DOCUMENT RESUME

ED 367 624 SP 035 059

TITLE	Healthy Children: The Key to Our Future. Recommendations for Quality School Health Education in Pennsylvania.
INSTITUTION	Pennsylvania State Dept. of Health, Harrisburg.
PUB DATE	[92]
NOTE	51p.
PUB TYPE	Guides - Non-Classroom Use (055) -- Reports - General (140)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Change Strategies; *Curriculum; Curriculum Development; Educational Change; *Educational Objectives; *Educational Policy; Educational Quality; Elementary Secondary Education; *Health Education; Higher Education; *Preservice Teacher Education; Program Development; *School Community Programs; School Districts; State Programs; State Standards; Statewide Planning; Teacher Role; Teaching Methods
IDENTIFIERS	Comprehensive School Health Programs; Healthy People 2000; *Pennsylvania

ABSTRACT

This report recommends a statewide plan of action to ensure that Pennsylvania schools provide quality school health education programs. It is the culmination of a process undertaken by the Quality School Health Education Project, initiated in response to the Year 2000 national health objective on school health education. The project identified critical problems and actions which would lead to improvements in school health education. These problems and actions are addressed within the following issue areas: health curriculum and instruction, school-community coalitions, teacher preparation, policy and resources, and key health education objectives. In each issue area, background information is provided along with objectives, change strategies, and a list of action groups. Appendices contain a list of the components of a comprehensive school health program; background information on the prevalence of health problems among Pennsylvania's young people; information on the effectiveness of school health education; a list of publications and organizations; and a list of project participants. (JDD)

SP

HEALTHY CHILDREN:
The Key To Our Future

Recommendations for Quality School Health Education in Pennsylvania

The Pennsylvania Department of Health gratefully acknowledges the contributions of the following project directors and staff for their technical expertise and editorial guidance: Bethann Cinelli (Project Director, West Chester University), Lori Bechtel (Consultant, Pennsylvania State University), Mary Rose-Colley (Consultant, Lock Haven University), Julie Fetzer (Graduate Assistant, West Chester University), Marian Sutter (Health Education Advisor, Pennsylvania Department of Education), William Neil (Public Health Educator, Pennsylvania Department of Health), Larraine Jones (Clerk Stenographer, Pennsylvania Department of Health), and Catherine Becker (Project Officer, Pennsylvania Department of Health). The Department also wishes to thank the Project Steering Committee members and the participants in the Task Force and Consensus Conference for their contributions. *This project was funded, in part, by the federal government under a contract administered by the Pennsylvania Department of Health.*

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

The future of our state depends upon our children. Over the past five years, we have made unprecedented investments in order to assure that their future remains bright. We have launched a vigorous environmental cleanup; we have attacked the scourge of drug and alcohol abuse; and we have reformed the way in which our schools prepare children.

No effort demands more attention than the health of our children. We are initiating a comprehensive child health program, designed to provide every young Pennsylvanian access to quality, affordable health care. Through health education, schools can help children learn how to confront the critical health issues they will face. It will aid them in living healthy lifestyles and becoming intelligent health care consumers.

A broad-based task force, operating under the aegis of the state departments of education and health, recently completed a study of health education concerns. This booklet contains their recommendations. These suggestions may be helpful to you and others concerned with health education.

Sincerely,

Robert P. Casey

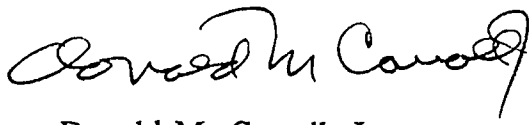
Robert P. Casey
Governor

A Challenge to Action

Quality health education programs can help children stay healthy and achieve success in school. To make sure that our schools provide quality school health education programs, the Department of Health and the Department of Education jointly initiated a project to develop a statewide plan of action.

This plan was the result of the work of over 80 Pennsylvanians who care about the human and economic consequences from which ignorance of personal, family, and community health issues can result.

The plan calls upon all Pennsylvanians who are committed to the health of our children to take action. We challenge you to work with your schools and communities to achieve the recommended actions.



Donald M. Carroll, Jr.
Secretary of Education

Allan S. Noonan, M.D., M.P.H.
Secretary of Health

TABLE OF CONTENTS

INTRODUCTION

Healthy children are the key to our future. Today's schools represent a natural channel through which good health practices may be fostered. The present educational reform movement provides an environment for significant structural and curricular change. Never before has there been such an opportunity to capitalize on these new developments in order to develop quality school health education programs that will prepare our youth to become a new generation of healthy Americans.

In an effort to assess the status of school health education in Pennsylvania and to develop a plan of action for improving health education, the Pennsylvania Department of Health funded the Quality School Health Education Project. This Project was initiated in cooperation with the Pennsylvania Department of Education in response to the Year 2000 national health objective on school health education:

> *Increase to at least 75 percent the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education.*

This document is the culmination of a process undertaken by the Project to identify critical problems and actions which would lead to improvements in school health education. As a first step in this process, the Pennsylvania Departments of Education and Health formed a Steering Committee in the fall of 1990. The Steering Committee identified critical issues facing school health education. A survey of administrators, teachers, and health curriculum supervisors was conducted in January, 1991, in order to gather information on the problems and issues raised by the Steering Committee. This survey, called the Pennsylvania School Health Education Study, collected information from a sample of 164 school districts.

On May 22 and 23, 1991, a Task Force of sixty people met to develop objectives and recommended actions for improving health education. For each objective the Task Force identified action groups which should be involved in achieving the objective.

The final step in the development of this document was a Consensus Conference held October 30, 1991. The Consensus Conference brought together educators, policymakers, health professionals, parents, and students in an effort to determine which objectives were the most critical to achieve.

This document summarizes the objectives, strategies for achieving the objectives, and action groups which were recommended by the Task Force. The objectives are grouped into four broad areas of concern: health curriculum and instruction, teacher preparation, school-community coalitions, and policy. Each section begins with a description of the problems identified by the Task Force. Relevant information from the Pennsylvania School Health Education Study is included. At the end of this document are listed the six objectives which were selected as the most important objectives by participants in the Consensus Conference.

The recommendations focus on school health education. School health education is one component of a comprehensive school health program. The appendices contain the definition of the components of a comprehensive school health program.

The appendices also contain background information on the prevalence of health problems among Pennsylvania's young people, information on the effectiveness of school health education, a list of important school health education resources, and a list of all participants in the Project, including Steering Committee members, participants in the Task Force and Consensus Conference, and staff.

HEALTH CURRICULUM AND INSTRUCTION

BACKGROUND The criteria necessary for a quality school health education program are:

- A documented, planned, and sequential program of health education for students in pre-school through grade twelve;
- A curriculum that addresses and integrates education about a range of categorical health issues which include:

  Community and Environmental Health
  Consumer Health
  Disease Prevention and Control
  Family Health
  Safety and First Aid
  Fitness
  Growth and Development
  Nutrition
  Personal Health
  Tobacco, Alcohol, and Other Drugs;

- Activities designed to develop decision-making competencies related to health and health behavior;
- Instruction provided for a prescribed amount of time at each grade level;
- Management and coordination in each school by an education professional trained to implement the program;
- Instruction from teachers who have been trained to teach the subjects;
- Involvement of parents, health professionals, and other concerned community members; and
- Periodic evaluation, updating, and improvement.

Data for the 1991 Pennsylvania School Health Education Study indicate that many Pennsylvania schools do not have these critical components.

A Sequential Kindergarten-12th Grade Program that Addresses Many Health Content Areas. In the 1991 survey, the percentage of elementary classroom teachers who spent less than two hours per year on various health topics is:

- 30% taught community health for less than two hours
- 67% taught consumer health for less than two hours
- 51% taught disease prevention and control for less than two hours
- 76% taught family health for less than two hours
- 32% taught safety and first aid for less than two hours
- 37% taught fitness for less than two hours
- 37% taught growth and development for less than two hours
- 20% taught nutrition for less than two hours
- 51% taught personal health for less than two hours
- 21% taught tobacco, alcohol, and drugs for less than two hours

Management and Coordination of Health Education by Qualified Professionals. The Pennsylvania School Health Study found that:

- 1% of the curriculum supervisors who are responsible for the health education program possess an undergraduate degree in health education, 3% hold an undergraduate degree in physical education, and 39% hold a dual degree in health and physical education. The remainder of health curriculum supervisors possess an undergraduate degree in some other field.
- At the elementary level, health can be taught by the regular classroom teacher or by other elementary personnel (e.g., school nurse, counselor, special education teacher, etc.). The need for a health education specialist to serve as a resource person was reported by 53% of the elementary classroom teachers and 67% of the elementary specialists.
- In the upper grades, health must be taught by a teacher who is certified by the state to teach health. The need for a health education specialist to serve as a resource person was reported by 45% of middle/junior high school health teachers and 43% of senior high school health teachers.

