LB
2817.4
I8
F54
1970

A report of a survey of Iowa public school districts to determine the present status of health education

A Report Of A Survey Of Iowa Public School Districts To Determine The Present Status Of Health Education

compiled by

Robert Fjelstul

TABLE OF TABLES

CHAPTER I

Procedure For Obtaining Data

Introduction

The data pertaining to the present status of health education in Iowa public school districts were collected by means of two questionnaires. In this chapter the classification of districts, sampling procedure, description of the questionnaires, procedure for the distribution of the questionnaires, and the method of analyzing the data are discussed.

Subjects

The four hundred fifty-five public school districts in Iowa were divided into four classes according to total student population within each district. The method of classifying the districts according to population was taken from the School Health Education Study.[7] The number of Iowa districts that are included in each class was found in Data on Iowa Schools, 1967.[8:9-9j] The classification of districts appears in Table I.

All of the districts within the large, medium, and very small classifications were selected for this study because of the small number of districts included in each of these classifications.

Due to the large number of districts within the small classification, it was not economically feasible to include this complete classification in the study. Using the formula [2:122] it was determined that if one hundred districts were selected from the small classification and 60 per cent of these districts returned their questionnaires, the resulting data would be significant at the

TABLE I

CLASSIFICATION OF IOWA PUBLIC SCHOOL DISTRICTS ON THE BASIS OF ENROLLMENT

Classification	Enrollment	No. of Iowa Districts	No. of Districts Sampled
Large	25,000 and over	1	1
Medium	3,000 - 25,000	24	24
Small	300 - 3,000	407	150
Very Small	1 - 300	23	23
Total		455	198

.05 level of confidence. The figure of a 60 per cent return was determined by examining the per cent of return reported in five survey studies perviously done at the University of Iowa.[1,4,5,6,9] Three of these studies reported percentages of return varying from 64 per cent to 67 per cent. The other two studies reported 80 per cent and 81 per cent return of their questionnaires. Therefore, to expect a 60 per cent return of the questionnaires for this study is not unreasonable. However, since money was available to include a larger number of districts, one hundred fifty districts from the small classification were selected to receive questionnaires. The one hundred fifty districts were randomly selected from the small district classification by means of a table of random numbers.[3:451-52]

Questionnaires

The two questionnaires used to obtain information concerning the present status of health education in the State of Iowa were the same questionnaires, with only slight modification, as those used in the School Health Education. A copy of each questionnaire was mailed in February, 1968, to the Superintendent of each of the 198 selected school districts. One questionnaire pertained only to the elementary schools within the district, while the other one pertained only to the secondary schools within the district. Permission to use these two questionnaires was obtained from Elena M. Sliepcevich, Director of the School Health Education Study.

The questionnaires were designed to obtain information concerning administrative aspects and course content areas as they pertain to health education within each district. The questionnaires were used to obtain the answers to the following questions:

Why is health education taught?
Where is health content taught in the curriculum?
How is health education included in the school program?
When is health education scheduled?
Who is receiving the instruction?
Who is giving the instruction?
What is being taught? 7:72

A copy of each questionnaire is enclosed.

Distribution Procedure

The superintendent of each district included in the study received an envelope containing an introductory letter, the two questionnaires, and a stamped self-addressed envelope to facilitate return mail. Each superintendent was asked to fill out the questionnaires, or to pass them on to someone else within the district who would either be more qualified to supply the information or who would have more time.

Follow - Up Letter

The pertinent data from the study will be presented in the form of tables. Percentages will be used in presenting the data and in any comparison that is made between the four classifications of school districts. A general discussion will accompany each table.

CHAPTER II

Analysis Of Data

Introduction

The data presented in this chapter are based on the questionnaires returned from a stratified random sampling of the 455 public school districts in the state of Iowa as were previously discussed in Chapter I.

The districts were classified into four categories on the basis of their daily enrollments. The data concerning the return of the questionnaires appear in Table II. Sixty-eight per cent (134 districts) of the questionnaires that were mailed to the school districts were returned. The percent of districts from each category that returned the questionnaires was as follows: 100 per cent (1 district) of the large category, 83 per cent (20 districts) of the medium category, 67 per cent (101 districts) of the small category, and 52 per cent (12 districts) of the very small category.

The data were analyzed in relation to those questions that were contained in the elementary and secondary school questionnaires. The percentages reported in the tables and in the discussions pertaining to those tables are reported to the nearest whole per cent.

ANALYSIS OF DATA--SECONDARY SCHOOL QUESTIONNAIRES

SECONDARY SCHOOL ORGANIZATION

The organizational patterns of the public secondary schools in Iowa appear in Table IIV. All of the large and medium districts were organized on the three year junior high school and three year senior high school pattern. The small and very small districts were evenly

TABLE II

THE NUMBER AND PERCENTAGE OF DISTRICTS THAT RETURNED THE QUESTIONNAIRES

Classifications of Districts	Questionnaires Mailed	Questionnaires Returned	
	N	N	%
Large	1	1	100
Medium	24	20	83
Small	150	101	67
Very Small	23	12	52
Total	198	134	68

divided between the two year junior high school and four year high school pattern of organizations and the six year combinations of junior and senior high school. The only exception was 10 (10 per cent) small districts using the three year junior high and three year senior high school pattern.

REASONS FOR TEACHING HEALTH EDUCATION

The reasons for teaching health education in the secondary school systems and the rank order of their importance to the school districts are listed in Table VI. In only three cases do at least 10 per cent of the districts agree on the order of importance of a particular reason. To fulfill school objectives was the main reason for 45 districts (34 per cent), 35 districts (26 per cent) listed a local requirement as the second most influential reason, and 25 districts (19 per cent) stated the state requirement was the third reason in order of importance for the inclusion of health education in the curriculum. Fourty-three per cent (57 districts) listed to fulfill school objectives as a reason. This, however, was the greatest response for any of the particular reasons. This can be attributed to the fact that most of the districts only checked one or two responses as their reasons for the inclusion of health education in the school curriculum.

REASONS FOR NOT TEACHING HEALTH EDUCATION

The reasons for not including health education in the secondary school curriculum are listed in Table V. Sixty-nine (51 per cent) of the districts that returned the questionnaires did not include

TABLE III

SECONDARY SCHOOL ORGANIZATIONAL
PATTERNS FOR THE FOUR DISTRICT CLASSIFICATIONS

District Classification		District Organizational Pattern 7-8,9-12		7-9,10-12		7-12	
	N	N	%	N	%	N	%
Large	1	—	—	1	100	—	—
Medium	20	—	—	20	100	—	—
Small	101	40	40	10	10	51	50
Very Small	12	7	58	—	—	5	42
Total	134	47	36	31	23	56	42

TABLE IV

THE REASONS AND THEIR ORDER OF IMPORTANCE FOR THE INCLUSIONS OF HEALTH EDUCATION IN THE CURRICULUMS OF THE DISTRICTS (N=65) THAT TAUGHT HEALTH EDUCATION

