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ABSTRACT

This summary review of the Georgia Health Education Study is a statistical presentation of scores achieved by over four thousand freshman college students in the university system of Georgia to questions on health knowledge. Data compiled from the administration of the Fast-Tyson Health Knowledge Test (1975 revision) indicates that subject knowledge (1) was not strong in any health content area; (2) was moderately strong concerning safety/first aid and consumer health; (3) was weak in the areas of personal health, exercise/relaxation/sleep, nutrition/diet, contemporary health problems, tobacco/alcohol/drugs, diseases, mental health, and human sexuality. Subjects supported the value of a quality health program at both the high school and college level, but those who had completed a health course at those levels recorded a slightly lower mean test score than those who had not. The study recommended development of (1) a K-12 curriculum for a comprehensive health education program, (2) daily health instruction in the elementary schools, (3) basic health education at the junior high/middle school level (grade 8/9), (4) advanced health education for grade 11 or 12, (5) a personal health course for college freshman, and (6) inservice and preservice teacher education health courses. In addition, the report recommended that all health instruction at the secondary level be taught by certified health specialists and that the current dual teacher certification in health and physical education be discontinued. (MB)

THE

Georgia Health Education Study

A SUMMARY REPORT

A statewide study evaluating the health knowledge of 4,387 freshmen students enrolled at 29 institutions of higher education in Georgia during the 1975-76 academic year.

GEORGIA HEALTH EDUCATION STUDY

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A MESSAGE FROM THE STUDY DIRECTOR:

As Director of the Georgia Health Education Study, it gives me great pleasure to present this summary report. The study, the first of its type in Georgia, represents the culmination of approximately 1½ years of effort by a number of individuals. Due to the volume of data generated by the study, the report has purposely been prepared to provide a descriptive overview of the background, methodology, and findings of the project. Individuals desiring further information should feel free to contact the Study Office.

Though the study has officially terminated, the impact of the project has just begun to be felt throughout the state. For the first time, educators have available a source of data to be utilized in planning and improving Health Education programs at both the public school and college levels. The time has come to move beyond discussion to the initiation of serious action to improve the health of Georgia children and young adults. It is to this goal that the study was dedicated.

R. Morgan Pigg, Jr.
September, 1976

ORIGIN OF THE STUDY

During the 1974-75 academic year, a number of educators from various colleges and universities within the state of Georgia and representatives from the State Department of Education met on several occasions to discuss the status of health education in the state. As a result of these meetings, it was determined that accurate data concerning the status of health education throughout the state were needed. Based on this need, a research proposal entitled "The Georgia Health Education Study" was prepared and submitted to the Office of Research at the University of Georgia during the summer of 1975. Upon receipt of financial support, the study was initiated on September 1, 1975.

The study was designed to evaluate the health knowledge of freshmen college students within the state to identify areas of strength and weakness in health knowledge for the purpose of improving Health Education programs in the public schools and colleges of Georgia. It was not the purpose of the study to rank participating institutions or to evaluate the University System of Georgia in the field of Health Education.

IDENTIFICATION OF THE SAMPLE

Following a review of the potential population of college and university students in the state, the study was delimited to freshmen students enrolled in institutions of the University System of Georgia since the institutions are located geographically throughout the state, and the majority of college students in the state attend University System institutions. Due to the specialized nature of its' programs, Medical College of Georgia was not included in the study.

By selecting freshmen students, it was felt that the result would indicate areas of strength and weakness in health knowledge which could be used by college level educators to plan health education curricula designed to meet the health information needs of students enrolling in required and elective college health education courses. In addition, it was felt that the results would prove useful to public school educators in assessing the effectiveness of current public school health education programs. Since the majority of the freshmen subjects tested were graduates of Georgia public schools, it was hypothesized that the performance of the subjects would tend to reflect the impact of previous public school health education experiences because a majority of the subjects had received no formal health instruction at the college level (Table 11).