A Documented, Planned, Sequential Health Education Program. Involvement of parents, community leaders, students, and teachers from each major grade level in the curriculum development process is essential to assure that the curriculum is sequential and covers all critical health

topics. The 1991 Pennsylvania School Health Education Study found that all too often these groups are not included in the curriculum development process.

- 17% of the curriculum supervisors do not include teachers from each level (elementary, middle/junior high, and senior high schools) when they plan the health education curriculum.
- Only 29% of the curriculum supervisors involve parents, 8% involve university personnel, 31% involve community organizations, and 14% involve students in planning the health curriculum. The need for more parental involvement in the planning process was reported by 51% of the elementary classroom teachers, 66% of the elementary specialists, 51% of the middle/junior high school teachers, and 47% of the senior high school teachers.

Periodic Evaluation, Updating, and Improvement of the Curriculum. The inclusion of specific, measurable objectives is the basis for planning and evaluating the health education program. Improvements in the health curriculum are dependent upon periodic revisions of the curriculum, monitoring of the instruction by curriculum supervisors, and the provision of sufficient resources to upgrade curriculum. The Pennsylvania School Health Education Study found that:

- 13% of the curriculum supervisors indicated that there are not specific, measurable objectives at each grade level; and 7 % were unsure if their curriculum has such objectives.
- The majority (close to 60%) of curriculum supervisors reported a revision of the health curriculum at all three organizational levels (elementary, middle/junior high, senior high school) within the last three years. However, 52% of elementary teachers, 58% of elementary specialists, 50% of middle/junior high school teachers, and 46% of senior high school teachers reported that updating the curriculum was needed to improve the health education program.
- 72% of the curriculum supervisors reported monitoring health instruction on a regular basis for adherence to the school district plan, while 47% reported not reviewing daily lesson plans, and 51% reported not reviewing unit plans.

WHAT CAN WE DO TO IMPROVE THE HEALTH EDUCATION CURRICULUM? The Task Force recommended the following objectives, strategies, and groups to act on the objectives:

Objective A **By 1997, 100% of school districts will have a person who has in-depth preparation in health education assume responsibility for the management and coordination of the kindergarten through grade twelve health education program.**

Strategies

- Each school district will appoint a person with in-depth preparation in health education to serve as the health education coordinator. In-depth preparation would include an individual who is a Certified Health Education Specialist (CHES); a person who is willing to seek certification as a CHES; or who has completed one quarter of their undergraduate studies in professional health education.
- The health education coordinator will establish a local health education planning committee to plan and implement a quality health education curriculum, conduct evaluations, and maintain current health education materials.
- The local health education planning committee will invite students, teachers, staff, community agencies, parents, service organizations, business groups, and churches to serve on the committee.

Action Groups School districts and the National Commission for Health Education Credentialing, Inc.

Objective B **By 1993, 95% of school districts will establish partnerships with community agencies.**

Strategies

- School districts and community agencies will identify an individual responsible for coordinating the partnership.
- The members of the partnership will develop a list of state, regional, and local health resources to assist school districts in curriculum development.

Action Groups School districts and community agencies

Objective C **By 1995, all school districts will pursue additional sources of income through grant moneys for health education.**

Strategies
- ♦ School district personnel will search for available moneys.
- ♦ School district personnel will select and submit grant applications to fund health education programs.

Action Groups School districts, community agencies and Intermediate Units

---

Objective D **By 2000, every school district will include specific, measurable objectives/outcomes for each organizational level (K-3, 4-6, 7-9, 10-12) for health education and will evaluate their curriculum according to those objectives/outcomes.**

Strategies
- ♦ The school district will assign health professionals the responsibility of writing specific objectives/outcomes at the K-3, 4-6, 7-9, and 10-12 levels.

Action Groups School districts; Pennsylvania Association for Supervision and Curriculum Development; Pennsylvania School Health Association; Pennsylvania State Association for Health, Physical Education, Recreation and Dance; and Pennsylvania Department of Education

---

Objective E **By 1997, 100% of Pennsylvania school districts will revise their health education curriculum to include those life skills necessary for healthy behaviors as proposed by the State Board of Education in the Chapter 5 Curriculum Requirements.**

Strategies
- ♦ The health education planning committee will revise the existing curriculum to include life skills (decision-making, refusal skills, social skills, coping skills, and critical evaluation).
- ♦ The school district will develop assessment instruments to determine if health objectives have been met and utilize the results for ongoing review of the health education program.

Action Groups School districts, Pennsylvania Department of Education and institutions of higher education

---

Objective F **By 1993, the Pennsylvania School Health Education Task Force will develop a resource guide to assist all Pennsylvania school districts in meeting the criteria for a quality school health education program.**

Strategies

- The guide will include a list of qualified health education specialists, voluntary health agencies, funding sources for health education, and health education materials.
- The guide will be distributed to school districts, state agencies, voluntary health agencies, Intermediate Units, and other appropriate groups.

Action Groups Pennsylvania School Health Education Task Force, Pennsylvania School Health Association, and Pennsylvania Department of Health

---

Objective G **By 1995, the Pennsylvania Department of Education will establish a process to identify school districts which meet the criteria for quality school health education.**

Strategies

- The Pennsylvania Department of Education will utilize the criteria of quality school health education (as shown on page 6) and will initiate a process to identify school districts which meet the criteria.
- The Pennsylvania Department of Education will establish a systematic plan whereby the school district's health education program will be assessed every five years.
- The Pennsylvania Department of Education will publicize and acknowledge exemplary quality school health education programs.

Action Groups Pennsylvania Department of Education; Pennsylvania School Health Task Force; Pennsylvania School Health Association; institutions of higher education; and Pennsylvania State Association for Health, Physical Education, Recreation and Dance

---

SCHOOL-COMMUNITY COALITIONS

BACKGROUND Enhancing and influencing the health of students is most effective when schools, community agencies, and parents work together. Schools can garner support for health education by creating partnerships with community agencies. Involvement of parents and community groups assures that the health education program is responsive to community and parental needs. Coalitions and coordinating councils are effective tools for achieving common goals at both the state and the local levels.

Currently, there are no state-level governmental committees to coordinate the needs and resources of the various state agencies which have a stake in the health and education status of Pennsylvania's youth. There are three state-level non-governmental groups which deal with school health education issues: the Pennsylvania School Health Association; the Pennsylvania School Health Education Task Force; and the Pennsylvania State Association for Health, Physical Education, Recreation and Dance.

According to the results of the Pennsylvania School Health Education Study, 17% of school districts have a school health council (composed of parent groups and community advisors) to address the health issues of the school and its students. The need for school-community coalitions to improve health education was indicated by 55% of the elementary classroom teachers, 63% of the elementary specialists, 53% of the middle/junior high teachers, and 55% of the senior high teachers.

WHAT CAN WE DO TO PROMOTE SCHOOL-COMMUNITY COALITIONS?

Objective H **By 1993, establish a Governor's coordinating council of state agencies to address issues related to quality school health education.**

Strategies

- Groups interested in the health of children will advocate for the development of a coordinating council.

Action Groups Pennsylvania Department of Education and all appropriate state agencies interested in the health of children

Objective I **By 1993, a state-level interagency coalition involving government and voluntary and community organizations will be established to promote and support quality school health education.**

Strategies

- All agencies that have responsibility for child and adolescent health will be invited to an initial organizational meeting.
- The interagency coalition will develop media publicity and community programs promoting positive aspects of quality school health education.
- The interagency coalition will identify and share resources with local coalitions, local school boards, Intermediate Units, and other organizations interested in school health education.
- The interagency coalition will provide professional assistance and support in the areas of funding and resources for the establishment and maintenance of local coalitions.

Action Groups Pennsylvania School Health Education Task Force, voluntary health associations, Pennsylvania School Health Association, Pennsylvania Public Health Association, and other organizations interested in the health of children

---

Objective J **By 1995, 20% of the school districts in Pennsylvania will establish school-community coalitions for the purpose of promoting quality school health education.**

Strategies

- Local education agencies and community agencies will develop a coalition to enhance quality school health education.
- The coalition will utilize promotional health education materials.
- The coalition will advocate for health education through the dissemination of information about local and state health education resources.

- ◆ Membership will include, but not be limited to, parents, business leaders, representatives from higher education, community organizations, students, media, legislators, religious organizations, and other members that represent a cross-section of the community.

Action Groups School districts, parent-teacher organizations, local departments of health, state-level coalition, and interested community agencies

---

Objective K **By 1995, 75% of all Pennsylvania school districts with school-community coalitions will have business and industry leaders as a part of their coalition membership.**

Strategies

- ◆ The local school-community coalition will invite business and industry leaders to join the coalition.
- ◆ The Pennsylvania Chamber of Business and Industry will initiate leadership action to encourage local business associations to become involved in local health education coalitions.

