

Professional Preparation of Elementary Teachers in Ohio: Status of K-6 Health Education

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ABSTRACT: *Improving the health status of children and youth depends to an extent on the adequate preparation of elementary teachers to teach health education. This survey: 1) examined the status of health education preparation that preservice elementary education majors receive from Ohio colleges and universities (n = 50); 2) determined the type of health education courses that Ohio colleges and universities require for elementary education majors; and 3) assessed the extent to which Ohio colleges and universities incorporate health and pedagogy-related content in their courses for elementary education majors. Results showed that 40 of the 50 institutions offered a health course. Twelve different textbooks were used in the courses. Coverage of course content ranged from much to none for 10 survey items ranging from the National Health Education Standards to the K-6 Health Instruction Responsibilities and Competencies. (J Sch Health. 1999;69(1):17-21)*

Schools play an important role in health promotion and disease prevention by ensuring that children and adolescents receive adequate health instruction and services. Because many of the nation's young people receive minimal health instruction during their developmental years, they often lack the personal and social skills for maintaining and sustaining a healthful lifestyle into adolescence and adulthood. Effective health education should be taught more frequently, especially in elementary schools, where the foundation for achieving and maintaining good health must be established. A Carnegie Foundation report¹ stated, "No knowledge is more crucial than knowledge about health. Without it, no other life goal can be successfully achieved." The statement applies to elementary children and their teachers. Without adequate knowledge of health, elementary teachers may not fully understand the relationship between education and health, and more importantly, how to provide developmentally appropriate instruction for children of different ages and abilities. In tandem with parents,² classroom teachers create the foundation for development of health knowledge, attitudes, and behaviors among elementary children.

Though elementary teachers often do not incorporate health instruction in a systematic way in schools, many report a need for health education.³ Some investigators^{4,5} believe that teacher preparation coursework should increase feelings of preparedness and establish comfort levels for teaching a comprehensive health curricula. Preparing preservice teachers with adequate coursework before they enter schools to teach is a critical need. The extent of this coursework often varies from nothing to one or more courses according to studies conducted in Texas, Kentucky, Pennsylvania, New Jersey, and West Virginia.⁶⁻¹⁰ Other investigators¹¹⁻¹³ have shared models for developing a health

course for elementary education majors.

Universities have the major responsibility for the professional preparation of elementary teachers and secondary health education specialists. The Opportunity-to-Learn Standards for Teacher Preparation Institutions¹ includes 12 tasks for preparing children and youth to achieve health literacy through professional development incentives. The Ohio Action Plan for Comprehensive School Health Education¹⁴ advocates integrating health promotion programs into the professional preparation of all educators. The National Action Plan for Comprehensive School Health Education from the American Cancer Society¹⁵ offers four recommendations for professional preparation and practice. Innovative practices in comprehensive health education programs for elementary schools also has been recommended.¹⁶

The American Association for Health Education, formerly the Association for the Advancement of Health Education (AAHE), in collaboration with the American School Health Association (ASHA), developed standards for preservice preparation of elementary teachers, K-6.¹⁷ Unfortunately, only three states require health education certification for elementary teachers.^{18,19} Health education certification occurs more commonly at the secondary level (7-12) than at the elementary level. According to CDC's School Health Policies and Programs Study (SHHPS),¹⁹ 67% of states required certification for secondary health teachers.

To determine the professional preparation of Ohio elementary teachers to teach health education, the Ohio Association of University Health Educators (OAUHE) conducted a survey of faculty at Ohio colleges and universities in fall 1997. OAUHE is an organization comprised of health education faculty members from Ohio colleges and universities who are interested in promoting school and community health education throughout the state. Membership in OAUHE is not intended to take the place of membership in Ohio AAHPERD, SOPHE, or APHA chapters. Rather, OAUHE works with these associations and the Ohio Dept. of Education and Ohio Dept. of Health to augment their efforts. OAUHE has a mission statement and has completed several health education projects since its inception in 1991, including the survey of how elementary education majors are prepared to teach health education in grades K-6.