The goal of the study was to evaluate the health knowledge of a number of subjects equivalent to 15 percent of the freshman enrollment at each participating institution during the Fall Quarter of 1975. The collective freshman enrollment during the Fall Quarter of 1975 at the 29 institutions participating in the study was 31,396 as reported by the institutions. The 4,387 subjects participating in the study represented 13.97% of the total reported freshman enrollment at the 29 institutions. Specific information concerning the size of the sample tested at each institution and the percentage of the freshman class each sample represented are included in Table 17.

SELECTION OF THE INSTRUMENT

Following the identification of the sample to be tested, Form A of the Fast-Tyson Health Knowledge Test (1975 Revision) was selected as the instrument to be utilized in the study. Key factors in selection of the instrument were the large data base of approximately 12,000 subjects used to refine the instrument and the fact that a 1975 revision of the instrument was available. The test consists of 100 multiple-choice questions which are divided into ten health content areas (Table 16).

ARRANGEMENT OF THE TESTING SCHEDULE

Following the identification of the sample and the selection of the appropriate evaluation instrument, a testing schedule was arranged. Letters were sent to 30 University System of Georgia institutions explaining the purpose of the study and requesting the participation of the institution. As stated previously, Medical College of Georgia was not included in the study. After a series of follow-up inquiries, all 30 institutions initially agreed to participate in the study.

After the 30 institutions agreed to participate, a schedule consisting of three two-week testing periods was arranged based on the previous responses of each institution as to an appropriate time for testing on each campus. The schedule was designed to allow completion of most of the testing program during the Winter Quarter of 1976. Due to technical difficulties, Georgia State University attempted but was unable to arrange a testing schedule. As a result, 29 institutions actually participated in the study.

PRESENTATION OF DATA

The data are categorized and presented in a series of tables representing various aspects of the study. Since some subjects did not complete all items of demographic data, calculations are based on the responses of all subjects responding to an item.

In addition to the reporting of descriptive information, tests of significance were conducted in the various demographic categories. In a number of categories statistical significance was noted and is reported. However, the extreme closeness of the mean scores in some categories and the presence of extremely large and varied sample sizes led the study staff to conclude that, while significance existed in a statistical sense, the differences may not have been significant in a practical sense. It was felt that the t-test and one-way analysis of variance procedures utilized in the comparisons may have resulted in a deflated alpha level due to the large and varied sample sizes. As a result, an inordinate amount of weight was assigned to what would have otherwise been a minimal difference in mean test scores. For this reason, no specific between-group comparisons were conducted. In addition, the mean test scores recorded for the various demographic categories were viewed somewhat conservatively since some subjects were omitted from the calculation of the mean for failing to respond to the item.

TABLE 1. GENERAL DESCRIPTIVE STATISTICAL DATA RELATED TO THE STUDY.

Number of Subjects	4,387
Mean Score	45.68
Median Score	47.00
Mode Score	48.00
Standard Deviation	11.02
Range of Scores	0-76
Test Reliability	.84[1]

[1]Fast-Tyson report a reliability coefficient of .73 (Kuder-Richardson technique) for college freshmen in the normative data base.

TABLE 2. FREQUENCY DISTRIBUTION AND PERCENTILE EQUIVALENTS OF RAW TEST SCORES FOR ALL SUBJECTS.

Percentile	Score	Frequency
100	76	1
99	67-74	58
98	65-66	57
97	64	38
96	63	40
95	62	41
94	61	70
93	60	89
91	59	81
89	58	104
86	57	117
84	56	131
81	55	136
78	54	146
74	53	146
71	52	139
68	51	175
64	50	179
60	49	172
56	48	192
51	47	148
48	46	163
44	45	146
41	44	137
38	43	123
35	42	135
32	41	116
29	40	119
27	39	102
24	38	101
22	37	91
20	36	91
18	35	78
16	34	77
14	33	74
13	32	67
11	31	63
10	30	58
8	29	62
7	28	47
6	27	47
5	26	31
4	25	35
3	23-24	40
2	21-22	43
1	18-20	40
0	0-17	41

TABLE 3. PERCENTILE COMPARISONS BETWEEN FAST-TYSON PROJECTED NORMS AND STUDY SUBJECTS COMPLETING A HIGH SCHOOL HEALTH COURSE.