Action Groups Pennsylvania Chamber of Business and Industry, individual school-business partnerships, partners in education, local coalitions, and state-level coalition

---

Objective L **By 1995, 100% of all Pennsylvania school districts with school-community coalitions will include parents as a part of the coalition.**

Strategies

- ◆ The local school-community coalition will invite parents to participate in the coalition.
- ◆ State-level parent-teacher organizations will encourage local parent organizations to become involved in the coalition.
- ◆ Parent organizations will formally issue a position statement on quality school health education.

Action Groups Parent-teacher organizations and local and state-level coalitions

---

TEACHER PREPARATION

BACKGROUND The teacher is the catalyst who transforms the curriculum into a meaningful learning experience for the student. The results of the Pennsylvania School Health Education Study indicate that many teachers have not received adequate training in health education either during their undergraduate studies or through in-service opportunities.

At the elementary level, health education is most frequently taught by the regular classroom teacher. The completion of courses in health education is not required for elementary teacher certification. The Pennsylvania School Health Education Study found that 54% of the elementary classroom teachers have not attended a health education in-service program in the past two years, and 83% of the elementary classroom teachers have six or fewer credits in health education as undergraduates. Improved undergraduate preparation was cited by 54% of the teachers as needed to improve health education programs.

In some schools, health and physical education teachers, school nurses, and special education teachers are responsible for health instruction at the elementary level. Of school personnel who provide health instruction, 43% do not have an instructional certificate to teach health, according to the results of the Pennsylvania School Health Education Study. Thirty percent of those who provide health instruction at the elementary level have not attended an in-service program in the past two years, and 38% have six or fewer credits in health education. Fifty-eight percent of those who provide health instruction indicated the need for improved undergraduate preparation in health education.

At both the middle/junior high and the senior high school levels, health education is most frequently the responsibility of teachers dually certified to teach both health and physical education. At both the middle/junior high and the senior high school levels, 35% of the teachers have completed 15 credits or fewer in health education, and one-third have not attended an in-service program in the last two years. The need for improved undergraduate preparation in health education was reported by 43% of middle/junior high school teachers and 49% of high school teachers.

Improved professional preparation and in-service training are important strategies for improving the quality of school health education in Pennsylvania. At the national level, the recently developed certification process has helped to establish minimum standards for health education. Under these procedures, individuals receive certification as Certified Health Education Specialists from the National Commission for Health Education Credentialing, Inc. In order to become certified, an individual must pass an examination and complete 25 semester hours in health education.

WHAT CAN WE DO TO IMPROVE TEACHER PREPARATION?

Objective M **By 2000, all colleges and universities which prepare early childhood and/or elementary majors will develop and adopt a standard for health education to be included in the certification of early childhood and elementary educators.**

Strategies

- A coalition of the Pennsylvania State Association for Health, Physical Education, Recreation and Dance; the Pennsylvania School Health Association; the Pennsylvania School Health Education Task Force; and the Pennsylvania Association of Colleges and Teacher Educators will develop the health education standard for early childhood and elementary teachers.
- The recommended health education standard will be mailed to the deans, certifying officers, and/or chairs of the respective teacher education coordinating councils of all teacher preparation institutions. The purpose of this notification is to obtain support for formal change in the standard for certification and to obtain voluntary compliance with the recommended standard.
- Each university will identify a qualified [Certified Health Education Specialist(CHES) preferred] person(s) to assist in the implementation of the recommended health education standard. This may entail employment of person(s) or the development of cooperative arrangements among universities.
- Regional meetings will be conducted with organizations such as the Pennsylvania Association of Colleges and

Teacher Educators to explain the recommended health education standard.

- The coalition will recommend that the Pennsylvania Department of Education and the State Board of Education adopt the health education standard as part of Chapter 49, "Certification of Professional Personnel," of the Pennsylvania Code.
- Meetings will be conducted at various professional conferences in the Commonwealth to explain the rationale and content of the recommended standard.
- Institutions of higher education will develop a concentration/minor in health education to meet the professional preparation needs of early childhood and/or elementary education majors.
- All school districts will provide a detailed plan to the Pennsylvania Department of Education whereby all early childhood and/or elementary education teachers responsible for health instruction are professionally updated to meet the recommended health education standard.

Action Groups

Pennsylvania School Health Association; State Board of Education; Pennsylvania Department of Education; Council of Professional Preparation Heads/Chairs; institutions of higher education; Pennsylvania State Association for Health, Physical Education, Recreation and Dance; Pennsylvania School Health Education Task Force; and Pennsylvania Association of Colleges and Teacher Educators

---

Objective N

By 1993, all school districts will establish a systematic plan for annual in-service education of all teachers responsible for health education. The in-service education will be taught by a professionally qualified health education specialist [Certified Health Education Specialist (CHES) preferred].

Strategies

- A council composed of representatives of professional health education programs from institutions of higher education will form an advisory committee to assist local school districts.

- ♦ Intermediate Units and professional preparation institutions will assist school districts in the development and implementation of their plans.

Action Groups Coalition of Pennsylvania State Association for Health, Physical Education, Recreation and Dance; Pennsylvania School Health Association; Pennsylvania School Health Education Task Force; Pennsylvania Association of Colleges and Teacher Educators; State Board of Education; the steering committee of the Keystone Health Promotion Conference; and the Pennsylvania State Education Association

---

Objective O **By 1995, 50% (and by 2000, 100%) of all colleges and universities that offer health education certification or dual certification in health and physical education will be accredited by the National Certification and Accreditation in Teacher Education and/or the Association for the Advancement of Health Education/Society for Public Health Education.**

Strategies

- ♦ Statewide invitational conferences of colleges and universities with professional preparation programs in health education will be conducted to prepare institutions to apply for accreditation. The conference will be held in cooperation with the 1992 Pennsylvania State Association for Health, Physical Education, Recreation and Dance and the 1993 Pennsylvania School Health Association annual meetings.
- ♦ Revised standards and criteria will be sent to all teacher preparation institutions as necessary.
- ♦ On an annual basis, all school district directors and school guidance counselors will be informed of the list of colleges and universities whose programs are nationally accredited in the preparation of health education teachers.

Action Groups Coalition of the Pennsylvania State Association for Health, Physical Education, Recreation and Dance; Pennsylvania School Health Association; Pennsylvania School Health Education Task Force; Pennsylvania

Association of College and Teacher Educators; Pennsylvania Academy for the Profession of Teaching; and Pennsylvania Society for Public Health Education

---

Objective P

By 1994, a Certified Health Education Specialist (CHES) will serve as a member of all Pennsylvania Department of Education visitation teams which review the health education and dual health and physical education professional preparation certification programs of colleges and universities.

Strategies

- The Pennsylvania Department of Education will be asked to include a Certified Health Education Specialist on all visitation teams.
- A list of available personnel who are Certified Health Education Specialists will be developed in order to assign educators to on-site visitation teams.

Action Groups

Coalition of the Pennsylvania State Association for Health, Physical Education, Recreation and Dance; Pennsylvania School Health Association; Pennsylvania School Health Education Task Force; and Pennsylvania Association of Colleges and Teacher Educators

---

Objective Q

By 1995, all colleges and universities which prepare health educators and/or health and physical educators will review the transcripts of all persons requesting certification as a health educator or a health and physical educator to determine if the standards have been met in accordance with Chapter 49, "Certification of Professional Personnel," of the Pennsylvania Code.

Strategies

- A faculty person (preferably a Certified Health Education Specialist) will be identified to review all certification requests.
- This recommendation will be circulated to all deans, program coordinators, and/or certifying officers at the teacher preparation institutions.

- The coalition will provide the Pennsylvania Department of Education with a list of Certified Health Education Specialists (CHES) recommended to serve as reviewers.
- Faculty within each teacher education institution will be encouraged to become Certified Health Education Specialists (CHES).

Action Groups Coalition of the Pennsylvania State Association for Health, Physical Education, Recreation and Dance; Pennsylvania School Health Association; Pennsylvania School Health Education Task Force; Pennsylvania Association of Colleges and Teacher Educators; and Pennsylvania Department of Education

---

POLICY AND RESOURCES

BACKGROUND The creation of state laws, regulations, and resources which support quality school health education is vital to overcome the problems which are encountered in health education. The focus of such legislation and policy would be on the establishment of required instructional time, the establishment of a statewide assessment system, a mandate requiring kindergarten through grade twelve quality school health education, improved teacher certification standards, financial support, and an organizational school health education unit at the state and regional levels.