Reasnn and District Classification	Rank Order of Importance for Each Reason											
	1st		2nd		3rd		4th		5th		6th	
	Number and Percentage of Districts											
	N	%	N	%	N	%	N	%	N	%	N	%
Fulfill Objectives												
Large (1)	1	100	--	--	--	--	--	--	--	--	--	--
M ium (120)	10	50	2	10	2	10	--	--	--	--	--	--
Small (101)	29	29	6	6	2	2	--	--	--	--	--	--
Very Small (12)	5	42	--	--	--	--	--	--	--	--	--	--
Total (134)	45	34	8	6	4	3	--	--	--	--	--	--
Local Requirements												
Large (1)	--	--	1	100	--	--	--	--	--	--	--	--
Medium (20)	2	10	8	40	1	5	--	--	--	--	--	--
Small (101)	4	4	23	23	5	5	--	--	--	--	--	--
Very Small (12)	3	25	3	25	2	16	--	--	--	--	--	--
Total (134)	9	7	35	26	8	6	--	--	--	--	--	--

TABLE IV (continued)

THE REASONS AND THEIR ORDER OF IMPORTANCE FOR THE INCLUSIONS OF HEALTH EDUCATION IN THE CURRICULUMS OF THE DISTRICTS (N=65) THAT TAUGHT HEALTH EDUCATION

Reason and District Classification	Rank Order of Importance for Each Reason											
	1st		2nd		3rd		4th		5th		6th	
	Number and Percentage of Districts											
	N	%	N	%	N	%	N	%	N	%	N	%
State Requirement												
Large (1)	--	--	--	--	1	100	--	--	--	--	--	--
Medium (20)	2	10	2	10	5	25	--	--	--	--	--	--
Small (101)	7	7	6	6	16	16	1	1	--	--	--	--
Very Small (12)	2	16	2	16	3	25	--	--	--	--	--	--
Total (134)	11	8	10	8	25	19	1	1	--	--	--	--
Solve Administrative Problems												
Large (1)	--	--	--	--	--	--	1	100	--	--	--	--
Medium (20)	--	--	--	--	1	5	--	--	--	--	--	--
Small (101)	--	--	2	2	2	2	--	--	--	--	--	--
Very Small (12)	--	--	2	16	--	--	--	--	--	--	--	--
Total (134)	--	--	4	3	3	2	1	1	--	--	--	--
College Preparatory												
Large (1)	--	--	--	--	--	--	--	--	1	100	--	--
Medium (20)	--	--	--	--	1	5	--	--	--	--	--	--
Small (101)	--	--	--	--	--	--	2	2	--	--	--	--
Very Small (12)	--	--	1	8	--	--	--	--	--	--	--	--
Total (134)	--	--	1	8	1	1	2	1	1	1	--	--

TABLE IV (Continued)

THE REASONS AND THEIR ORDER OF IMPORTANCE FOR THE INCLUSIONS OF HEALTH EDUCATION IN THE CURRICULUMS OF THE DISTRICTS (N=65) THAT TAUGHT HEALTH EDUCATION

Reason and District Classification	Rank Order of Importance for Each Reason											
	1st		2nd		3rd		4th		5th		6th	
	Number and Percentage of Districts											
	N	%	N	%	N	%	N	%	N	%	N	%
Elective												
Large (1)	--	--	--	--	--	--	--	--	--	--	1	100
Medium (20)	--	--	1	5	1	5	--	--	--	--	--	--
Small (101)	--	--	1	1	--	--	--	--	1	1	--	--
Very Small (12)	--	--	--	--	--	--	--	--	--	--	--	--
Total (134)	--	--	2	1	1	1	--	--	1	1	1	1

health education in their curriculums. Insufficient space in the curriculum was a reason listed by 44 (64 per cent) districts. Limited facilities and equipment was listed by 24 (35 per cent) districts and 17 (25 per cent) districts listed inadequate background of teachers as reasons for not including health education in their curriculums. None of the other reasons were listed by more than 7 (10 per cent) districts. The large district classification was not included because it has previously been stated that this district had health education in its curriculum. There were some districts that answered both questions concerning why health education was included and why it was not included in their curriculums. Four medium districts and six very small districts answered both questions. Ten small districts failed to answer either of these questions.

NAME OF THE HEALTH EDUCATION COURSE

The 29 districts that gave a name to their health education course are grouped in Table VI according to district classification and course name. Seventeen (59 per cent) districts listed Health as the name of their specific health education course. Physical Education and Health was the name given the course by 4 (14 per cent) districts. Health and Science and Health and Physiology were each listed by 3 (10 per cent) districts. The large district classification called its course Hygiene. No other course title was listed by 3 or more districts.

TABLE V

THE REASONS FOR NOT INCLUDING HEALTH EDUCATION IN THE CURRICULUMS OF IOWA DISTRICTS (N=69) CLASSIFIED ON BASIS OF ENROLLMENT

Reason	District Classification							
	Medium (10)		Small (51)		Very Small (8)		Total	
	N	%	N	%	N	%	N	%
Insufficient Money for Health Education	1	10	3	6	--	--	4	6
Insufficient Space in the Curriculum	8	80	29	58	7	88	44	64
Limited Facilities and Equipment	2	20	19	38	3	38	24	35
Inadequate Background of Teachers	6	60	11	22	--	--	17	25
Other Reasons	2	20	4	8	1	13	8	10

REQUIREMENT OF HEALTH EDUCATION

Of the 29 districts that had a titled health education course, 24 of the districts required all the students to take the course, while four districts offered the course as an elective. One district required the course of those students who did not participate in band or orchestra.

NUMBER OF SEMESTERS AND WEEKS OF HEALTH EDUCATION

The length of the required health education course varied from one-half semester to 8 semesters. Three districts offered health education for one-half of a semester, 16 districts offered a semester course, 4 districts had 2 semesters of health, 1 district had health for 4 semesters, and 5 districts offered health education for 8 semesters. The 3 districts that offered health education for one-half of a semester were all from the medium district classification. The 8 semester and 4 semester courses of health education were all combined with physical education. The number of weeks each course was offered varied according to the number of semesters. The number of weeks varied from 8 weeks with the one-half semester course to 128 weeks with the 8 semester course.

CLASS MEETINGS PER WEEK OF HEALTH EDUCATION

The number of class periods devoted to health education are listed in Table VII. The number of class meetings per week ranged from one to five. There wasn't any pattern of distribution between grade levels, however, there was a pattern for the frequency at which these classes met. Fourty-three districts that required health

TABLE VI

THE NAME GIVEN TO THE SPECIFIC HEALTH EDUCATION COURSE

Course Name	District Classification					
	Large	Medium	Small	Very Small	Total	
	N (1)	N (10)	N (15)	N (3)	N (29)	%
Health	--	7	10	--	17	59
Physical Education and Health	--	1	--	3	4	14
Health and Science	--	2	1	--	3	10
Hygiene	1	--	--	--	1	3
Health and Physiology	--	--	3	--	3	10
Other	--	--	1	--	1	3

education had the classes meet 5 times a week, while 36 per cent met twice a week. The remaining 21 per cent were divided among the other three frequencies for meeting, with 14 per cent meeting only once a week.

LENGTH OF HEALTH EDUCATION CLASSES

The length of the required health education classes according to the number of minutes per class meeting are grouped according to district classification and blocks of time in Table VIII. No discernible trend appeared between grade levels and the length of the class period, but a trend did appear between district classification and the length of the class. The large and medium districts classifications had 100 per cent and 70 per cent respectively of their health education classes meeting for 41-50 minutes per period. The small district category had 71 per cent and the very small district category had 100 per cent of their classes meeting for over 50 minutes per class period.