Percentile	Study Subjects	Fast-Tyson Projected Norms[1]
100	74	74
99	67-73	73
98	65-66	71-72
97	64	70
96	62-63	--
95	61	69
93	60	--
91	59	68
89	58	--
87	57	67
86	--	66
85	56	--
82	55	65
79	54	--
77	--	64
76	53	--
72	52	63
69	--	62
68	51	--
64	50	61
60	49	60
58	--	59
57	--	58
56	48	--
55	--	57
54	--	56
53	--	55
52	--	54
51	47	53
50	--	52
49	--	51
48	46	50
47	--	49
45	--	48
44	45	--
40	--	47
39	44	--
36	43	--
35	--	46
34	42	--
31	41	--
30	--	45
28	40	--
26	39	--
23	38	--
21	37	--
20	--	44
19	36	--

TABLE 3. CONTINUED

Percentile	Study Subjects	Fast-Tyson Projected Norms[1]
17	35	--
16	--	43
15	34	--
14	33	--
12	32	42
11	31	--
10	--	41
9	30	--
8	29	40
6	28	39
5	27	38
4	25-26	37
3	23-24	36
2	22	35
1	19-21	34
0	9-18	33

[1]Fast-Tyson projected norms for students completing a high school health course in the states of California, Florida, Illinois, Indiana, Iowa, Massachusetts, Michigan, Missouri, New Jersey, New York, Ohio, and Pennsylvania (1970-1974).

TABLE 4. PERCENTILE COMPARISONS BETWEEN FAST-TYSON PROJECTED NORMS AND STUDY SUBJECTS COMPLETING A COLLEGE HEALTH COURSE.

Percentile	Study Subjects	Fast-Tyson Projected Norms[1]
100	76	84
99	68-75	--
98	67	83
97	66	--
96	65	82
95	64	--
94	62-63	81
92	61	80
91	60	--
90	--	78-79
89	59	76
87	58	74-75
86	--	72
85	--	71
84	57	--
82	--	70
81	56	--
80	--	69
79	--	68
78	55	--
77	--	67
76	--	66
75	--	65
74	54	--
73	--	64
70	53	63
67	52	--
65	51	62
62	50	--
60	--	61
58	49	--
55	--	60
54	48	--
52	47	--
50	--	59
48	46	58
45	--	57
43	--	56
41	45	55
40	--	54
38	44	--
37	--	52
35	43	51
32	42	--
30	41	50
27	40	--
26	39	--
25	--	49

TABLE 4. CONTINUED

Percentile	Study Subjects	Fast-Tyson Projected Norms[1]
22	38	--
20	--	48
19	37	--
17	36	--
16	35	--
15	34	47
13	33	--
10	32	46
8	31	--
7	30	--
6	29	44-45
5	27-28	42-43
4	26	41
3	25	40
2	21-24	38
1	16-20	34-36
0	13-15	33

[1]Fast-Tyson projected norms for students completing a basic college health course in the states of California, Florida, Illinois, Indiana, Iowa, Massachusetts, Michigan, Missouri, New Jersey, New York, Ohio, and Pennsylvania (1970-1974).

DEMOGRAPHIC DATA

TABLE 5. NUMBER, PERCENTAGE, AND MEAN TEST SCORE OF SUBJECTS BY AGE.

	Number	Percent	$\bar{X}$ Score[1]
16 or younger	49	1.2	37.49
17	304	7.3	46.14
18	2,212	52.9	46.57
19	954	22.8	45.67
20 or older	o60	15.8	45.57

[1]A statistically significant difference was noted at the .001 level of significance (F = 9.775 w/4 and 4174 df ANOVA technique).