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SURVEY PROCEDURES

A list of Ohio colleges and universities was obtained from the Ohio Dept. of Education to determine which institutions offered a major in elementary education. Faculty at all Ohio colleges and universities with teacher education programs (N= 50; 13 public, 37 private institutions) were surveyed by telephone in spring 1997. The survey instrument, developed to assess course requirements and content, included information on the use of the National Health Education Standards, Comprehensive School Health Program (CSHP) model, textbook selection, the Health Instruction Responsibilities and Competencies for K-6 teachers, and other course content. The survey instrument was reviewed for content validity by an expert panel comprised of OAUHE members.

The telephone interview and procedures used a structured script for consistency in obtaining information. The interview procedure included: 1) identifying the education department at each college or university, 2) determining if they offered health course(s) for elementary majors, 3) securing the name of the individual(s) who taught the course, 4) completing the survey, and 5) requesting a syllabus. If the institution did not offer a health methods course, the interviewer asked if another course the university offered integrated health concepts.

Faculty identified as teaching the course were then interviewed by telephone (n = 40) and asked to mail a course syllabus to the survey staff following completion of the interview. Validation checks were made on a random sample of the 38 syllabi submitted. For example, course titles, credit hours, textbooks, and course content listed on syllabi were compared against data obtained from telephone interviews.

SURVEY FINDINGS

The survey examined the status of health education preparation that preservice elementary education majors receive from Ohio colleges and universities. Of the 50 colleges and universities with teacher education programs in Ohio, 40 (80%) reported a required health course in the elementary education curriculum. Of the 40 institutions, four required a personal health course, and 36 required some type of methods course for elementary education majors. For these 36 institutions, 19 required a health education methods course; two required a combined methods and personal health course; 14 required a combined health education and physical education methods course; and one required a combined health education and science education methods course.

The survey also determined the type of health education courses Ohio colleges and universities require for their elementary education majors. Variations existed on course structure and staffing. Fifteen institutions reported operating on the quarter system and offered either a three (n = 5) or four hour (n = 10) course. Twenty-five institutions reported operating on a semester schedule and offered a two (n = 4), three (n = 18), or four hour (n = 3) course.

Faculty were asked about the percentage breakdown of content and pedagogy for their courses. Only one college reported 100% content, and one college reported 100% pedagogy. Though 19 institutions reported a range of content and pedagogy in their courses, nine institutions

reported a 50/50% breakdown between content and pedagogy, and 10 institutions reported a combination of 60/40% or 40/60% breakdown.

Staffing for the courses included all professorial ranks. Faculty assigned to teach the courses included eight professors, 13 associate professors, 10 assistant professors, five adjunct professors, and six instructors. No graduate students were assigned to teach the courses.

Several different textbooks were used to teach the course (Figure 1). Twenty-six textbooks were designed to prepare elementary education majors to teach health. Four textbooks were for personal health courses. Two physical education methods books and one science methods book also were used.

Figure 1
Text Used in Health Education Courses
for Elementary Education Majors in Ohio

Text	Primary Purpose	f
Comprehensive School Health Education, 2nd. (Meeks, Heit & Page, 1996)	Pedagogy	12
Teaching Today's Health 5th ed., 1998 (Anspaugh & Ezell)	Pedagogy	8
Health Education in the Elementary and Middle School, 2nd ed., 1997 (Miller, Telljohann, & Symons)	Pedagogy	4
School Health Instruction: The Elementary and Middle School Years, 3rd ed., 1994 (Pollock & Middleton)	Pedagogy	2
Health in Elementary Schools, 9th ed., 1996 (Cornacchia, Olsen, & Ozias)	Pedagogy	1
Access to Health, 1993 (Donatelle & Davis)	Content	1
Connections for Health, 3rd ed., 1993 (Mullins & McDermott)	Content	1
Core Concepts in Health, 1996 (Insel & Roth)	Content	1
Focus on Health, 3rd ed., 1997 (Hahn & Payne)	Content	1
Science for All Children: Guide to Improving Elementary Science (National Academy Press)	Science	1
Dynamic Physical Education for Elementary School Children 12th ed., 1998 (Pangrazi)	Physical	1

The survey also assessed the extent to which Ohio colleges and universities incorporate health and pedagogy-related content in their courses for elementary education majors. All health-related content and skills included on the survey were considered by OAUHE members to be important for the professional preparation of elementary teachers. The remaining discussion addresses course content.

