

What Do NAD Health Teachers Know and Do?

More than two-thirds of America's primary and secondary teachers see health-related issues as a formidable problem for today's teenagers, according to a Carnegie Foundation survey. Teen pregnancy and parenting were cited as serious or somewhat serious problems by nearly 80 percent of secondary teachers. Teenage alcohol consumption was seen as a serious problem by 24 percent, while 60 percent thought it was a somewhat serious problem for young people in their own school.¹ Every year, one million unintended pregnancies occur among teenage girls in the United States.²

Even more startling statistics were reported by the U.S. Department of Health and Human Services. According to the 1995 Youth Risk Behavior Surveillance (YRBS):³

- Almost 22 percent of students rarely or never used a safety belt while a passenger in a car or truck.
- More than 92 percent of adolescents who rode bicycles rarely or never wore a helmet.
- In the 30 days before the survey, 38.8 percent of students had ridden with a driver who had consumed alcohol, and 15.4 percent had driven a car after drinking alcohol.
- Twenty percent of students nationwide had carried a weapon during the 30 days prior to the administration of the YRBS.
- Almost two-fifths had been in a physical fight during the 30 days prior to the survey.
- Close to five percent had missed a day of school during the 30 days prior to the survey because they felt it was unsafe at school or traveling to or from school.
- Twenty-four percent of students had seriously considered attempting suicide during the 12 months preceding the survey.
- In the past 30 days, more than a third had smoked and 11.4 percent had used smokeless tobacco.
- Eighty percent had consumed at least one alcoholic drink during their lifetime and more than half had drunk in the past 30 days.

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• Forty-two percent had tried marijuana; seven percent had tried cocaine, and 3.7 percent had used steroids.

• Fifty-two percent had had sexual intercourse, nine percent before age 13; 17.8 percent had had sexual intercourse with four or more partners; and 6.9 percent had been pregnant or gotten someone pregnant.

These are serious health hazards. To prevent these problems, health teachers need to provide current, accurate, and often quite technical information to their students. Professional health educators must be trained to offer empowering messages and to encourage responsible social and personal skills through their health and sex-education program.

In Seventh-day Adventist secondary schools, health is typically taught by persons who majored in physical education, science, and disciplines other than health (Table 1). Financial constraints make the hiring of trained health educators (i.e., physicians, nurses, health specialists) impossible. However, the seriousness of these issues dictates that teachers be well educated in health so that they can effectively teach students how to protect themselves.

This article reports the findings of a survey of secondary-level SDA health teachers in the North American Division, and presents some recommendations to bridge the health information gap that seems to prevail at this level.

The Research Method

Information for this study was gathered from health teachers in Adventist secondary schools across the United States and Canada. A self-administered instrument was developed, pre-tested, and mailed to the principals at all 93 senior academies in the North American Division, who were asked to distribute it to the person(s) who taught health courses at their school. The survey was conducted by the Office of Education of the North American Division of SDA.

In addition to demographic information, the survey instrument asked how much experience the respondents had in teaching health, and explored their educational background and other teaching assignments. It also asked teachers to (1) rate their knowledge of health, (2)

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indicate if they had ever taken any graduate courses in the subject, and whether they felt the need to do so, (3) list what courses they might take if such were offered, and to (4) estimate how often they used health textbooks and a curriculum guide in their courses.

Results

A total of 38 health teachers responded to the mail survey, a response rate of 40.8 percent. Only one respondent taught health as a single subject. Two had degrees in health—one held a bachelor's degree in nursing, the other a master's degree in health education.

Health was taught as a one-semester course in 28 (73 percent) of the schools. In four of the 10 remaining schools, it was included in another class. The other six schools taught it as a full-year course.

Table 1 shows the undergraduate majors of the respondents. To obtain a more meaningful analysis, the responses were divided into two groups: Group 1 had earned one or more degrees in a health-related area (physical education, home economics, nursing, and/or biology), while Group 2 held degrees in fields unrelated to health.

Use of Curriculum Guides

Many union conferences provide health curriculum guides for teachers. Although most of those who responded to this survey (76.3 percent) said they

had a curriculum guide, only 25.8 percent used it frequently or always. Further analysis revealed that teachers from Group 1 (those holding degrees in health-related fields) used the curriculum guide more than those from Group 2 (those with degrees in fields unrelated to health).

Teacher Training

One-third of the survey participants said they had taken graduate courses in health, while 87 percent were interested in enrolling in them. When asked which courses they would take, the top choices were classes on sexually transmitted diseases, alcohol and drug dependency, AIDS/HIV, and nutrition (Table 2).

Textbook Use

The survey revealed that half of the teachers used only information from their textbooks 75 percent of the time.