TABLE 6. NUMBER, PERCENTAGE, AND MEAN TEST SCORE OF SUBJECTS BY SEX.

	Study Sample			29 Participating Institutions[2]	
	Number	Percent	$\bar{X}$ Score[1]	Number	Percent
Male	1,948	46.7	45.38	17,748	56.53
Female	2,219	53.3	46.84	13,639	43.44

[1]Statistically significant differences were noted at the .001 level of significance ($F = 19.576$ w/1 and 4165 df ANOVA technique) and .001 level of significance ($t = 4.424$ w/1 and 4165 df t-test technique).

[2]Data provided by 29 participating institutions for freshman class at each institution during Fall Quarter, 1975.

TABLE 7. NUMBER, PERCENTAGE, AND MEAN TEST SCORE OF SUBJECTS BY SELF-DECLARED ETHNIC GROUP.

	Study Sample			29 Participating Institutions[3]	
	Number	Percent	$\bar{X}$ Score[2]	Number	Percent
Black American	764	18.3	39.20	4,670	14.87
Caucasian American	3,213	76.9	48.19	26,288	83.73
Indian American[1]	62	1.5	38.24	38	.12
Spanish-Surnamed American	39	0.9	37.28	89	.28
Other	99	2.4	40.02	217	.69

[1]Numerical discrepancy may be explained by the fact that subjects were free to self-declare an ethnic category. In addition, refer to note #3 below.

[2]A statistically significant difference was noted at the .001 level of significance ($F = 150.732$ w/4 and 4172 df ANOVA technique).

[3]Data provided by 29 participating institutions for freshman class at each institution during Fall Quarter, 1975. Some variance in the method of categorizing enrollment data existed among the institutions.

TABLE 8. NUMBER, PERCENTAGE, AND MEAN TEST SCORE OF SUBJECTS BY APPROXIMATE POPULATION OF HOMETOWN.

	Number	Percent	$\bar{X}$ Score[1]
999 or less	326	8.0	43.00
1,000-9,999	1,077	26.6	45.74
10,000-49,999	1,300	32.1	46.36
50,000-99,999	516	12.7	47.18
100,000 or more	837	20.6	47.30

[1]A statistically significant difference was noted at the .001 level of significance (F = 11.232 w/4 and 4051 df ANOVA technique).

TABLE 9. NUMBER, PERCENTAGE, AND MEAN TEST SCORE OF SUBJECTS BY RESIDENCE STATUS.

	Number	Percent	$\bar{X}$ Score[1]
Resident of Georgia	3,635	89.4	46.17
Non-Resident of Georgia	430	10.6	46.24

[1]No statistically significant differences were noted (F = 0.022 w/1 and 4063 df ANOVA technique and t = 0.149 w/1 and 4063 df t-test technique).

TABLE 10. NUMBER, PERCENTAGE, AND MEAN TEST SCORE OF SUBJECTS BY MARITAL STATUS.

	Number	Percent	$\bar{X}$ Score[1]
Married	383	9.3	45.09
Non-Married	3,727	90.7	46.29

[1]Statistically significant differences were noted at the .05 level of significance (F = 4.375 w/1 and 4108 df ANOVA technique) and the .025 level of significance (t = 2.091 w/1 and 4108 df t-test technique).

TABLE 11. NUMBER, PERCENTAGE, AND MEAN TEST SCORE OF SUBJECTS BY PRIOR ACADEMIC EXPERIENCE WITH HEALTH EDUCATION.

	Number	Percent	$\bar{X}$ Score[1]
No Formal Course Completed	1,812	46.0	46.78
High School Course Completed	1,606	40.8	45.76
College Course Completed	272	6.9	46.56
Both Courses Completed	246	6.3	45.21

[1]A statistically significant difference was noted at the .025 level of significance (F = 3.517 w/3 and 3932 df ANOVA technique).