Instructional Time for Health. The results of the School Health Education Evaluation Study indicated that students who received forty to fifty hours of classroom instruction in health achieved significant gains in health knowledge and improvement in health behaviors. It is important to note that this study included only elementary health instruction. It has not been determined yet how many hours of instruction are necessary to achieve similar results at the upper grades. On the issue of classroom instruction, the Pennsylvania School Health Education Study found that

- 43% of elementary classroom teachers reported 30 minutes or less per week of health instruction. This is equivalent to 18 hours or less per year of health instruction.
- 10% of middle/junior high school and senior high school health teachers reported 60 minutes or less per week of health instruction. This is equivalent to 36 hours or less per year of health instruction.
- 39% of elementary classroom teachers, 73% of elementary specialists who provide health instruction, 63% of middle/junior high school teachers, and 62% of senior high school teachers reported that an increase in time scheduled for health instruction would improve health education.

Statewide Assessment System. Recognizing the need to assist schools in monitoring and assessing their health programs, the Pennsylvania Department of Education began developing a health education test as part of the Pennsylvania Assessment System in 1989. Reliability testing of the instruments designed to assess health education was completed in 1991. Present plans call for a voluntary sample of schools to administer the health

education test during the 1993-94 school year, as cited in the proposed Chapter 3, "School Profiles," of the Pennsylvania Code.

Statewide Mandate for Health Education. In response to crises in public health, the state legislature in recent years has enacted legislation requiring schools to teach drug and alcohol education at every grade from kindergarten through grade twelve. In response to the HIV/AIDS epidemic, an amendment was made to the state "Curriculum Requirements" to mandate HIV/AIDS education in schools. In response to the problem of steroid use, state law now mandates education regarding steroids. Another approach which has worked effectively in other states has been to enact broad-based legislation which mandates a comprehensive kindergarten through grade twelve health education program. Enacting legislation on comprehensive school health education would eliminate the need to pass legislation in response to new and emerging health issues.

State-Level Assistance for Health Education. Within the Pennsylvania Department of Education, health education programs are not centrally located. The only program focused full time on comprehensive school health education is the federally funded HIV/AIDS education program. This program is located within the Bureau of Curriculum and Academic Services. Safety education also is located within the Bureau of Curriculum and Academic Services. Drug and alcohol educational services are provided through the Bureau of Basic Education Support Services (to be renamed the Bureau of Community and School Services). The program which provides nutrition education services is located in the Bureau of Fiscal Administration. There are no field staff charged with responsibility for comprehensive school health education within Intermediate Units or the regional offices of the Pennsylvania Department of Education.

The Pennsylvania Health Curriculum Progression Chart, which was developed by a committee under the auspices of the Pennsylvania Department of Education, has been a useful guide for schools in their curriculum development process. The guide was developed in 1982 and is in need of updating in accordance with the proposed curriculum regulations.

The need for state-level assistance in health education was reported in the Pennsylvania School Health Education Study:

- 65% of elementary classroom teachers, 72% of elementary specialists, 72% of middle/junior high school teachers, and 75% of senior high school teachers stated that improved state assistance and support are needed to improve health education.
- 19% of school administrators indicated that there are insufficient sources of health information and resources.

Funding for Health Education. The Pennsylvania School Health Education Study found that 42% of the school administrators have a separate budget line for health education. Other findings are:

- 0% of school administrators indicated that finances restrict the offering of health education.
- 49% of elementary classroom teachers, 66% of elementary specialists, 67% of middle/junior high school teachers, and 66% of senior high school teachers reported that an increase in funding is needed to improve health education.

WHAT CAN WE DO TO IMPROVE POLICIES AND RESOURCES FOR HEALTH EDUCATION?

Objective R **By 1993, the Pennsylvania Department of Education, in cooperation with local districts, health and education organizations, Intermediate Units, institutions of higher education, Pennsylvania Department of Health, student and parental groups, voluntary health agencies, and health and education professional organizations will update the Pennsylvania Health Curriculum Progression Chart, will revise the chart every five years, and will develop educational guide(s) corresponding to health education student learning outcomes.**

Strategies

- The Pennsylvania Department of Education will establish a steering committee comprised of broad-based representation to develop the Progression Chart and the educational guide(s).
- The steering committee will develop a Progression Chart which contains outcomes for pre-kindergarten (ages 3-5) and kindergarten through grade twelve for all quality health education content areas (see page 6) every year as appropriate.

- ♦ The Pennsylvania Department of Education will publish and distribute the Progression Chart and educational guide(s) to school districts, Intermediate Units, and other educational institutions.

Action Groups Pennsylvania Department of Education, local school districts, Intermediate Units, institutions of higher education, Pennsylvania Department of Health, student and parent groups, voluntary health agencies, and health and education professional groups

---

Objective S **By 1995, the Pennsylvania Department of Education will implement an assessment system to help school districts monitor the achievement of health-related student learning outcomes.**

Strategies

- ♦ The Pennsylvania Department of Education will revise the instruments to correspond to the student learning outcomes as established in the proposed curriculum regulations.
- ♦ The Pennsylvania Department of Education will provide the assessment instruments, data processing and analysis, and reports to all school districts.

Action Groups Pennsylvania Department of Education, local school districts, Intermediate Units, institutions of higher education, Pennsylvania Department of Health, student and parent groups, voluntary health agencies, and health and education professional groups

---

Objective T **By 1995, 20% of Pennsylvania school districts will provide at least 45 hours of health instruction for every student each year in all grades.**

Strategies

- ♦ The State Board of Education will be encouraged to establish 45 hours as the minimum requirement for instructional time in health education or to establish such rigorous health-related student learning outcomes that additional instructional time must be devoted to health education.

- ♦ Local school districts will coordinate with the Pennsylvania School Health Education Task Force and the Pennsylvania Departments of Education and Health to establish curriculum guidelines.

Action Groups Pennsylvania School Health Education Task Force, Pennsylvania Department of Education, Pennsylvania Department of Health, Pennsylvania School Board Association, and House and Senate Education Committees

---

Objective U **By 2000, the state legislature will pass a law requiring quality school health education for every student every year in all grade levels (K-12).**

Strategies

- ♦ A coalition of health education professional organizations will provide information that highlights the need for and benefits of a K-12 grade quality school health education program to state legislators.
- ♦ Testimony will be provided by teachers, parents, students, and other interested persons.
- ♦ The legislature will include sufficient appropriation to support effective and timely implementation.
- ♦ Following the establishment of this legislation, the Pennsylvania Department of Education will provide resources to school districts to assist in curriculum development, staff development, and assessment.

Action Groups Pennsylvania School Health Education Task Force; Pennsylvania School Health Association; parent-teacher organizations; Pennsylvania General Assembly; and Pennsylvania State Association for Health, Physical Education, Recreation and Dance

---

Objective V **By 1992, recommendations will be made to the State Board of Education regarding revisions in the teacher certification standards for health and physical education and elementary education.**

Strategies

- ♦ The Pennsylvania School Health Education Task Force will appoint a committee to study and make recommendations regarding state teacher certification standards.

- The committee will present findings to the State Board of Education and send copies to the Secretary of Education, the Secretary of Health, and the Governor's Office.

  See Objective M for additional strategies related to teacher certification.

Action Groups Pennsylvania School Health Education Task Force

---

Objective W **By 1995, the State Health Data Center of the Pennsylvania Department of Health will make available health data by school district area to enable school districts to monitor the degree to which the Year 2000 National Health Objectives are being met.**

Strategies

- The Pennsylvania Department of Education will provide the names of municipalities encompassed by each school district to the Division of Health Statistics and Research in the Pennsylvania Department of Health.
- The Division of Health Statistics and Research will develop a prototype report of available health data.
- The Division of Health Statistics and Research will consult with the Pennsylvania Department of Education to identify one urban, one rural, and one suburban school district to field-test the prototype and implement the field test.
- The Division of Health Statistics and Research will revise the report based on the field tests and make data available to the Pennsylvania Department of Education and school districts.
- School districts will include appropriate data in their long-range curriculum planning and make the data public as part of the planning process.

Action Groups Pennsylvania Department of Health, Pennsylvania Department of Education, school districts, and county and municipal health department

---

Objective X **By 1993, the state legislature will increase financial support to provide adequate funding for health education.**

Strategies

- A legislative task force will be established to research potential sources of funding, such as: increased taxes on tobacco products and accessories and diet pills and/or restoration of sovereign immunity to schools and local government bodies and accompanying pooling agreement to reduce liability insurance cost.

Action Groups Pennsylvania General Assembly and the proposed state-level interagency coalition (see Objective I)

Objective Y **By 1995, an organizational unit will be created within the Pennsylvania Department of Education to provide direction for quality health education.**

Strategies

- This unit will have a budget, health education staff, and objectives for assisting schools to implement quality school health education programs.
- Statewide health and education organizations will support legislation to create an organizational unit within the Pennsylvania Department of Education.