SEPARATION OR COMBINING OF STUDENTS

Sixty-four per cent (18 districts) of the districts that required health education had separate classes for boys and girls, while 31 per cent (9 districts) combined boys and girls, and 4 per cent (1 district) had combined classes for boys and girls except for special units. There was a tendancy for the large and medium districts to separate the girls and boys more often than the small and very small district classifications. The large district separated all of its

TABLE VII

THE NUMBER AND PERCENTAGE OF CLASSES PER WEEK DEVOTED TO HEALTH EDUCATION

District Classification	N	Number of Classes per Week									
		1		2		3		4		5	
		N	%	N	%	N	%	N	%	N	%
Large	1	--	--	1	100	--	--	--	--	--	--
Medium	10	2	20	4	40	1	10	--	--	3	30
Small	14	1	7	4	29	--	--	1	7	8	57
Very Small	3	1	33	1	33	--	--	--	--	1	33
Total	28	4	14	10	36	1	4	1	4	12	43

TABLE VIII

THE LENGTH OF THE REQUIRED HEALTH EDUCATION CLASS IN TERMS OF MINUTES PER CLASS

District Classification		Length of Class Period in Minutes							
		Less than 30		31-40		41-50		50+	
	N	N	%	N	%	N	%	N	%
Large	1	--	--	--	--	1	100	--	--
Medium	10	--	--	1	10	7	70	2	20
Small	14	1	7	--	---	3	21	10	71
Very Small	3	--	--	--	--	--	--	3	100
To 1	28	1	4	1	4	11	39	15	54

TABLE IX

THE SEPARATING OR COMBINING OF STUDENTS
IN THE REQUIRED HEALTH EDUCATION CLASSES

District Classification		Method of Grouping Boys and Girls					
		Combined		Separated		Combined Except for Some Units	
	N	N	%	N	%	N	%
Large	1	--	--	1	100	--	--
Medium	10	3	30	7	70	--	--
Small	14	6	43	8	57	--	--
Very Small	3	--	--	2	67	1	33
Total	28	9	32	18	64	1	4

courses and the medium districts separated the boys and girls 70 per cent of the time. The small category separated the boys and girls 57 per cent of the time and the very small district category separated them 67 per cent of the time.

REASONS FOR SEPARATING STUDENTS

The reasons for separating boys and girls in health education classes are listed in Table X. Of the nineteen districts that separated the boys and girls for at least part of the course, 11 (58 per cent) districts separated the classes because of administrative reasons and 8 (42 per cent) districts separated the boys and girls because of the nature of the subject. The very small district that separated the boys and girls for only some units did this with the units dealing with venereal disease and menstruation.

CREDIT FOR HEALTH EDUCATION

Of the 29 districts that offered a health education course, 7 (24 per cent) districts gave carnegie unit credit towards graduation for the health course. Included in this group is the district that offered health education as an elective. Twenty-two (76 per cent) districts did not give carnegie unit credit for health education. All of the 7 districts that gave credit for health education listed it under health on the students' records.

TEACHER PREPARATION BACKGROUND IN HEALTH EDUCATION

The college preparatory background of those teachers instructing in health education are listed in Table XI. In the 28 districts that

had required health education, the course was physical education in 13 (46 per cent) districts. Seven (25 per cent) districts had health education being taught by a person with a major in physical education and health. The home economics teacher taught health in 3 (11 per cent) of the districts. The remaining 5 (18 per cent) districts had the health education course being taught by the school nurse, biology teacher, general science teacher, or a person with a major in health education.

EXTRA DUTIES OF THE HEALTH EDUCATION INSTRUCTOR

The 29 extra duties, other than those involved in teaching, that were listed as being part of the health educators' work load at the junior high school level are located in Table XII. Thirteen (44 per cent) districts listed coaching, 7 (24 per cent) districts listed intramural supervision, and 5 (17 per cent) districts listed nursing. The remaining 4 (15 per cent) districts reported extra duties concerned with health coordination, school recreation supervisor, and guidance. The total of 29 extra duties were reported by 24 of the 28 districts that required health education.

At the high school level, 30 extra duty assignments, other than teaching, were reported as being handled by the health education instruction in 23 districts. Coaching was listed by 14 (47 per cent) districts, intramural supervision was reported by 5 (17 per cent) districts, and the remaining 11 (26 per cent) duties were divided among guidance, intramural supervision, and nursing.

In both junior high school and high school, coaching was the most frequent. The main difference was that coaching comprised

TABLE X

THE REASONS FOR SEPARATING BOYS AND GIRLS IN THE REQUIRED HEALTH EDUCATION COURSE

District Classification	N	Reason for Separation			
		Administrative		Nature of Subject	
		N	%	N	%
Large	1	--	--	1	100
Medium	7	4	57	3	43
Small	8	6	75	2	25
Very Small	3	1	33	2	67
Total	19	11	58	8	42

TABLE XI

THE COLLEGE PREPARATORY BACKGROUND AND THE MAIN SUBJECT RESPONSIBILITY OF THOSE TEACHERS INVOLVED IN TEACHING HEALTH EDUCATION

Subject Field or College Major	District Classification									
	Large		Medium		Small		Very Small		Total	
	N (1)	%	N (10)	%	N (14)	%	N (3)	%	N (28)	%
Major in Health Education	-	-	-	-	1	7	-	-	1	4
Major in Health and Physical Education	1	100	1	10	3	21	2	67	7	25
Physical Education Teacher	-	-	7	70	6	43	-	-	13	46
School Nurse	-	-	1	10	1	7	-	-	2	7
Biology Teacher	-	-	-	-	1	7	-	-	1	4
General Science Teacher	-	-	--	-	1	7	-	-	1	4
Home Economics Teacher	-	-	1	10	1	7	1	33	3	11
Social Studies Teacher	-	-	-	-	-	-				

TABLE XII

EXTRA DUTIES (N=29) REPORTED BY TEACHERS OF HEALTH EDUCATION AT THE JUNIOR HIGH SCHOOL LEVEL

Duties	District Classifications									
	Large (1)		Medium (13)		Small (14)		Very Small (1)		Total (29)	
	N	%	N	%	N	%	N	%	N	%
Coaching	-	-	5	38	7	50	1	100	13	45
Guidance	-	-	1	8	1	7	-	-	2	7
Health Coordinator	-	-	-	-	1	7	-	-	1	3
Intramural Supervisor	1	100	5	38	1	7	-	-	7	24
Vu. ing	-	-	2	15	3	22	-	-	5	17
School Recreation Supervisor	-	-	-	-	1	7	-	-	1	3

TABLE XII (Continued)

EXTRA DUTIES (N=30) REPORTED BY TEACHERS OF HEALTH EDUCATION AT THE HIGH SCHOOL LEVEL

Duties	District Classification							
	Medium (6)		Small (19)		Very Small (5)		Total (30)	
	N	%	N	%	N	%	N	%
Coaching	1	17	11	58	2	40	14	47
Guidance	1	17	2	11	1	20	4	13
Health Coordinator	-	-	-	-	-	-	-	-
Intramural Supervisor	3	50	2	11	-	-	5	17
Nu ing	1	17	2	11	1	20	4	13
School Recreation Supervisor	-	-	2	11	1	20	3	10

37 per cent of the extra duties in high school, while coaching was only 28 per cent of the extra duties in junior high school. The small district classification at the high school level reported the greatest number of extra duties. Nineteen extra duties were reported by 12 districts.