STUDENT OPINION REGARDING HEALTH EDUCATION

TABLE 12. STUDENT RESPONSES TO THE QUESTION "DO YOU FEEL THAT A QUALITY HEALTH EDUCATION COURSE WOULD BE BENEFICIAL TO HIGH SCHOOL STUDENTS?"

	Number	Percent
Yes	3,689	93.6
No	253	6.4

TABLE 13. STUDENT RESPONSES TO THE QUESTION "DO YOU FEEL THAT YOUR OWN HIGH SCHOOL HEALTH EDUCATION COURSE WAS A QUALITY COURSE?"

	Number	Percent
Yes	1,155	29.6 (54.02)[1]
No	983	25.2 (45.98)[1]
No Course Completed	1,763	45.2

[1]Percentages of students completing a course.

TABLE 14. STUDENT RESPONSES TO THE QUESTION "DO YOU FEEL THAT A QUALITY HEALTH EDUCATION COURSE WOULD BE BENEFICIAL TO COLLEGE STUDENTS?"

	Number	Percent
Yes	3,454	88.5
No	447	11.5

TABLE 15. STUDENT RESPONSES TO THE QUESTION "DO YOU FEEL THAT YOUR COLLEGE HEALTH EDUCATION COURSE WAS A QUALITY COURSE?"

	Number	Percent
Yes	649	16.6 (83.96)[1]
No	124	3.2 (16.04)[1]
No Course Completed	3,128	80.2

[1]Percentages of students completing a course.

STUDENT PERFORMANCE BY CONTENT AREA

TABLE 16. NUMBER OF QUESTIONS, MEAN SCORE, AND EQUIVALENT PERCENTAGE OF STUDENT PERFORMANCE BY CONTENT AREA.

Content Area	Number of Questions	$\bar{X}$ Score	Equivalent Percentage[1]
Personal Health	20	9.71	49
Exercise/Relaxation/Sleep	8	3.81	48
Nutrition/Diet	8	2.14	27
Consumer Health	6	3.23	54
Contemporary Health Problems	10	4.89	49
Tobacco/Alcohol/Drugs	12	4.88	41
Safety/First Aid	6	3.83	64
Diseases	10	3.96	40
Mental Health	8	3.76	47
Human Sexuality	12	5.47	46
TOTAL	100	45.68	

[1]In evaluating mean performance by content area, Fast-Tyson consider 0-50% weakness, 51-74% moderate strength, and 75-100% strength.

INDIVIDUAL TEST SITE DATA

TABLE 17. SAMPLE SIZE, PERCENTAGE OF FRESHMAN CLASS, MEAN SCORE, AND STANDARD DEVIATION FOR 29 PARTICIPATING INSTITUTIONS.

	Sample Size	Percentage of Freshman Class[1]	$\bar{X}$ Score	Standard Deviation
Georgia Institute of Technology	135	5.84	53.37	9.94
University of Georgia	545	15.12	51.11	8.75
Albany State College	79	17.56	37.47	8.58
Armstrong State College	171	10.75	45.07	10.81
Augusta College	45	4.97	52.22	10.01
Columbus College	172	9.85	45.54	13.44
Fort Valley State College	129	56.33	33.50	9.39
Georgia College	168	17.25	48.44	9.32
Georgia Southern College	237	15.11	49.11	7.70
Georgia Southwestern College	62	16.49	46.26	11.09
North Georgia College	83	15.75	49.27	9.69
Savannah State College	91	15.37	34.70	9.16
Valdosta State College	87	7.67	49.59	9.82
West Georgia College	123	8.89	41.42	12.59
Abraham Baldwin Agricultural College	274	14.43	40.61	11.36
Albany Junior College	202	15.74	41.18	10.21
Atlanta Junior College	114	14.77	41.55	10.03
Bainbridge Junior College	84	60.43	46.67	9.37
Brunswick Junior College	83	12.43	52.52	8.59
Clayton Junior College	286	22.92	46.76	8.67
Dalton Junior College	144	14.13	45.92	11.23
Emanuel County Junior College	23	15.44	44.74	7.31
Floyd Junior College	141	17.39	42.14	12.22
Gainesville Junior College	73	14.93	46.78	9.48
Gordon Junior College	82	14.14	45.88	10.94
Kennesaw Junior College	291	14.70	44.19	10.05
Macon Junior College	165	13.43	46.36	10.97
Middle Georgia College	155	19.02	46.96	9.19
South Georgia College	139	15.04	44.98	9.50
TOTAL	4,387[2]	13.97	45.68	11.02

