Ed. Some students take only one or the other. Some students take both. Some students take neither. Please circle the appropriate course or courses.

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

1. Name of School ____________________________________________________________
   Address ________________________________________________________________
   Name of Person Completing information ______________________________________
   Phone Number (416) 937-2811 Student enrollment (7-12) 76
   Type of School: Grade ___ Junior High  X  High School (grades 9-12)
   Class of School AA ___ A ___ B ___ C___

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

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

4. Check areas by grade level as to the major focus of your instruction:
   1. Disease prevention
   2. Health prevention
   3. Life cycle
   4. Preventive Health Care
   5. Wellness & Self Help
   6. First Aid and Safety
   7. Decision making
   8. Other (Specify)

5. Ethnic background of students (Indicate % of students in classes)  99% Caucasian  ___ Black
   ___ Indian  ___ Spanish American ___ Other (specify)

6. Please state name of text(s) and publisher being used at the various grade levels.
   Modern Health  Holt Rinehart & Winston  9th & 10th

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

8. How are classes organized? Block of ___ weeks meeting ___ times per week ___ total hours per
   week ___ Other ______ (Specify)

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

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

NOTE: Should you need additional space to answer the above questions, please attach another
   sheet with your comments.
1 - Which health topics are you currently covering at what grade level? (7, 8, 9, 10, 11, 12)

2 - What areas are considered by you to reflect the greatest student needs? Rank in area of importance (1 - 5, 1 being top, 5 being lowest)

4 - Level of coverage 3 - Detailed, 2 - Brief, 1 - Not covered


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</table>

ADDITIONAL COMMENTS

Return completed form to: Fred Stetson, Associate Professor, HPE, University of Montana
Missoula, Montana 59812
APPENDIX B
School  Big Sky High School  Missoula, MT.

Teacher Laurie Siderius  Position F.E.

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

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

Table of contents of text:

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

Course Outline: No Formal

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

A.V. materials used? Yes/No

None

Magazines and journals used? Yes/No

None

Outside resources available:

Planned Parenthood
Fire Dept. -- CPR Training
Teacher: No. Frost  
Position: Health

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

# of weeks of instruction: 18  
Text used: Modern Health

**Table of contents of text:**

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<th>Endocrine Glands</th>
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<td>Emotions</td>
<td>Sports &amp; Rec.</td>
<td>First Aid</td>
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<td>Mental Health</td>
<td>Fatigue &amp; Sleep</td>
<td>Safety</td>
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<td>Emotion Disorders</td>
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<td>Psychotherapy</td>
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<td>Drug Abuse</td>
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<td>Sense Organs</td>
<td>Chronic Disease</td>
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<tr>
<td>Nervous System</td>
<td>Your Doctor</td>
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</table>

**Course Outline:**

I. Sports & Recreation
   - Fitness/Aerobics  
   Flexibility

II. Alcohol & Drugs
   - Values clarification

III. Systems of the Body
   - Bones & Muscles  
   Skin
   Teeth  
   Sense Organs

IV. Mental Health
   - Behavior & Emotions
   - Psychosis

V. VD

VI. Careers in Health

**A/V materials used?** Yes  
Several A-V materials used.

**Magazines and journals used?** Yes/No  
Health Today  
Sports Medicine

**Outside resources available:**

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

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School: Columbia Falls High School

Teacher: Jeffcock

Position: Home Economics

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

# of weeks of instruction: 10
Text used: Alive & Well

Table of contents of text:

- Toward Mental Health
- When Mental Health Breaks Down
- You and Your Physician
- Nutrition
- Prevention
- Disease
- Infectious Diseases
- Killer Diseases
- Injury & Trauma
- When Illness Strikes
- Death & Dying
- Drugs
- Tobacco

Course Outline:

All areas above with emphasis on personal responsibility.

A.V. materials used? (Yes/No) Yes

Many various topics.

Magazines and journals used? (Yes/No) Yes/No

American Health

Outside resources available:

Yoga
Jazzercise
Dental Hygienist
Family Planning
School Nurse
School: Columbia Falls, M.T.  
Teacher: Sharon Eddy  Position: P.E.  
Grade level of students: 9-10  Length of class time: 15 hrs.  
# of weeks of instruction: 3 wk  Text used: none  

Table of contents of text:  
None used

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

A.V. materials used? Yes/No  

Magazines and journals used? Yes/No  

Outside resources available:  
Contraceptives -- Nurse or Doctor  
Decision-making
School: Flathead High School

Teacher: Kathy Clarke
Position: Health

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

# of weeks of instruction: 9
Text used: none

Table of contents of text:
None used

Course Outline:
Wellness
Stress
Family Planning
Fertility & Birth
Marriage
Illness
Disease
Environment
Mental Health
Nutrition

A.V. materials used? Yes/No

Many from AVNA

Magazines and journals used? Yes/No
none

Outside resources available:
Rape Crises
Doctors
Health Services
School: Hall High School, Missoula, MT.

Teacher: Jim Miller

Position: P.E.

Grade level of students: 9-10

Length of class time: 30 hrs.

# of weeks of instruction: Text used: Modern Health

Table of contents of text:

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

Course Outline:

Sex, Drugs, Environment

A.V. materials used? Yes/ No

No

Magazines and journals used? Yes/No

No

Outside resources available:

Planned Parenthood
Mavis Lorenz
Red Cross
Head injuries & neck injuries
School: Sentinel High School, Missoula

Teacher: Mr. Geck

Position: P.E.

Grade level of students: 9-10

Length of class time: 45 hrs.

# of weeks of instruction: 9

Text used: Health Today

Table of contents of text:

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

Course Outline:

9th Grade =
Body systems emphasis on circulatory & respiration

10th Grade =
First aid
CPR

A.V. materials used? (Yes) no

Some are used

Magazines and journals used? Yes (No) no

Outside resources available:
Western Montana Clinic Films on self exams for cancer
BIBLIOGRAPHY

Journals


**Unpublished Materials**

University and College Catalogs


Books