HEALTH EDUCATION CLASSROOM LOCATION

The classroom locations for the health education courses are listed in Table XIII. Since there was no discernible trend between any of the grade levels, the data is grouped according to class location for each district category. The gymnasium was used by 10 (36 per cent) districts and any available classroom was used by 9 (32 per cent) districts. The auditorium and a special health education classroom were each used by 4 (14 per cent) districts. The remaining district (4 per cent) used the locker room in which to hold the health education class. The main difference between district categories was that the gymnasium was used by 7 (50 per cent) small districts and only 2 (20 per cent) of the medium sized districts used the gymnasium as the health education classroom.

HEALTH EDUCATION CLASS SIZE

The data concerning the assigning of students to health education classes in junior and senior high school are listed in Table XIV. In the junior high schools, the range of class size was from 19 students in one small district to 46 students in the large district. The mean number of students in the health classes was 28, while the

TABLE XIII

THE CLASSROOM LOCATION FOR THE REQUIRED HEALTH EDUCATION COURSE

Location	District Classification									
	Large		Medium		Small		Very Small		Total	
	N (1)	%	N (10)	%	N (14)	%	N (3)	%	N (28)	%
Any Classroom	-	-	4	40	4	29	1	33	9	32
Auditorium	-	-	1	10	2	14	1	33	4	14
Gymnasium	-	-	2	20	7	50	1	33	10	36
Library	-	-	-	-	-	-	-	-	-	-
Locker Room	-	-	1	10	-	-	-	-	1	4
Special Health Classroom	1	100	2	20	1	7	-	-	4	14

mean number of students in all other academic subjects was 29. The small districts had the lowest range of students varying from 19 students to 26 students. They also had the lowest average size health class with 24 students and the lowest average size academic class with an average of 26 students. The large district had the largest class size for all three class considerations. The range of class size was from 30 students to 46 students, the average health education class size was 40 students, and the average for all other academic subjects was 37 students.

In high school the range of classes was from 22 students in 2 very small districts to 36 students in 1 small district. The mean of the averages for all health classes was 27 students and the mean for all other academic subjects was 28 students. There wasn't any large difference in class sizes between district classifications. The large district classification was not included in the high school section because the health education classes are taught in the 9th grade in this district.

HEALTH EDUCATION EXPERIENCES OTHER THAN IN HEALTH EDUCATION CLASSES

The data pertaining to the methods by which health education was included throughout the school curriculum other than in health education classes are listed in Table XV for the large district. Health education material was used as correlating material in other academic courses in grades 7 through 12. The home room presented health education in all secondary grades except for grade 10. Planned health education units were presented in other academic

TABLE XIV

THE NUMBER OF STUDENTS ASSIGNED TO REQUIRED HEALTH EDUCATION CLASSES

Class Size	Junior High School				
	District Classification				
	Large	Medium	Small	Very Small	Mean
Range of Size	30-46	25-35	19-26	25-30	-
Average Size of all Health Classes	40	33	24	27	28
Average Size of Classes in other Academic Subjects	37	32	26	30	29

Class Size	Senior High School			
	District Classification			
	Medium	Small	Very Small	Mean
Range of Size	25-35	25-36	22-34	-
Average Size of all Health Classes	29	25	30	27
Average Size of Classes in Other Academic Subjects	30	27	27	28

areas in grades 7, 8, and 11.

The methods of presenting health education material, other than in health education classes, are presented in Table XVI for the medium, small and very small district classifications. The data are grouped according to district classification because individual grade patterns were not discernible. Correlating health education material with other subjects was reported by 50 (38 per cent) of the districts. Incidental instruction and planned health units in other academic subjects were each reported used by 25 (19 per cent) districts. No other method was reported by more than 10 per cent of the districts. Health education material was presented in the home room in the large district and in 5 (25 per cent) of the medium sized districts. The small and very small district classifications did not use this method. Incidental instruction was used by 25 per cent (5 districts) of the medium districts, 18 per cent (18 districts) of the small districts, and 16 per cent (2 districts) of the very small districts. Integrating health education material into other academic subjects was reported used by 15 per cent (3 districts) of the medium districts, 6 per cent (6 districts) of the small districts, and 16 per cent (2 districts) of the very small districts. The large district did not use either incidental instruction of health education or integrating health material into other academic subjects.

SUBJECTS IN WHICH PLANNED HEALTH UNITS APPEAR

The subjects in junior high school in which planned health

TABLE XV

HEALTH EDUCATION EXPERIENCES OTHER THAN IN HEALTH EDUCATION CLASSES IN THE LARGE DISTRICT CLASSIFICATION BY GRADE LEVEL

Type or Place of Health Education Experiences	Grade Level					
	7 N (1)	8 N (1)	9 N (1)	10 N (1)	11 N (1)	12 N (1)
Home Room	1	1	1	-	1	1
Correlating Material	1	1	1	1	1	1
Incidental Instruction	-	-	-	-	-	-
Integrating Material	-	-	-	-	-	-
Planned Health Units	1	1	-	-	1	-

TABLE XVI

HEALTH EDUCATION EXPERIENCES OUTSIDE OF THE HEALTH EDUCATION CLASSES GROUPED ACCORDING TO DISTRICT CLASSIFICATION

Type or Place of Health Education Experiences	District Classification							
	Medium		Small		Very Small		Total	
	N (20)	%	N (101)	%	N (12)	%	N (133)	%
Home Room	5	25	-	-	-	-	5	4
Correlating Material	8	40	37	37	5	42	50	38
Incidental Instruction	5	25	18	18	2	16	25	19
Integrating Material	3	15	6	6	2	16	11	8
Planned Health Units	7	35	14	14	4	33	25	19

units are used appear in Table XVII. Planned health units appeared in physical education and general science in 23 (88 per cent) of the districts, while home economics used planned health units in 22 (85 per cent) of the districts. The only other subjects in which over 15 per cent of the districts reported using planned health education units were biology with 15 (60 per cent) districts and social studies with 6 (23 per cent) districts. Other units in which planned health education units appeared were chemistry, driver education, English, industrial arts, physics, and vocational agriculture.

The senior high school subjects in which planned health education units were used appear in Table XVIII. Planned health units are part of home economics for 25 (96 per cent) districts. Physical education and biology have planned units in 23 (88 per cent) districts, while 21 (81 per cent) districts reported planned units in general science. Planned health units appeared in 13 (50 per cent) districts in social studies and in 12 (46 per cent) districts in driver education. Seven (26 per cent) districts reported industrial arts and 5 (19 per cent) districts reported vocational agriculture as having planned health educational units. None of the remaining subjects were reported by more than 15 per cent of the districts as having planned health educational units. In all of the 11 subject areas at least 1 very small district reported using planned health education units. However, as the districts became larger, fewer subject areas had planned health units in them. The small district classification reported 10 subject areas, the medium districts reported 7 subject areas, and the large district reported 4 subject areas using

TABLE XVII

ACADEMIC SUBJECTS IN JUNIOR HIGH SCHOOL IN WHICH PLANNED HEALTH UNITS ARE USED.