[1]Calculations based on data provided by 29 participating institutions for freshman class at each institution during Fall Quarter, 1975.

[2]Four subjects did not record an institutional affiliation.

KEY FINDINGS

1. Subjects 18 years of age recorded the highest mean test score of the five age categories.

2. Female subjects recorded a slightly higher mean test score than did male subjects.

3. Caucasian Americans recorded the highest mean test score of the five self-declared ethnic categories.

4. Mean test scores of subjects increased as the population of the hometown increased.

5. Mean test scores of residents and non-residents of Georgia were essentially equivalent.

6. Non-married subjects recorded a slightly higher mean test score than did married subjects.

7. Mean test scores of subjects who had completed a high school health course were generally below the Fast-Tyson projected norms for high school students in the 11 states comprising the normative data base.

8. Mean test scores of subjects who had completed a college health course were generally below the Fast-Tyson projected norms for college students in the 11 states comprising the normative data base.

9. Subject knowledge was not strong in any health content area.

10. Subject knowledge was moderately strong in the areas of safety/first aid and consumer health.

11. Subject knowledge was weak in the areas of personal health, exercise/relaxation/sleep, nutrition/diet, contemporary health problems, tobacco/alcohol/drugs, diseases, mental health, and human sexuality.

12. Subjects overwhelmingly supported the value of including a quality health education course at both the high school and college levels.

13. A wide range existed in the mean test scores recorded for the 29 institutions participating in the study.

14. Subjects who had completed a health course at the high school and/or college levels recorded slightly lower mean test scores than did subjects who had not completed a health course at either level.

IMPLICATIONS OF THE FINDINGS

When the findings of the study are reviewed, it becomes apparent that modifications need to be made in existing health education programs in the State of Georgia. The results of the test by content area indicated that, in terms of knowledge, the subjects were not strong in any content area. The subjects did display moderate strength in the areas of safety/first aid and consumer health. According to Fast-Tyson interpretations, the subjects were weak in all other content areas with the weakest areas being nutrition/diet, diseases, and alcohol/tobacco/drugs.

The fact that subjects who had no formal health education courses either in high school or college scored slightly higher on the test than the subjects who had completed one or both courses was somewhat surprising and disappointing. In analyzing the preceding development, three considerations seem worthy of note. (1) Since existing research generally supports the contention that quality health instruction can improve the level of health knowledge, it would seem appropriate to conclude that the health courses completed by the subjects were ineffective as offered. (2) While health education courses were recently made mandatory for all students in Georgia public schools, in reality a number of school systems continue to consider health education as an elective or an optional offering. Such a philosophy probably exerted an influence on the type of student who either elected the course or was assigned to the course. (3) Since a few students did not provide information concerning their experiences with formal health education courses, their test scores could not be included in the calculation of the mean scores by prior health education experiences.