The respondents were also asked to rate the textbook they used. Two-thirds of those in Group 1 felt that their textbook was excellent or very good, compared to 92 percent in Group 2. Group 1 respondents may be using their textbooks less because they are dissatisfied with their content. Teachers with better training in health should be more capable of assessing the textbook materials.

When asked to rate their knowledge of the health subjects they taught, 89.5 percent gave themselves a score of very good or excellent. Those with non-health-related undergraduate degrees were slightly more likely to rate their knowledge of health as excellent than those with degrees in health-related fields (Table 3).

When the teachers were asked if they felt they needed more course work in health in order to teach the subject more effectively, 69.9 percent said "yes." The survey also asked if the teachers would like more information about continuing education courses for credential renewal. Some 87 percent answered positively. However, 95.7 percent of those with health-related undergraduate degrees (Group 1) were interested in health courses, compared to 73.3 percent of those with backgrounds unrelated to health education (Group 2).

Conclusion

Despite the 40 percent response rate, the sample size (N=38) is quite small. Generalizing about the entire population of health teachers in the North American Division or to any other group should be done with caution.

Judging a teacher's ability to teach

Table 1

Field in Which Health Teachers Had Earned Degrees

Response*	Frequencies
Physical Education	21 (55.3%)
Education	5 (13.1%)
Home Economics	4 (10.5%)
Religion	3 (7.9%)
Business Education	3 (7.9%)
Biology	2 (5.3%)
Languages, English, Nursing	1 (2.6%) each
Accounting, Theol., Geogr.	1 (2.6%) each
Music, Secretarial Science	1 (2.6%) each

*Undergraduate degrees. The 38 respondents held a total of 46 degrees.

Table 2

Class Respondents Would Take if Offered

Class	Number Interested
Sexually Transmitted Diseases	(61%)
Alcohol & Drug Dependency	(53%)
AIDS & HIV	(50%)
Nutrition	(50%)
Weight Reduction & Disordered Eating	(45%)
Adolescent Health	(42%)
Tobacco, Smoking, & Health	(37%)
Health Behavior Change	(37%)
Exercise Physiology I	(32%)
Exercise Physiology II	(32%)
Environmental Health	(29%)
Early Age Parenthood	(26%)
Program Planning in Health	(26%)

health based only on his or her undergraduate degree could be challenged. Many teachers probably have a commitment to sound personal health, have studied nutrition or exercise, know quite a lot about health-related subjects, and serve as excellent role models to their students. However, the health issues facing young people today require more technical information than one might acquire from life experience and/or informal training. For example, health teachers with little formal training in health education might not be aware of specific strategies to prevent teen pregnancy and STDs or of behavior modification techniques to help substance abusers because they are not personally at risk for such problems.

Teachers in this study who held undergraduate degrees in health-related fields (Group 1) were more interested in obtaining additional education in this field and were more likely to use the curriculum guide than those in Group 2. They also gave their health textbooks lower ratings. Those with less formal training in health-related fields rated their knowledge of health more highly than those with degrees in health areas. Is it possible that those with less training tend to overrate their competence? If so, then teachers who do not perceive a need may be less likely to upgrade their knowledge and skills.

Teachers who responded to this survey rated their greatest need in the same areas of the Youth Risk Behavior Survey reported as problematic. Some of these are controversial areas that school boards and parents may object to having taught.

Drolet says that a health educator is often "someone with a major, a minor or no specialization at all in health education. In one state, an individual holding any one of 11 different credentials might

teach health education."⁴ Solving this problem presents many challenges:

- Finding highly qualified health teachers.
- Resistance by some boards and parents to sex education or other topics being taught in health classes.
- Budget constraints. As a result, schools assign health courses to someone who is insufficiently trained or assign parts of the health curricula to teachers in other disciplines.⁵

Recommendations

Credentialing requirements dictate that teachers obtain continuing education. In light of this study, it is strongly recommended that health teachers consider earning additional credits in the area of formal health education and that schools ensure that they have the release time and funding to do so. ✍

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2. Peter Cortese and Kathleen Middleton, eds., "Preface," in *The Comprehensive School Health Challenge: Promoting Health Through Education* (Santa Cruz, Calif.: ETR Associates, 1994), p. xiii.
3. Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—U.S., 1995," *Morbidity and Mortality Weekly Report* 45, SS-4 (September 27, 1996), pp. 4-19.
4. Judy C. Drolet, "Professional Preparation," in Cortese and Middleton, *The Comprehensive School Health Challenge*, vol. 2, pp. 801-834.
5. Ibid.

Table 3
Teachers' rating of their knowledge of health as it applies to their ability to teach health to their students

Response	Group 1 Health-Related Undergraduate Degree	Group 2 Non-Health-Related Undergraduate Degree
Excellent	6 (26.1%)	4 (26.7%)
Very Good	16 (69.9%)	8 (53.3%)
Not Very Good	1 (4.3%)	3 (20.0%)
Poor	0	0