Subject	District Category									
	Large (1)		Medium (7)		Small (14)		Very Small (4)		Total (26)	
	N	%	N	%	N	%	N	%	N	%
Biology	1	100	4	57	9	64	1	25	15	60
Chemistry	-	-	-	-	2	14	-	-	2	8
Driver Education	-	-	-	-	1	7	1	25	2	8
Er ish	-	-	-	-	3	21	-	-	3	12
General Science	1	100	7	100	14	100	1	25	23	88
Home Economics	1	100	6	86	14	100	1	25	22	85
Industrial Arts	-	-	-	-	2	14	-	-	2	8
Physical Education	1	100	7	100	14	100	1	25	23	88
Physics	-	-	-	-	1	7	-	-	1	4
Social Studies	1	100	2	29	2	14	1	25	6	23
Vocational Agriculture	-	-	-	-	2	14	-	-	2	8

TABLE XVIII

ACADEMIC SUBJECTS IN WHICH PLANNED HEALTH EDUCATION UNITS ARE USED IN SENIOR HIGH SCHOOL

Subject Area	District Category									
	Large (1)		Medium (7)		Small (14)		Very Small (4)		Total (26)	
	N	%	N	%	N	%	N	%	N	%
Biology	1	100	6	86	14	100	4	100	23	88
Chemistry	-	-	-	-	3	21	1	25	4	15
Driver Education	-	-	3	43	8	57	1	25	12	46
E lish	-	-	-	-	3	21	1	25	4	15
General Science	-	-	4	57	14	93	4	100	21	81
Home Economics	1	100	7	100	14	100	3	75	25	96
Industrial Arts	-	-	-	-	5	36	2	50	7	26
Physical Education	1	100	6	86	14	100	2	50	23	88
Physics	-	-	-	-	-	-	1	100	1	4
Social Studies	1	100	3	43	7	50	2	50	13	50
Vocational Agriculture	-	-	1	14	3	21	1	25	5	19

planned health education units.

CURRICULUM RESOURCES

The frequency with which various resources were consulted for suggestions as to what to teach in health education in the junior high schools are listed in Table XIX. Percentages were not computed because the questionnaire did not specify whether these resources were used only for health education classes or for all the health education experiences throughout the school curriculum. Individual teacher decision was used very often by 19 districts. Health textbooks and the needs, interests, and problems of the students were each used very often by 17 districts. The local curriculum guide was used very often by 13 districts. Fourteen districts used occasionally the local curriculum guide and individual teacher decision. The needs, interests, and problems of the students was used occasionally by 13 districts. Eleven districts used occasionally student-teacher planning and local community influence as resources for suggestions as what to study in health education. No other category was used either very often or occasionally by more than 10 districts. The rarely or never category was not included because only 5 districts replied to this degree of usage frequency.

The frequency with which various resources were used for determining what to teach in health education in the senior high school are listed in Table XX. The large district is not included because information concerning the high school was not given. As with the junior high school, individual teacher decision was listed the

TABLE XIX

THE FREQUENCY WITH WHICH VARIOUS RESOURCES WERE USED FOR SUGGESTIONS AS TO WHAT TO STUDY IN HEALTH EDUCATION IN THE JUNIOR HIGH SCHOOL

Frequency: Very Often - VO
Occasionally - O

Resources	District Classification									
	Large		Medium		Small		Very Small		Total	
	VO	O	VO	O	VO	O	VO	O	VO	O
State Course of Study	-	-	-	2	3	6	-	-	3	8
Local Curriculum Guide	1	-	8	2	3	11	1	1	13	4
Individual Teacher Decision	-	1	4	5	12	8	3	-	19	14
Health Textbooks	1	-	7	2	8	4	1	-	17	6
Needs, Interests, and Problems of Students	1	-	7	4	9	8	-	1	17	13
Pre-testing of Student Knowledge and Understanding	-	1	1	2	2	3	-	-	3	6
Student-Teacher Planning	-	1	-	6	1	4	-	-	1	11
Local Community Influence	1	-	-	4	-	6	-	1	1	11

TABLE XX

FREQUENCY OF USE OF VARIOUS RESOURCES FOR SUGGESTIONS ON WHAT TO STUDY IN HEALTH EDUCATION FOR THE SENIOR HIGH SCHOOL

Frequency: Very Often - VO
Occasionally - O

Resource	District Category: Medium VO	Medium O	Small VO	Small O	Very Small VO	Very Small O	Total VO	Total O
State Course of Study	-	2	3	10	1	-	4	12
Local Curriculum Guide	6	2	3	11	1	-	10	13
Individual Teacher Decision	4	5	16	10	2	2	22	17
Health Textbooks	6	2	9	9	1	2	16	13
Needs, Interests, and Problems of Students	5	4	14	11	-	-	19	15
Pre-Testing of Student Knowledge and Understanding	1	2	5	4	-	-	6	6
Student-Teacher Planning	1	6	2	7	-	-	3	13
Local Community Influence	-	4	1	7	-	-	1	11

most frequently for both the very often and occasional usage, with 22 districts using this resourse very often and 17 districts used it occasionally. Needs, interests, and problems of students was used very often by 19 districts and health textbooks was used very often by 16 districts. The local curriculum guide was used very often by 10 districts. Needs, interests, and problems of students was used occasionally by 15 districts. The local curriculum guide, health textbooks, and student-teacher planning were all used occasionally by 13 districts. The state course of study and local community influence were used occasionally by 12 districts and 11 districts respectively. None of the other resourses were used either very often or occasionally by more than 10 districts. The rarely or never frequency category was not included because only four districts responded to this degree of usage.

HEALTH EDUCATION COURSE CONTENT

Tables XXI-XXIII are concerned with the number of districts that taught specific material in their health education classes, the grade level at which the material was taught, and the amount of emphasis that was placed on that material at that particular grade level. Of the 134 districts that returned the questionnaire, 103 districts checked at least some of the possible responses. Of the 28 districts that reported required health education classes, 25 districts answered this question to some degree. All the districts were grouped together in order to provide an overview of what type of material is being taught in health education in Iowa public

schools in the required health education courses and in the additional health education that is being taught throughout the schools' curriculums. The differencies between district categories in their emphasis on health education material was not great enough to warrant separating the data into separate district categories. The large district was the only classification to markedly differ from the other three classifications. This, however, was due to the fact that health education was only taught at the ninth grade in this district. The total score is the addition of the scores for each of the 6 grades. This will give an indication as to how many of the districts gave a certain emphasis to this particular subject for the entire 6 years of secondary school. Some districts however gave the same amount of emphasis to a particular subject for several grades. The figure for the total is therefore not representing separate districts. In order to find the number of separate districts that gave a certain degree of emphasis to a specific subject at a particular grade level, the table for that particular emphasis must be searched.

Table XXI lists the number of districts that gave major emphasis to the teaching of specific subject material at each grade level. The total number of districts that gave major emphasis to the teaching of specific subject matter for the combined 6 grades of secondary school varied from a total of 64 for cleanliness and grooming to none for the categories of international health activities and research development in health and medical science. Total response of 50 or more were reported in the subjects of accident prevention and first aid, 58; smoking, 51; and alcohol, drugs, and narcotics, 50.

The following subjects were reported 40 or more times: nutrition, 49; boy-girl relationships, 41; and structure and function of the human body, 41. The subjects that received a total of 10 or less, other than the two subjects that received none for the combined six grades were the following: mental and personal adjustment, 10; consumer education, 6; weight control, 6; community health programs, 4; health careers, 3; and birth control, 3. The remaining 11 subject areas and their totals vary between 28 and 16.

The number of districts that gave major emphasis to subjects for each grade level were also totaled. This was done in order to give an indication as to the amount of health education material presented at each grade level. The individual grade level totals are the following: seventh grade, 124; eighth grade, 105; ninth grade, 98; tenth grade, 115; eleventh grade, 112; and twelfth, 107.