The CSHP model²⁰ had received much attention in school districts in Ohio through strong advocacy and support from the Ohio Dept. of Health, Ohio Dept. of Education, Ohio Division of the American Cancer Society, State Planning Committee for Health Education in Ohio, and OAUHE.^{21,22} Some 77% of Ohio colleges and universities reported much (62%) or some (15%) coverage on this important topic. Some 15% provided little coverage of the CSHP model and 9% did not cover it at all.

Survey results indicated that 56% of Ohio colleges and universities provided much (22%) or some coverage (34%) of the National Health Education Standards, but 32% provided little coverage of this topic, and 12% did not cover it. OAUHE members believed that five Responsibilities and Competencies for K-6 Elementary Teachers were more relevant to elementary education majors than the seven responsibilities of a health educator. Some 26% of Ohio colleges and universities provided much coverage of these specific elementary competencies, and another 50% gave them some coverage while 11% did not cover the five responsibilities and competencies, and 13% provided only a little coverage of this topic.

Traditionally, 10 different content areas have been taught in health education. Much (68%) or some (18%) coverage of these content areas was provided by 86% of Ohio colleges and universities. Only 3% did not cover them or included little (11%) coverage of these traditional topics. More recently, CDC has identified six high-risk behaviors to be addressed if premature morbidity and mortality are to be decreased in this country. Some 54% of Ohio colleges and universities provided much (27%) or some coverage (27%) of the six CDC priorities, while 14% did not cover these at all, and 32% included only little coverage of this content.

Many preservice elementary teachers in Ohio take only one professional preparation course prior to teaching health education in elementary schools. If elementary education majors receive only one professional course prior to certification, the course should cover developmentally appropriate pedagogy for elementary students. Some 90% of Ohio colleges and universities provided much (72%) or some (18%) coverage of teaching strategies, while 5% provided little coverage of teaching strategies and 5% did not cover pedagogy at all. Some 87% of courses for elementary education majors provided opportunities for practice teaching, but 5% allowed little time for practice teaching, and 8% did not cover it at all.

Use of health curriculum scope and sequence charts and writing lesson plans are important teaching skills for elementary education majors. Scope and sequence charts outline the health content to teach at what grade level. Some 77% of Ohio college and universities incorporated use of scope and sequence charts for effective instruction; 15% provided only little coverage of scope and sequence charts; and 8% did not cover them at all. Much or some instruction on how to write lesson plans was included in 72% of health education courses for elementary education

majors; 18% provided only little coverage of lesson plan development, and 10% did not cover it all.

A personal and social skills approach to health behavior has been considered an important component in health education curricula.¹⁷ Some 70% of the colleges and universities provided much coverage, while an additional 24% provided some coverage. Only 6% provided little or no coverage of personal and social skills in their preservice courses.

SURVEY IMPLICATIONS

Lack of teacher preparation in health education has been identified as a significant barrier to effective implementation of health education in schools.^{6,10,23} *School Health in America*, published by the American School Health Association, indicated that 26 states (51%) required elementary teachers to complete coursework in health education to qualify for elementary certification. Of these 26 states, nine required courses in methods and materials, seven required personal health, nine required personal health and a methods course, five required health or physical education, and five listed other requirements.

Based on current data, Ohio appears to take the preparation of elementary education majors in health education seriously. Only seven of 50 institutions did not provide a health-related course for its elementary education majors. This survey supports similar findings from Pennsylvania and Texas. In a statewide study of 2,066 elementary teachers in Pennsylvania, 83% indicated they completed six or less credit hours in health education.²⁴ Among 286 Texas teachers participating in a survey about elementary health education, 40% had never taken a formal health education course, 44% had taken only one course, and 31% felt their respective undergraduate teacher preparation programs adequately prepared them to teach health education.⁶ A national study²⁵ reported that 32% of 213 colleges and universities required a general or personal health for elementary educators.

Because elementary education classroom teachers, not certified health education teachers, provide most of the health instruction in elementary schools, elementary teachers need to be adequately prepared for this responsibility. Research⁴ has identified widespread discomfort of first year elementary teachers when teaching health education content. Two concerns that first-year teachers report include lack of confidence in teaching a comprehensive health curriculum and lack of preparedness to teach specific health topics. All teachers with responsibility for health instruction should receive adequate professional preparation in the development, implementation, and evaluation of K-12 comprehensive school health education. Categorical and integrated curricula can also be implemented as part of a comprehensive framework.