Action Groups Pennsylvania School Health Education Task Force; Pennsylvania School Health Association; Pennsylvania Public Health Association; Pennsylvania Association of Supervision and Curriculum Development; Pennsylvania Association of School Administrators; Pennsylvania State Association for Health, Physical Education, Recreation and Dance; and the proposed state level interagency coalition (see Objective I)

Objective Z **By 1997, the Pennsylvania Department of Education will establish regional program units through existing Intermediate Units or other appropriate structures to provide technical assistance in health education to school districts in the areas of curriculum, instruction, staff development, and assessment.**

Strategies

- An advisory committee will be established to oversee the development of the program units and to recommend specifications, such as number of regional program units needed, location of the units, staff, and budget.
- Staff development will be provided to Intermediate Unit curriculum personnel.
- Various resources will be available to the regional program units in order to assist school districts.
- The regional program unit personnel will be responsible for developing a network across local districts, local/regional/state/national health organizations and agencies, the Pennsylvania Department of Health, Intermediate Units, and the Pennsylvania Department of Education.

Action Groups Intermediate Units, Pennsylvania Department of Education, Pennsylvania Department of Health, school districts, Pennsylvania Association of Supervision and Curriculum Development, Pennsylvania School Health Education Task Force, institutions of higher education, and Lead Teacher Centers

---

SUMMARY Promoting the health of school-aged youth is not an easy task. Quality school health education requires the cooperation and commitment of all individuals involved in the health and education of students. This plan has presented critical issues which impact on school health education as well as key objectives to improve school health education in Pennsylvania schools. In order to achieve results, it is important to note that all objectives are of equal importance, are interdependent, and provide essential strategies to enhance the quality and the quantity of school health education within Pennsylvania public schools. A joint effort is required of schools, communities, and state and local education and health organizations to overcome the obstacles and work together towards a healthier generation of youth.

KEY HEALTH EDUCATION OBJECTIVES

The participants at the Consensus Conference on School Health Education were asked to determine which objectives are the most critical for improving school health education. The following six objectives were selected as most important to provide central focus and direction to the state plan.

- *By 2000, the state legislature will pass a law requiring quality school health education for every student every year in all grade levels (K-12).*

- *By 1997, 100% of school districts will have a person who has in-depth preparation in health education assume responsibility for the management and coordination of the kindergarten through grade twelve health education program.*

- *By 1995, 50% (and by 2000, 100%) of all colleges and universities in the Commonwealth that offer health education certification or health and physical education certification will be accredited by the National Certification and Accreditation in Teacher Education and/or the Association for the Advancement of Health Education/Society for Public Health Education.*

- *By 2000, every school district will include specific, measurable objectives/outcomes for each organizational level (K-3, 4-6, 7-9, 10-12) for health education and will evaluate their curriculum according to those objectives/outcomes.*

- *By 1993, a state-level interagency coalition involving government and voluntary and community organizations will be established to promote and support quality school health education.*

- *By 1995, an organizational unit will be created within the Pennsylvania Department of Education to provide direction for quality health education.*

WHAT CAN YOU DO?

The support of all Pennsylvanians is needed to meet the recommended objectives contained in this document. What can you do?

Be an advocate for children, health, and education.

Support, promote, and become involved in school and community efforts to help your schools send a consistent message regarding the importance of health.

Get involved in your school's health education program. Provide input, assist in the classroom, and serve on or initiate a school health advisory council to address the health problems of students.

Health education starts at home. Be a good role mode' of positive health attitudes and behaviors and foster open communication with your children.

Encourage and assist your schools and communities to develop policies which provide guidance, suggestions, and support for preschool through grade twelve quality school health education. Notify your school district administrators, school board, and legislators of your support for health education.

*Remember that healthy children are the responsibility of the whole community. We all have a part in promoting the health of children and youth because.....**HEALTHY CHILDREN ARE THE KEY TO OUR FUTURE.***

APPENDICES

APPENDIX 1: OVERVIEW OF THE PENNSYLVANIA SCHOOL HEALTH EDUCATION STUDY

In order to develop the Pennsylvania plan for quality school health education, it was necessary to determine the extent to which school health education is available to children and youth in Pennsylvania public schools. A statewide study to assess the status of school health education was conducted from January 1991 through March 1991. The definition and criteria of quality school health education contained on page six of this document were utilized to develop the instruments.

To assist in questionnaire development, the researchers reviewed other state and national surveys which have been used to measure comprehensive/quality school health education. In order to create a clear picture of a school district's K-12 health education program, it was necessary to survey five levels of school district personnel: administrator, curriculum supervisor, elementary educators, middle school/junior high educators, and senior high educators. To this end, five surveys were designed to address: background and training, curriculum issues (purchased curricula, district-designed curricula, topics covered, time allocation, etc.), in-service offerings, and evaluation procedures. The five questionnaires were independently reviewed by three noted school health experts from institutions of higher education outside of the Commonwealth. The questionnaires were then reviewed and modified by the Project Steering Committee and piloted by school personnel in a western Pennsylvania school district.

A stratified random sample based on size of school district was utilized in the study. A district with more than 3,500 students was classified as large, while districts with 2,000 to 3,500 students were classified as medium, and districts with fewer than 2,000 students was classified as small. Within each size category, each school district in Pennsylvania was assigned a number and was selected for inclusion using a random-numbers table. Two hundred school districts out of a possible 501 were selected. The sample included 40 percent of the large school districts, 40 percent of the medium-sized school districts, and 40 percent of the small school districts.

Two weeks prior to the distribution of the questionnaires, an introductory letter was mailed to the school district superintendents to notify them of the study. In addition to asking for their involvement in the study, the letter explained the study and stated how the results would be used.

Following the introductory letter, each school district in the sample received a packet of materials to conduct the study. The packet included a letter to each superintendent asking them to complete their questionnaire, assign a person to disseminate the packet of materials to all other levels of district employees, and return a postcard identifying a "contact person." The packet also included: questionnaires, machine-scored answer sheets, letters explaining the study and the study procedures, and pre-stamped return envelopes. In order to improve the response rate, a reminder postcard was mailed two weeks after the initial mailing. A total of 164 school districts completed and returned usable questionnaires, for a return rate of 82%. The results obtained from this survey provided the background data for the critical issue areas and the subsequent school health education objectives.

A report of the Pennsylvania School Health Education Study is available from the Pennsylvania Department of Health.

APPENDIX 2: COMPREHENSIVE SCHOOL HEALTH PROGRAM

The school has an obligation to provide a health promoting environment for each and every student. Traditionally, a comprehensive school health program has been organized around the three areas of health instruction, health services, and healthful school environment. Today's children and youth face a multitude of health problems which greatly impact on their health status and ability to learn. As a result of emerging health issues and the greater demands placed upon schools to address these problems, it has become necessary to expand the comprehensive school health program to include other components.

It has been suggested (Allensworth and Kolbe, 1987) that a comprehensive school health program include the following components:

- school health services
- school health education
- school health environment
- integrated school and community health promotion efforts
- school physical education
- school food service
- school counseling
- schoolsite health promotion program for faculty and staff

These key components of the school must work together cooperatively to establish a healthful school environment that provides consistent messages regarding positive health practices and encourages students to develop a healthy lifestyle. In concert with health instruction, health services, healthful school environment, physical education, food services, school counseling, health promotion programs, and community and school coalitions provide the most efficient means to reinforce and promote healthy lifestyles and meet the goal of healthy school-aged youth.

Reference:
Allensworth, D.D., and L.J. Kolbe, "The Comprehensive School Health Program: Exploring the Expanded Concept," Journal of School Health, 57 (1987): 409-412.

APPENDIX 3: HEALTH PROBLEMS CONFRONTING YOUTH

Our nation's most serious and threatening health problems relate primarily to personal decision-making and lifestyle. Behaviors which are conducive or detrimental to one's health are almost always developed and sustained before and during the school years.

The following information profiles health problems of Pennsylvania children and adolescents. The data summarized here were derived from a 1988-89 drug and alcohol survey of 38,757 Pennsylvania school students (1), the 1989 Youth Risk Behavior Survey of 4,548 Pennsylvania public school students (2), and the 1990 Youth Risk Behavior Survey of 2,495 students in grades nine through twelve (3). For complete bibliographic citations, see end notes.

Tobacco, Alcohol, and Other Drugs - Alcohol and drug abuse are not only long term health hazards but also pose immediate risks to school aged youth. Early initiation of drug use increases the danger of homicide, suicide, school failure, delinquency, dysfunctional families, sexually transmitted diseases, and pregnancy.

- Almost 50 percent of seniors drink alcohol at least once a month, and 24 percent drink weekly or more often. (1)

- Thirty percent of ninth graders, 13 percent of seventh graders, and eight percent of sixth graders have at least one drink per month. (1)

- Twenty-one percent of seniors and 13 percent of ninth graders smoke cigarettes daily. (1)

- Fourteen percent of seniors and seven percent of ninth graders smoke marijuana at least once a month. (1)

- Two percent of seniors and nearly one percent of ninth graders use cocaine once a month or more often. (1)

Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) - Children and adolescents are at risk for contracting HIV/AIDS due to unsafe sexual practices and drug use behaviors.