Table XXII lists the number of districts that gave moderate emphasis to the teaching of specific subject material at each grade level. The total number of districts that gave moderate emphasis to the teaching of specific subject matter for the combined 6 grades of secondary school varied from 72 for alcohol, drugs, and narcotics to 14 for birth control. The subjects that had a total of 60 or more are the following: accident prevention and first aid, 63; cleanliness and grooming, 62; and exercise, rest, and sleep, 61. Non-communicable diseases and posture and body mechanics were reported 55 and 53 times respectively. The subjects that had between 40 and 50 total responses were: boy-girl relationships, 49; environmental hazards, 49; weight control, 48; physical changes during adolescence, 45; smoking,

TABLE XXI

HEALTH EDUCATION SUBJECT AREAS OF MAJOR EMPHASIS FOR EACH GRADE LEVEL

Subject Heading	Grade Level						
	7	8	9	10	11	12	Total
Accident Prevention and First Aid	9	7	11	10	12	9	58
Alcohol, Drugs and Narcotics	7	9	7	9	7	11	50
Boy-Girl Relationships	5	5	8	7	8	8	41
Cleanliness and Grooming	16	13	10	12	8	5	64
Communicable Diseases	4	6	4	6	5	3	28
Community Health Programs	1	-	-	1	1	1	4
Consumer Education	2	-	-	2	2	-	6
Dental Health	6	5	4	4	2	1	22
Environmental Hazards	2	2	3	5	5	2	19
Exercise, Rest, and Sleep	11	8	6	8	7	4	44
Health Careers	-	1	-	-	1	-	3
International Health Activities	-	-	-	-	-	-	0
Mental Health & Personal Adjustment	2	2	-	-	4	2	10
Non-Communicable Diseases - i.e. Cancer, heart disease, etc.	3	2	6	4	4	5	24

TABLE XXI

HEALTH EDUCATION SUBJECT AREAS OF MAJOR EMPHASIS FOR EACH GRADE LEVEL

Subject Heading	Grade Level						
	7	8	9	10	11	12	Total
Nutrition	8	7	8	6	8	12	49
Parenthood and Child Care	1	2	4	4	5	8	24
Physical Changes During Adolescence	8	4	4	2	1	1	20
Posture and Body Mechanics	5	4	3	4	3	2	21
Preparation for Marriage	1	1	1	2	4	6	15
Research Developments in Health and Medical Science	-	-	-	-	-	-	0
Smoking	11	10	8	8	7	7	51
Structure and Function of the Human Body	10	8	5	7	5	6	41
Venereal Disease	2	2	2	4	4	5	19
Vision & Hearing	7	6	2	3	4	3	25
Weight Control	2	-	-	2	1	1	6
Sex Education	2	1	2	4	3	4	16
Birth Control	-	-	-	1	1	1	3
Total	124	105	98	115	112	107	--

45; mental health and environmental hazards, 44; structure and function of the human body, 44; vision and hearing, 44; consumer education, 40; and dental health, 40. The remaining nine categories received totals of less than 40. The combined total scores for each grade level were: seventh, 192; eighth, 177; ninth, 192; tenth, 212; eleventh, 181; and twelfth, 194.

Table XXIII lists the number of districts that gave minor emphasis to the teaching of specific subject matter at each secondary grade level. The total number of districts that gave minor emphasis to specific subject matter for the entire 6 grades ranged from 34 for health careers to 8 for both non-communicable disease and posture and body mechanics. The following subjects were reported 30 or more times: venereal disease, 33; boy-girl relationships, 32; and community health programs, 32. Subjects totaling between 20 and 30 are the following: communicable diseases, 29; consumer education, 27; birth control,25; parenthood and child care, 24; mental health and personal adjustment, 23; preparation for marriage, 23; weight control, 23; international health activities,22; and dental health, 21. The remaining subject totals were less than 20. The combined total scores for each grade level were: seventh, 90; eighth, 94; ninth, 85; tenth, 96; eleventh, 80; and twelfth, 91.

An indication can be gained of which subjects are receiving the most emphasis in health education if the totals for the major, moderate, and minor emphasis of each subject are added together. These total scores can be found in Table XXIV. The subject areas

TABLE XXII

HEALTH EDUCATION SUBJECT AREAS OF MODERATE EMPHASIS FOR EACH GRADE LEVEL

Subject Heading	Grade Level						
	7	8	9	10	11	12	Total
Accident Prevention and First Aid	11	10	12	13	8	9	63
Alcohol, Drugs and Narcotics	13	9	12	13	13	12	72
Boy- Girl Relationships	7	7	11	11	7	6	49
Cleanliness & Grooming	7	10	11	10	12	12	62
Communicable Disease	6	7	5	7	3	8	36
Community Health Programs	5	7	7	6	4	10	39
Consumer Education	6	6	7	6	8	7	40
Dental Health	8	9	5	6	6	6	40
Environmental Hazards	15	9	7	7	5	6	49
Exercise, Rest and Sleep	9	11	12	10	9	10	61
Health Careers	2	3	5	5	8	5	28
International Health Activities	3	3	5	4	8	5	28
Mental Health and Personal Adjustment	9	9	4	8	6	8	44
Non-Communicable Diseases	13	11	7	11	7	6	55

TABLE XXII (Continued)

HEALTH EDUCATION SUBJECT AREAS OF MODERATE EMPHASIS FOR EACH GRADE LEVEL

Subject Heading	Grade Level						
	7	8	9	10	11	12	Total
Nutrition	6	7	5	9	4	5	36
Parenthood and Child Care	1	1	5	8	5	7	27
Physical Changes During Adolescence	7	8	9	8	6	7	45
Posture and Body Mechanics	9	8	7	10	9	10	53
Preparation for Marriage	3	2	4	7	10	9	35
Research Developments in Health and Medical Science	5	4	4	7	7	4	31
Smoking	8	6	6	9	8	8	45
Structure and Function of the Human Body	9	6	8	9	6	6	44
Venereal Disease	6	5	3	5	7	7	33
Vision & Hearing	7	3	11	8	8	7	44
Weight Control	10	7	9	7	8	7	48
Sex Education	6	7	6	5	7	6	37
Birth Control	2	2	4	3	2	1	14
Total	192	177	192	212	181	194	1148

TABLE XXIII

HEALTH EDUCATION SUBJECT AREAS OF MINOR EMPHASIS FOR EACH GRADE LEVEL

Subject Heading	Grade Level						
	7	8	9	10	11	12	Total
Accident Prevention and First Aid	3	2	3	4	2	3	17
Alcohol, Drugs, and Narcotics	1	2	3	4	3	3	16
Boy-Girl Relationships	7	5	4	7	6	3	32
Cleanliness and Grooming	-	-	1	3	2	3	9
Communicable Disease	6	6	7	6	2	2	29
Community Health Programs	3	4	4	5	7	9	32
Consumer Education	5	5	4	4	4	5	27
Dental Health	3	4	3	3	3	5	21
Environmental Hazards	1	2	2	3	3	5	16
Exercise, Rest and Sleep	2	2	2	3	3	3	15
Health Careers	9	6	5	5	5	4	34
International Health Activities	5	5	3	3	3	3	22
Mental Health and Personal Adjustment	5	5	5	3	3	2	23
Non-Communicable Disease	1	.2	1	1	1	2	8

TABLE XXIII (continued)