RECOMMENDATIONS

These Ohio data indicate some emphasis has been placed on preparing elementary teachers to teach health education, but the quality and extent of statewide coursework needs more development and discussion. In fall 1998, Ohio required its preservice teachers to obtain teacher licensure in Early Childhood (preschool to grade 3) or Middle Childhood (grades 4 to 9) instead of the former

elementary education certification, grades K-8. To reflect changes during implementation of the new teacher licensure standards in Ohio, OAUHE will complete a follow-up survey of colleges and universities to determine if early childhood teachers and middle school teachers are being prepared effectively to teach health education. OAUHE has also discussed development of a statewide meeting of faculty who teach health education courses for elementary education majors with the hope of forming a professional consortium of institutions dedicated to improving the health status of children and youth through the professional preparation of teachers. OAUHE offers the following recommendations for colleges and universities that prepare elementary education majors in health education coursework.

1) Elementary education majors should receive at minimum a health education pedagogy course and a personal health course in their undergraduate preparation. If only one course is offered by a college or university program, a pedagogy course will be advantageous over a personal health course. In some institutions, where pedagogy content is combined with personal health content into one course, the CSHP model may serve as a strong rationale for bringing two components together, such as health education curriculum and instruction and health promotion for faculty and staff. Some professional preparation programs also might offer coursework which focuses on health issues of children and youth, because educational reform has moved to more learner-centered practices instead of exclusive content-centered practices.

2) Preservice courses for elementary education majors should be taught by qualified health education faculty interested in teaching health education. Faculty should seek partnerships with experienced elementary school teachers with advanced coursework or inservice training in the use of health education curricula, technologies, and materials. University-school partnerships can ensure that elementary education majors experience developmentally appropriate instructional practices when working with children and youth. These partnerships also can help bridge the gap between theory and practice, especially if elementary education majors participate in service learning experiences with young people while completing skill building, health-related assignments.

3) Faculty who teach health education courses for elementary education majors should obtain and showcase a variety of health curricula to review and use in classes. Faculty should distribute scope and sequence charts from comprehensive, categorical, and integrated curricula, which showcase the 10 traditional health topics, the six CDC high-risk behaviors, or health-related concepts. Selection of curricula should be based on several criteria, especially whether the curricula uses the National Health Education Standards as a framework for instruction. Coursework for elementary education majors should address benefits and barriers to effective implementation of health education curricula and resources, and challenge students to create action plans for using these materials in their classrooms.

OAUHE recognizes that elementary teachers usually are creative when designing developmentally appropriate lessons for students. However, a balance should exist between teaching lessons with fidelity from an evaluated curriculum and teaching lessons designed by one teacher

without consultation with other grade-level teachers. OAUHE believes schools need to build on what they are already doing and continue to work toward comprehensive curricula as a hallmark for effective health instruction in all grades, preschool to grade 12. If the goal is to teach health education more effectively and more frequently in elementary and middle schools, there is room for comprehensive, categorical, and integrated curricular approaches. All elementary education majors should be required to teach at least one lesson with fidelity (as designed) from a nationally evaluated health education curriculum so they understand that teaching health education involves more than a series of isolated activities.

4) All elementary teachers should receive substantive preparation in the CSHP model prior to graduation. The CSHP model will give elementary education majors a broader picture of health education beyond classroom instruction, and it will provide a coordinated approach for improving the education and health status of children, youth, and their families. The CSHP model also should be used for bringing university faculty together for interprofessional work in planning and implementing coursework and programs for preservice teachers. Involvement of professionals from health education, physical education, teacher education, educational leadership, educational psychology, family studies, social work, dietetics, and nursing can help elementary education majors see how health instruction, health services, and environmental and administrative support can be integrated. At minimum, the health course should involve these professionals as guest speakers and resource people for planning, delivering, and coordinating the course with the other degree programs at the university.

5) Health education faculty should advocate about the importance of health course(s) for elementary education majors within their institutions. Health education courses may be low in priority for staffing and financial support because they may not be mandated by the state and do not often involve a department's own health education majors. As such, some departments may perceive the course as simply a service to students from other programs and not realize the implications of the course for improving the health instruction needs of children and youth. Elementary education majors should receive quality health education coursework supported by adequate resources and taught by health education specialists with expertise in preK-12 curriculum and instruction. ■

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