- In Pennsylvania, approximately three percent of high school students use intravenous drugs, and nearly one percent share needles. (2)

- Also, 56 percent of Pennsylvania high school students engage in sexual intercourse, and nearly 21 percent have multiple sex partners. (2)

Unintentional/Intentional Injuries

- In a 1990 survey of Pennsylvania school students, slightly more than 33 percent of students in grades nine through twelve reported that during the previous month they had been a passenger in a motor vehicle driven by someone who had been drinking or using drugs. (3)

- Of the ninth through twelfth graders surveyed, almost 30 percent of males and slightly more than eight percent of females had carried a weapon during the 30 days preceding the survey. (3)

- Of the ninth through twelfth graders surveyed, 33 percent of females and 18 percent of males seriously thought about suicide during the year and prior to the survey administration. Actual suicide attempts during the same period were reported by five percent of males and 11 percent of females. (3)

Nutrition and Fitness - Proper nutrition and physical fitness help to prevent many chronic diseases, such as cardiovascular disease, cancer, and diabetes.

- Of the ninth through twelfth graders surveyed, 48 percent of the females and 62 percent of the males reported that they had consumed at least one serving of fried foods on the day prior to the survey. (3)

- Of the ninth through twelfth graders surveyed, 18 percent had not taken part in at least 20 minutes of strenuous physical exercise during the previous two weeks, and 10 percent had not attended a physical education class during the same period. (3)

The health problems experienced by today's youth are caused by a relatively small number of behaviors, such as drinking and driving, and precocious sexual intercourse. These behaviors are often established during youth, extend into adulthood, and are largely preventable. There is no doubt that health problems among Pennsylvania's youth abound and that the health risk behaviors that many adolescents assume are threatening the quality of life for youth and their families.

End Notes

1. Governor's Drug Policy Council, Alcohol, drugs and Pennsylvania's youth: A generation at risk, The 1989 survey of Pennsylvania school students.

2. "HIV-Related Knowledge and Behaviors Among High School Students - Selected U.S. Sites," Centers for Disease Control, Morbidity and Mortality Weekly Report, Volume 39 (June 15, 1990): 385-397.

3. Pennsylvania Department of Education, Office of AIDS-School Health, (1990). Summary of the 1990 Youth Risk Behaviors Results. Unpublished data.*

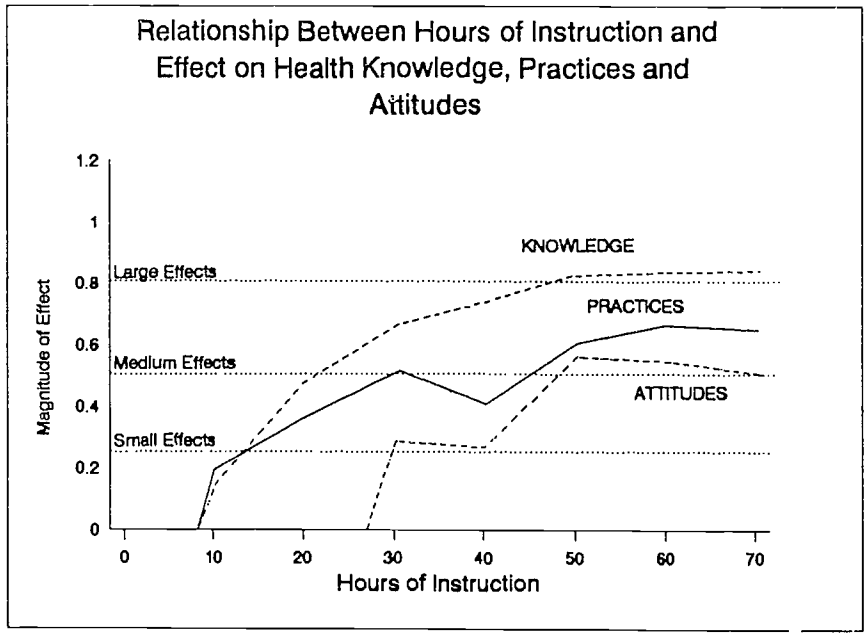
*Due to the low rate of school participation (51 percent) in the Youth Risk Behavior Survey, the results are not generalizable to the entire population of Pennsylvania secondary students (Pennsylvania Department of Education, Office of AIDS-School Health, 1990).

APPENDIX 4: EFFECTIVENESS OF HEALTH EDUCATION

Comprehensive school health education does make a positive difference in the lives of children and adolescents (Iverson, 1982; Kolbe, 1985; Seffrin, 1990). Two recent studies provide evidence of the positive impact of quality health education programs.

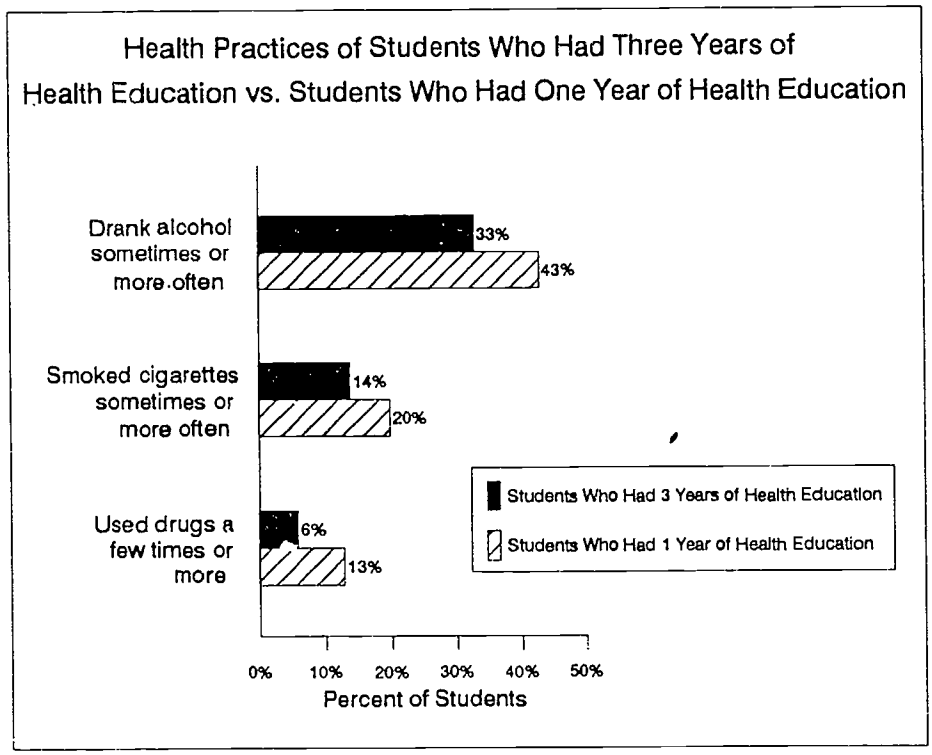
The School Health Education Evaluation study involved more than 30,000 children in grades four through seven in twenty states. According to the results of this study, students who participated in comprehensive school health education had significant positive changes in their health knowledge, attitudes, and practices when compared with students who did not receive comprehensive school health education. Factors important to the success of the programs evaluated were teacher training, administrative support and community involvement.

It is important to note that while relatively few hours of instruction can produce an increase in knowledge, approximately forty to fifty hours of instruction per year are necessary for improvement in attitudes and practices (Connell, Turner and Mason, 1985).



Source: School Health Education Evaluation

A recent survey of the effectiveness of comprehensive school health education in American public schools was conducted by Louis Harris and Associates for the Metropolitan Life Foundation. A total of 4,734 students in grades three through twelve from 199 public schools were surveyed to determine the benefits of comprehensive school health education. In general, students participating in comprehensive health education programs possessed more health knowledge, had better health related attitudes and engaged in more positive health behaviors than students with no exposure to health classes. Additionally, as years of health education increased, students' health-related knowledge, positive attitudes, and health habits also increased (Metropolitan Life Foundation, 1988).



Source: Metropolitan Life Foundation

References

Connell, D.B., Turner, R.R., and E.F. Mason, "Summary of the Findings of the School Health Education Evaluation: Health Promotion, Effectiveness, Implementation, and Costs," Journal of School Health, 55 (1985): 316-321.

Iverson, D.C., and J.K. Sheer, "School-based Cancer Education Programs: An Opportunity to Affect the National Cancer Problem," Health Values: Achieving High Level Wellness, 67 (1982): 27-35.

Kolbe, L.J, "Why School Health Education? An Empirical Point of View," Health Education, 16 (1985): 116-120.

Louis Harris and Associates, An Evaluation of Comprehensive Health Education in American Public Schools, New York, N.Y.: Metropolitan Life Foundation, 1988.

Seffrin, J.R., "The Comprehensive School Health Curriculum: Closing the Gap Between State-of-the-Art and State-of-the-Practice," Journal of School Health, 60 (1990): 151-155.