HEALTH EDUCATION SUBJECT AREAS OF MINOR EMPHASIS FOR EACH GRADE LEVEL

Subject Heading	Grade Level						
	7	8	9	10	11	12	Total
Nutrition	1	2	3	2	2	4	14
Parenthood and Child Care	7	7	3	4	2	1	24
Physical Change During Adolescence	2	2	2	4	4	5	19
Posture and Body Mechanics	-	3	1	2	1	1	8
Preparation for Marriage	5	5	4	4	2	3	23
Research Developments in Health and Medical Science	5	4	3	2	2	2	18
Smoking	-	-	2	3	3	4	12
Structure and Function of the Human Body	-	-	1	1	4	3	9
Venereal Disease	5	5	8	7	4	4	33
Vision & Hearing	1	2	3	2	1	2	11
Weight Control	3	5	3	4	3	5	23
Sex Education	3	3	2	4	2	2	16
Birth Control	7	6	3	3	3	3	25
Total	90	94	85	96	80	91	536

TABLE XXIV

THE COMBINED MAJOR, MODERATE, AND MINOR TOTALS FOR EACH SUBJECT MATTER TO INDICATE TOTAL SUBJECT MATTER EMPHASIS

Subject Heading	Total Degree of Emphasis			
	Major	Moderate	Minor	Total
Accident Prevention and First Aid	58	63	17	138
Alcohol, Drugs, & Narcotics	50	72	16	138
Boy-Girl Relationships	41	49	32	122
Cleanliness and Grooming	64	62	9	135
Communicable Diseases	28	36	29	93
Community Health Programs	4	39	32	75
Consumer Education	6	40	27	73
Dental Health	22	40	21	63
Environmental Hazards	19	49	16	84
Exercise, Rest, and Sleep	44	61	15	120
Health Careers	3	28	34	62
International Health Activities	0	28	22	50
Mental Health and Personal Adjustment	10	44	23	77
Non-Communicable Diseases, i.e., cancer, heart disease, etc.	24	55	8	87
Nutrition	49	36	14	99
Parenthood and Child Care	24	27	24	75
Physical Change During Adolescence	20	45	19	84
Posture and Body Mechanics	21	53	8	82
Preparation for Marriage	15	35	23	73

TABLE XXIV (Continued)

THE COMBINED MAJOR, MODERATE, AND MINOR TOTALS FOR EACH SUBJECT MATTER TO INDICATE TOTAL SUBJECT MATTER EMPHASIS

Subject Heading	Total Degree of Emphasis			
	Major	Moderate	Minor	Total
Research Developments in Health and Medical Science	0	31	18	49
Smoking	51	45	12	108
Structure and Function of the Human Body	41	44	9	94
Venereal Disease	19	33	33	85
Vision and Hearing	25	44	11	80
Weight Control	6	48	23	77
Sex Education	16	37	16	69
Birth Control	3	14	25	42

areas that received a combined total score of over 100 are the following: accident prevention and first aid, 138; alcohol, drugs, and narcotics, 138; cleanliness and grooming, 135; boy-girl relationships, 122; exercise, rest, and sleep, 120; and smoking, 108. Nutrition totaled 99, structure and function of the human body totaled 94, and communicable diseases totaled 93. Those subjects that had a total in the 80's are the following: non-communicable diseases, 87; venereal disease, 85; environmental hazards, 84; physical changes during adolescence, 84; posture and body mechanics, 82; and vision and hearing, 80. The following subjects had combined totals in the 70's: mental health and personal adjustment, 77; weight control, 77; community health programs, 75; parenthood and child care, 75; consumer education, 73; and preparation for marriage, 73. The remaining six categories had combined totals ranging from 69 to 42.

Elementary School Questionnaires

Elementary and secondary school questionnaires were mailed to 198 Iowa public school districts. One hundred thirty-two (37 per cent) districts returned the elementary school questionnaires. The number of districts for each district classification, that returned the elementary questionnaires are listed in Table XXV. The large district (100 per cent) returned its questionnaire. Twenty (83 per cent) of the 24 medium sized districts returned their questionnaires. Although these are the same figures as in the secondary school section, only 19 of these districts are the same. One district did not return its elementary questionnaire

while 1 district returned only its elementary questionnaire. Ninety-nine (66 per cent) of the 150 small classification districts returned their elementary questionnaires. This was two less than returned the secondary school questionnaires. The same 12 (52 per cent) very small classification districts returned their elementary school questionnaires that returned their secondary school questionnaires.

ELEMENTARY SCHOOL ORGANIZATIONAL PATTERNS

The patterns of elementary school organization are listed in Table XXVI. Ninety-nine (75 per cent) districts reported their elementary schools consisted of grades K-6. Thirty-three (25 per cent) districts reported a K-8 pattern of organization. This, however, is in conflict with the organizational patterns of the reported secondary schools. Thirty-three districts reported grades seven and eight as being part of the elementary school. However, all of the secondary schools were reported to include grades seven and eight. Part of this confusion may be attributed to the uncertainty as to whether junior high school is part of the elementary school or part of the secondary school.

CLASSROOM ORGANIZATIONAL PATTERN

The classroom organizational pattern of elementary schools in each of the four district classifications are listed in Table XXVII. The single grade class grouping with one teacher for each grade from K-6 was the most prevalent organizational pattern with 54 (41 per cent) districts reporting this pattern. Twenty-three (17 per cent)

TABLE XXV

THE NUMBER AND PERCENTAGES OF DISTRICTS THAT RETURNED THE ELEMENTARY SCHOOL QUESTIONNAIRES

District Classification	Districts that Received Questionnaires	Districts that Returned Questionnaires	
	N	N	%
Large	1	1	100
Medium	24	20	83
Small	150	99	66
Very Small	23	12	52
Total	198	132	67

TABLE XXVI

ELEMENTARY SCHOOL ORGANIZATIONAL PATTERNS

District Classification		Organizational Patterns			
		K - 6		K - 8	
	N	N	%	N	%
Large	1	1	100	-	-
Medium	20	20	100	-	-
Small	99	74	75	25	25
Very Small	12	4	25	8	75
Total	132	99	75	33	25

districts reported single grade class grouping for grades K-6 with complete departmentalization for grades 7 and 8. Single grade class grouping for grades K-3 with partial departmentalization for grades 4-6 was reported by 19 (14 per cent) districts. Single grade class grouping of grades K-3 with complete departmentalization for grades 4-6 was reported by 12 (9 per cent) districts. Ten (8 per cent) districts reported using the single grade class grouping of grades K-6 with partial departmentalization for grades 7 and 8. Other forms of classroom organization were reported by 14 (11 per cent) districts.

The major difference between patterns of classroom organization for the district classifications was that the large and medium district classifications reported that grades K-6 comprised the elementary school grades. The most prevalent organizational pattern in the medium and small classifications was the single grade class grouping of grades K-6 with 10 (50 per cent) districts and 41 (41 per cent) districts respectively. In the very small classification 6 (50 per cent) districts reported the single grade class grouping for grades K-6 with complete departmentalization for grades 7 and 8 type of organizational pattern. The single grade class grouping of grades K-3 with complete departmentalization for grades 4-6 type of organization was used by the large district.