As stated previously, the study was not primarily intended to be comparative or inferential in nature. However, it should be observed that subjects who had completed a high school health course and subjects who had completed a college health course both scored below the projected norms for the two categories when compared to students from the 11 states comprising the normative data base. Likewise, the grand mean score of 45.68 out of 100 for the total sample was somewhat below expectation. Finally, while it was not the purpose of the study to compare institutions or to evaluate the University System of Georgia, it must be observed that a wide range existed in the mean scores of the 29 institutions participating in the study. In actuality, the performance of the freshmen subjects is more accurately a probable reflection of public school experiences since only 518 subjects (13.2 percent) had completed a college health course.

As stated in the cover letter of the report, the primary purpose of the study was to evaluate the health knowledge of the freshmen subjects to determine areas of strength and weakness in health knowledge for the purpose of improving the quality of health instruction programs in the state. Though the study was conducted under strict fiscal and logistical limitations, every effort was made to plan and conduct a project of the maximum possible scope given the existing restrictions. While a more limited approach to the study was possible, a goal of the study was to provide an opportunity for every interested state institution to be actively involved in the study and to increase the awareness of health education through exposure to and participation in the study.

The size of the sample of 4,387 subjects and the fact that the sample represents almost 14% of the population lends impetus to the findings of the study. Since a conscious effort was made to select subjects as randomly as possible on each of the 29 campuses, there is no reason to believe that the sample is especially atypical. As would be expected with such a large sample, the test scores were normally distributed, and the test reliability coefficient was acceptable.

A TIME FOR ACTION

The Georgia Health Education Study has provided insight into the health knowledge of over 4,300 freshmen college students in Georgia. An examination of the study findings suggests that health education programs within the state are in need of a critical review. At this time, it is essential that attention not be focused on the specific findings of the study to the point that the preceding general conclusion is de-emphasized.

Support for health education among college and university educators in Georgia is present as indicated by the fact that every institution in the University System of Georgia that was asked to participate in the study agreed to do so. Likewise, a number of private institutions expressed an interest in participating in the study before the study was delimited to University System institutions. In addition, the students involved in the study overwhelmingly endorsed the value of including health education courses at the public school and college levels.

If the state of Georgia is to keep abreast of the growing national interest in health education, existing programs must be improved and new programs must be established. Improving the health of the young people in Georgia public schools and colleges must become a priority. With the preceding thoughts in mind, the following recommendations are offered:

1. Prepare a statewide curriculum framework that provides for a comprehensive, sequential health education program for all students in grades K-12 and allows sufficient flexibility to meet local needs and interests.

2. Provide every elementary child with daily instruction in health education as a separate subject.

3. Provide every junior high/middle school student with a minimum of one consecutive 18-week quarter (90 class sessions) of basic health education as a separate subject (preferably in grade 8 or 9).

4. Provide every senior high school student with a minimum of one consecutive 18-week quarter (90 class sessions) of advanced health education as a separate subject (preferably in grade 11 or 12).

5. Provide every college student with a minimum of one 3-quarter hour or 2-semester hour personal health course (preferably during the freshman year).

6. Uniformly enforce the existing requirement that individuals enrolled in teacher preparation programs complete a separate course in health education.

7. Provide opportunities for practicing elementary teachers to receive preparation in health education through special graduate courses or in-service offerings.

8. Require that all health instruction at the secondary level, like other academic subjects, be taught by certified health specialists.

9. Discontinue the current dual teacher certification in Health and Physical Education.

In 1974, the 12th Annual Governor's Conference on Education was conducted under the sponsorship of the Georgia School Boards Association. The theme of the conference, suggested by former Governor Jimmy Carter, aptly expressed the feelings of health educators throughout Georgia with the statement that "Only Healthy Children Can Learn." If improving the health and well-being of Georgia young people is indeed a worthy goal, then the time for action is now.

ADMINISTRATIVE REPRESENTATIVES

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Emanuel County Junior College	Alton Mangum
Floyd Junior College	Jerry W. Shelton
Gainesville Junior College	Wendell Whiteside
Gordon Junior College	Betsy F. Weaver
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Macon Junior College	Douglas Jordan
Middle Georgia College	Barry Shollenberger
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