APPENDIX 5: SCHOOL HEALTH EDUCATION RESOURCES

National and state-level organizations and publications which provide helpful information on school health education are listed below.

Adolescent Health, Volume 1: Summary and Policy Options
Congress of the United States
Office of Technology Assessment
2400 N St., N.W., 6th floor
Washington, D.C. 20037-1153
(202) 429-7979

Beyond the Health Room
Council of Chief State School Officers
1 Massachusetts Ave., N.W.
Suite 700
Washington, D.C. 20001-1431
(202) 393-8159

Children 1990 : A Report Card, Briefing Book, and Action Primer
Children's Defense Fund
122 C St., N.W.
Washington, D.C. 20001
(202) 628-8787

Code Blue: Uniting For Healthier Youth
National Association of State Boards of Education
1012 Cameron St.
Alexandria, VA 22314
(703) 684-4000

Criteria for Comprehensive Health Education Curricula
The Southwest Regional Educational Laboratory
4665 Lampson Ave.
Los Alamitos, CA 90720
(213) 598-7661

Critical Issues Report: Promoting Health Education in Schools and Healthy Kids for the Year 2000: An Action Plan for Schools
American Association of School Administrators
1801 N. Moore St.
Arlington, VA 22209-9988
(703) 528-0700

Crossing the Boundaries Between Health and Education
National Health/Education Consortium
Institute for Educational Leadership
1001 Connecticut Ave., N.W., Suite 310
Washington, D.C. 20036
(202) 822-8405

Establishing and Maintaining School Health Advisory Councils
North Carolina Department of Public Instruction
Division of Curriculum and Instruction
116 West Edenton St.
Raleigh, NC 27603-1712
(919) 733-3512

Healthy People 2000: National Health Promotion and Disease Prevention Objectives
Superintendent of Documents
U. S. Government Printing Office
Washington, D.C. 20402-9325
(202) 783-3238

Healthy Youth 2000: National Health Promotion and Disease Prevention Objectives for Adolescents
American Medical Association
Department of Adolescent Health
515 N. State St.
Chicago, IL 60610
(312) 464-5471

Kids Count Data Book: State Profiles of Child Well-Being
The Center for the Study of Social Policy
1250 I St., N.W., Suite 503
Washington, D.C. 20005
(202) 371-1565

Not Schools Alone: Guidelines for Schools and Communities to Prevent the Use of Tobacco, Alcohol, and Other Drugs Among Children and Youth
California Department of Education
Bureau of Publications, Sales Unit
P.O. Box 271
Sacramento, CA 95812-0271
(916) 445-1260

School Health: Helping Children Learn
National School Boards Association
1680 Duke St.
Alexandria, VA 22314
(703) 838-6722

American School Health Association
P.O. Box 708
Kent, OH 44240
(216) 678-1601

Association for the Advancement of Health Education
1900 Association Dr.
Reston, VA 22091
(703) 476-3437

Education Development Center
55 Chapel St.
Newton, MA 02160
(617) 969-7100

ETR Associates
P. O. Box 1830
Santa Cruz, CA 95061
(800) 321-4407

National School Health Education Coalition
1000 Vermont Ave., N.W., Suite 400
Washington, D.C. 20005
(202) 682-3050

Pennsylvania Department of Education
Bureau of Curriculum and Development
333 Market St.
Harrisburg, PA 17126-0333
(717) 787-9862

Pennsylvania Department of Health
Division of Health Promotion
P.O. Box 90
Harrisburg, PA 17108-0090
(717) 787-5900

Pennsylvania School Health Association
c/o Dr. Lori Bechtel
Altoona Campus - Pennsylvania State University
Ivyside Park
Altoona, PA 16601
(814) 949-5239

Pennsylvania School Health Education Task Force
c/o Dr. Mary Rose-Colley
Himes Hall
Lock Haven University
Lock Haven, PA 17745
(717) 893-2549

APPENDIX 6: PARTICIPANTS IN THE QUALITY SCHOOL HEALTH EDUCATION PROJECT

The following list indicates the names of the participants in the Quality School Health Education Project, their affiliations, and their role in the Project. Steering Committee members are denoted by an "S" after their names. Participants in the Task Force meeting are denoted by "TF" after their names. Consensus Conference participants are denoted by "CC" following their names.

Nancy Accetta (CC)
Health Education Student
West Chester University
West Chester, PA

Diane Allensworth, R.N., Ph.D., CHES
(Task Force Workshop Presenter)
Associate Executive Director for Programs
American School Health Association
Kent, OH

Nancy G. Allmon (TF)
Director, Curriculum and Instruction
Fleetwood Area School District
Fleetwood, PA

Charles D. Amuso, Ed.D. (S, TF, CC)
Pennsylvania Association of School Administrators
Superintendent, Kane Area School District
Kane, PA

Gwendlyn Armitage, M.Ed. (TF, CC)
Health Education, Physical Education, Driver Education, and Staff Development Supervisor
East Penn School District
Emmaus, PA

Catherine M. Balsey, Ed.D. (TF, CC)
Curriculum Coordinator, Health Education
School District of Philadelphia
Philadelphia, PA

Corrine M. Barnes, Ph.D., R.N., F.A.A.N. (CC)
Professor and Director, Parent-Child Nursing
University of Pittsburgh School of Nursing
Pittsburgh, PA

Carolyn W. Baxter, (TF, CC)
Chairman, AIDS Education,
Pennsylvania PTA
Girard, PA

Lori J. Bechtel, Ph.D. (Project Consultant)
Assistant Professor of Health Education
Pennsylvania State University
Altoona Campus
Altoona, PA

Catherine Becker, M.P.H., CHES
(Project Officer)
Director, Health Risk Reduction Program
Division of Health Promotion
Pennsylvania Department of Health
Harrisburg, PA

F. Betty A. Beyer, M.Ed., CHES (CC)
Director of Public Health Education
Chester County Health Department
West Chester, PA

David Birch, Ph.D., CHES (Task Force Workshop Presenter and participant in Consensus Conference)
Director, Health Education Outreach Programs
Department of Health Education
Pennsylvania State University
University Park, PA

Christine Black, Ph.D. (CC)
Assistant Professor
Department of Health and Physical Education
Indiana University of Pennsylvania
Indiana, PA

Elaine H. Blair, Ph.D. (TF)
Assistant Professor
Department of Health and Physical Education
Indiana University of Pennsylvania
Indiana, PA

Betty Boyle, M.Ed. (CC)
Chairperson
Department of Health
West Chester University
West Chester, PA

Bradley J. Bradford, M.D. (TF, CC)
Chairman
Department of Pediatrics
Mercy Hospital of Pittsburgh
Pittsburgh, PA

Lynn Breedy (CC)
Curriculum Coordinator
Health and Physical Education
Stroudsburg Area School District
Stroudsburg, PA

Elizabeth Brensinger, M.P.H., CHES (CC)
AIDS Program Manager
Allentown Bureau of Health
Allentown, PA

David L. Broderic (TF, CC)
Legislative Assistant
Pennsylvania General Assembly
Harrisburg, PA

Susan Petron Byrnes (CC)
President, Board of Directors
Central Pennsylvania Health Education Center
York, PA

Bethann Cinelli, D.Ed., CHES
(Project Director)
Assistant Professor of Health
Department of Health
West Chester University
West Chester, PA

Michael J. Cleary, Ed.D., CHES (S, TF, CC)
Assistant Professor, Allied Health Department
Slippery Rock University
Slippery Rock, PA

Gloria A. Corson, M.Ed. (CC)
Health Educator
Williamsport Area High School
Williamsport, PA

Ruth R. Dex, (S, CC)
Vice President
Pennsylvania School Boards Association, Inc.
School Director, East Penn School District
Allentown, PA

Rosemary DiNunzio (CC)
Research Analyst, Education Committee
Pennsylvania General Assembly
Harrisburg, PA

Scotty Durisek (TF, CC)
Past President
Central Dauphin Council of PTAs
Harrisburg, PA

Cynthia Eckerd (TF)
Legislative Information Director
Pennsylvania School Board Association
New Cumberland, PA

Billye June Eichelberger, R.D., M.P.H. (TF)
Public Health Nutritionist
Harrisburg, PA

John L. Emminger, M.P.H. (CC)
Public Health Educator
Pennsylvania Department of Education
Harrisburg, PA

Martha E. Engle, R.N., M.S. (CC)
School Nurse
Tredyffrin/Easttown School District
Berwyn, PA

Charmaine Eubanks, M.A. (CC)
Teacher
Mayfair Elementary School
Philadelphia, PA

Joseph Fay (TF, CC)
Health Educator
York City Bureau of Health
York, PA

Robert E. Feir (S, TF, CC)
Executive Director
State Board of Education
Harrisburg, PA

Vito Forlenza, Ed.D. (TF)
Director, Curriculum and Instruction
Northeastern Education IU 19
Mayfield, PA

Catherine A. Gallagher (CC)
Executive Director
Erie Business Coalition for Health Care Cost Containment
Erie, PA

Laquita D. Graves (TF, CC)
Executive Policy Analyst
Governor's Policy Office
Harrisburg, PA

Jeffrey C. Greenawalt, M.P.A. (CC)
Director, Educational and Scientific Affairs
Pennsylvania Medical Society
Harrisburg, PA

Lynne Hamelton, M.Ed. (TF, CC)
Supervisor of Health, Physical Education, and Drug-Free Programs
West Chester Area School District
West Chester, PA

Herbert Hazan (CC)
Director, School Health Services
School District of Philadelphia
Philadelphia, PA

Donna L. Hazlett (S, TF, CC)
Health Educator
Springdale Junior-Senior High School
Springdale, PA

Betsy Henry, R.N., M.A. (CC)
School Nurse/AIDS Educator
Marple Newton School District
Newtown Square, PA

Ralph Holmes, Ph.D. (CC)
Instructional Teacher Leader
Health and Physical Education Department
George Westinghouse High School
Pittsburgh, PA

John Hranitz, Ed.D. (TF)
Professor
Department of Curriculum and Foundations
Bloomsburg University of Pennsylvania
Bloomsburg, PA

Elizabeth Hrenda-Roberts (CC)
Executive Director
Planned Parenthood of Pennsylvania
Affiliates
Harrisburg, PA

James A. Hruban, H.S.D. (CC)
Executive Director for Health Education
The Weller Center
Easton, PA

Diane Irwin (CC)
Health and Physical Education Instructor
Saucon Valley High School
Hellertown, PA

Diane Johnson, Ph.D. (TF)
Program Specialist
Curriculum and Instruction
Lincoln Intermediate Unit 12
New Oxford, PA

Michelle A. Jones, M.S.W., M.P.H. (CC)
Human Services Coordinator
Office of the Mayor
City of Pittsburgh
Pittsburgh, PA

Frank Kawtowski (TF)
Principal
Saucon Valley High School
Hellertown, PA

J. David Kline (S, TF, CC)
Appalachia Intermediate Unit 8
Ebensburg, PA

Betty Koppe (S, CC)
Pennsylvania Congress of Parents and
Teachers, Inc.
Harrisburg, PA

Kristie Jo Kovacyk (CC)
High School Student
Springdale High School
Springdale, PA

William Livingood, Ph.D., CHES (Task
Force Workshop Presenter and participant
in Consensus Conference)
Chairperson, Department of Health
East Stroudsburg University
East Stroudsburg, PA

Jake Longnecker (CC)
Program Specialist, C.P.S.
East High School
West Chester, PA

Lenore McGonigle (CC)
Coordinator, Community Health
Lehigh Valley Hospital Center
Allentown, PA

Donna L. Mettler, M.Ed. (CC)
Assistant Principal
Susquenita Elementary School
Duncannon, PA

Lois Michaels (TF)
Director
Health Education Center
Pittsburgh, PA

Joanne Miller (TF, CC)
Community Service Volunteer, PTA
Harrisburg, PA

Samuel Monismith, D.Ed., M.S., CHES
(CC)
Assistant Professor, Health Education
Pennsylvania State University
Middletown, PA

Benita Morris (TF, CC)
Coordinator, Health Education
Pittsburgh Public Schools
Pittsburgh, PA

Pamela Murray, M.D., M.P.H. (CC)
Director of Adolescent Medicine
Children's Hospital of Pittsburgh
Pittsburgh, PA

Biagio V. Musto, M.A., M.S., N.C.C.
(CC)
Chief, Division of Student Services
Pennsylvania Department of Education
Harrisburg, PA

William J. Neil, M.S.P.H., CHES (S, TF, CC)
Chief, Program Development Section
Division of Health Promotion
Pennsylvania Department of Health
Harrisburg, PA

Barbara Nissley, M.H.S. (TF, CC)
Contract Monitor
Pennsylvania Coalition Against Domestic Violence
Harrisburg, PA

Bonnie Nye, M.D. (CC)
Assistant Director of Medicine
Reading Hospital and Medical Center
Reading, PA

Robert Nye, Ed.D. (CC)
Professor of Health Education
Department of Health
West Chester University
West Chester, PA

Mary Jane O'Merle (CC)
Supervisor of Health and Physical Education
Pocono Mountain School District
Swiftwater, PA

Larry K. Olsen, M.A.T., M.P.H., Dr.P.H. (TF, CC)
Professor of Health Education
Department of Health Education
Pennsylvania State University
University Park, PA

Jackie Pendrak (TF, CC)
District 3 PTA Director
Harrisburg, PA

Diane Phillips (CC)
Program Director
American Heart Association
Camp Hill, PA

David L. Poehler, Ph.D.
(Task Force Keynote Speaker)
School Health Education Specialist
Division of Adolescent and School Health
Centers for Disease Control
Atlanta, GA

Alice Reyes (TF, CC)
Mayfair Elementary School
Philadelphia, PA

Mary Rose-Colley, D.Ed., CHES
(Project Consultant)
Associate Professor of Health Science
Department of Health Sciences
Lock Haven University
Lock Haven, PA

Gopal Sankaran, M.D., Dr.P.H., CHES (TF, CC)
Assistant Professor and Graduate Coordinator
Department of Health
West Chester University
West Chester, PA

Honorable George E. Sauerman (TF, CC)
State Representative
Pennsylvania House of Representatives
Harrisburg, PA

Marvin Schade, M.S., M.Ed. (TF, CC)
Health Education Instructor and Wellness Coordinator
Lewisburg Area School District
Lewisburg, PA

Betty Sue Schaughency, Ph.D. (TF)
Superintendent
Beaver Area School District
Beaver, PA

Stephanie Sharp (CC)
Health Education Consultant
Capitol Blue Cross
Harrisburg, PA

Robert G. Sharrar, M.D., M.Sc. (CC)
Assistant Health Commissioner for Disease Prevention
Philadelphia, PA

Karen Smith, R.N., M.S., M.Ed. (TF, CC)
President, School Nurses Section, DPS-PSEA
West Chester Area School District
West Chester, PA

Marian Sutter, Ph.D., CHES (S, TF, CC)
Health Education Advisor
Bureau of Curriculum and Instruction
Pennsylvania Department of Education
Harrisburg, PA

Marlon Taylor (CC)
High School Student
Williamsport Area School District
Williamsport, PA

Kym Thompson (CC)
Secondary Teacher
West Chester Area School District
West Chester, PA

Robert B. Towsey, Ph.D. (CC)
Superintendent of Schools
North East Area School District
North East, PA

Cheryl Turner-Paige, M.Ed. (CC)
Supervisor of Health Education
Division of Physical and Health Education
School District of Philadelphia
Philadelphia, PA

Carol Sue Underwood, Ed.D., M.Ed. (S, TF, CC)
Professor, Health Education
East Stroudsburg University
East Stroudsburg, PA

Janet Vogt (TF, CC)
Public Health Educator
Erie County Health Department
Erie, PA

Ticia Waring, Ed.D., M.Ed. (CC)
Associate Professor of Health Education
East Stroudsburg University
East Stroudsburg, PA

Mae Waters, Ph.D., CHES
(Consensus Conference Keynote Speaker)
Director, Comprehensive Health Education
Florida Department of Education
Tallahassee, FL

Mary K. Waters (CC)
Vice President, Education
American Cancer Society
Pennsylvania Division, Inc.
Hershey, PA

Dolores S. Wilden, M.B.A. (CC)
Vice President, Blue Cross of Western Pennsylvania
Vice Chairman of Board
Western Pennsylvania Caring Foundation, Inc.
Pittsburgh, PA

H. Stanley Wills, M.Ed. (CC)
Director for Agency Relations
Pennsylvania State Education Association
Harrisburg, PA

Roseanne Wilson (CC)
Chief, Office of Health Promotion
Allegheny County Health Department
Pittsburgh, PA

Robert Winter, M.Ed. (S, TF, CC)
Supervisor, Health and Physical Education
Williamsport Area School District
Williamsport, PA

Cynthia Wolford-Symons, D.Ed., CHES
(Task Force Workshop Presenter)
Associate Professor, Health Education
Kent State University
Kent, OH

Karen A. Yancey (CC)
Teacher
Mayfair Elementary School
Philadelphia, PA

Robert S. Zimmerman, M.P.H. (TF, CC)
Director, Bureau of Epidemiology and Disease Prevention
Acting Deputy Secretary for Public Health Programs
Pennsylvania Department of Health
Harrisburg, PA

Pennsylvania Department of Health
Division of Health Promotion
Health Risk Reduction Program
P.O. Box 90
Harrisburg, PA 17108

For Answers To
Health Questions -
Call the State Health Line

Toll Free
1-800-692-7254

Robert P. Casey
Governor