THE REASONS FOR INCLUDING HEALTH EDUCATION

The reasons and their order of importance why health education is taught in the elementary school curriculum are listed in Table XXVII. Just as in secondary education, to fulfill educational

TABLE XXVII

CLASSROOM ORGANIZATIONAL PATTERN OF ELEMENTARY SCHOOLS IN EACH OF THE FOUR DISTRICT CLASSIFICATIONS

Classroom Organizational Pattern	District Classification									
	Large (1)		Medium (20)		Small (99)		Very Small (12)		Total (132)	
	N	%	N	%	N	%	N	%	N	%
Single Grade Class Grouping K-3 Complete Departmentalization 4-6	1	100	1	5	10	10	-	-	12	9
Single Grade Class Grouping K-3 Partial Departmentalization 4-6	-	-	7	35	11	11	1	8	19	14
Single Grade Class Grouping K-6 Complete Departmentalization 7-8	-	-	-	-	17	17	6	50	23	17
Single Grade Class Grouping K-6 Partial Departmentalization 7-8	-	-	-	-	8	8	2	17	10	8
Single Grade Class Grouping K-6	-	-	10	50	41	41	3	25	54	41
Other	-	-	2	10	12	12	-	-	14	11

TABLE XXVIII

THE REASONS AND THEIR ORDER OF IMPORTANCE WHY HEALTH EDUCATION IS TAUGHT IN THE ELEMENTARY SCHOOL CURRICULUM

Reason and District Classification	N	Rank Order of Importance									
		1st		2nd		3rd		4th		5th	
		N	%	N	%	N	%	N	%	N	%
FULFILL OBJECTIVES											
Large	1	1	100	-	-	-	-	-	-	-	-
Medium	20	14	70	2	10	1	5	-	-	-	-
Small	99	44	44	8	8	3	3	-	-	-	-
Very Small	12	5	44	-	-	1	8	-	-	-	-
Total	132	64	49	10	8	5	4	-	-	-	-
LOCAL REQUIREMENT											
La e	1	-	-	1	100	-	-	-	-	-	-
Medium	20	1	5	9	45	4	20	1	5	-	-
Small	99	6	6	34	34	19	19	2	2	-	-
Very Small	12	1	8	7	58	2	17	-	-	1	8
Total	132	8	6	51	39	35	26	3	2	1	1
STATE REQUIREMENT											
Large	1	-	-	-	-	1	100	-	-	-	-
Medium	20	3	15	4	20	7	35	1	5	-	-
Small	99	13	13	32	32	41	41	3	3	1	1
Very Small	12	3	25	1	8	6	50	-	-	1	8
Total	132	19	14	37	28	55	42	4	3	2	2

TABLE XXVIII(Continued)

THE REASONS AND THEIR ORDER OF IMPORTANCE WHY HEALTH EDUCATION IS TAUGHT IN THE ELEMENTARY SCHOOL CURRICULUM

Reason and District Classification	N	Rank Order of Importance									
		1st		2nd		3rd		4th		5th	
		N	%	N	%	N	%	N	%	N	%
SOLVE ADMINISTRATIVE PROBLEMS											
Large	1	-	-	-	-	-	-	1	100	-	-
Medium	20	-	-	-	-	3	15	1	5	-	-
Small	99	-	-	2	2	3	3	14	14	-	-
Very Small	12	-	-	-	-	-	-	3	25	-	-
Total	132	-	-	2	2	6	5	19	14	-	-

objectives was chosen as the most important reason for teaching health education in elementary schools. Sixty-four (49 per cent) districts chose this reason as the main reason. A local school system requirement was listed as the second reason in order of importance by 51 (39 per cent) districts. Thirty-five (26 per cent) districts picked this reason as their third reason in order of importance. The state requirement was the third reason in order of importance for 55 (42 per cent) districts. Thirty-seven (28 per cent) chose this reason for third place in rank order of importance. To solve administrative problems was the fourth choice of 19 (14 per cent) districts. Since many districts selected only one or two reasons for their inclusion of health education in their elementary school curriculums, none of the four choices received a total of 132.

PATTERN OF HEALTH INSTRUCTION IN ELEMENTARY GRADES

The patterns of instruction that are used for health education in the elementary schools of the four district classifications are listed in Table XXIX. The pattern of instruction for each grade level was not included because there were no definite differences between patterns of instruction at each grade. There was a trend, however, for grades K-2 to be less involved in the teaching of health by any of the various patterns. Health education was taught as a separate subject by 46 (35 per cent) districts. Correlated health material in other academic subject areas was used in 41 (31 per cent) districts. Thirty-nine (30 per cent) districts had

TABLE XXIX

THE PATTERN OF HEALTH INSTRUCTION USED IN THE ELEMENTARY SCHOOL SYSTEMS OF THE FOUR DISTRICT CLASSIFICATIONS

Pattern of Health Instruction	District Classification									
	Large (1)		Medium (20)		Small (99)		Very Small (12)		Total (132)	
	N	%	N	%	N	%	N	%	N	%
Separate Subject	1	100	7	35	31	31	7	58	46	35
Correlated Material In other Subject Area	-	-	9	45	29	29	3	25	41	31
Planned Health Units in Other Subjects	1	100	11	55	24	24	3	25	39	30
Incidental Instruction	-	-	3	15	12	12	2	17	17	12
Total	2	200	30	150	96	97	15	125		

planned health units in other academic subjects. Seventeen (12 per cent) districts used incidental health instruction whenever an opportunity presented itself. The large district classification used two types of health instruction for its district. Thirty patterns of instruction were reported by the 20 medium sized districts. In the small district classification 96 patterns of instruction were reported from the small district classification which totaled 99 districts. Fifteen patterns of instruction were reported from the 12 districts in the very small district classification. These figures show that several districts reported using more than one pattern of teaching health education in their elementary school system.

SUBJECTS IN WHICH CORRELATED HEALTH MATERIAL OR PLANNED HEALTH UNITS ARE USED

Subjects in which the four district classifications used correlated instruction or planned health units to teach the health education material. Eighty districts reported using either or both of these methods of teaching health education. There could, therefore, be more total responses than there are districts, if both methods were used. Fifty-five (69 per cent) districts reported using science as the subject into which these methods were incorporated. Physical education was used by 17 (21 per cent) districts and 12 (15 per cent) districts used the listening part of language arts to serve as the basis for the health education subject material. Civics was reported used by 8 (10 per cent) districts. None of the other possible subject areas was used by more than 10 per cent of the

TABLE XXX

SUBJECTS IN WHICH THE FOUR DISTRICT CLASSIFICATIONS USED CORRELATED INSTRUCTION OR PLANNED HEALTH UNITS TO TEACH HEALTH EDUCATION

Subjects	District Classification									
	Large		Medium		Small		Very Small		Total	
	N (1)	%	N (20)	%	N (53)	%	N (6)	%	N (80)	%
ARTS										
Art	-	-	-	-	2	4	-	-	2	3
Music	-	-	-	-	2	4	-	-	2	3
Physical Education	-	-	5	25	11	21	1	17	17	21
FOREIGN LANGUAGES	-	-	-	-	-	-	-	-	-	-
HOMEMAKING	-	-	-	-	3	6	-	-	3	4
INDUSTRIAL ARTS	-	-	-	-	1	2	-	-	1	1
LANGUAGE ARTS										
Listening	-	-	3	15	9	17	-	-	12	15
Reading	-	-	1	5	3	6	-	-	4	5
Spelling	-	-	-	-	3	6	-	-	3	4
Writing	-	-	-	-	3	6	-	-	3	4
SCIENCE										
Mathematics	-	-	-	-	1	2	-	-	1	1
Science	1	100	14	70	34	64	6	100	55	69
SOCIAL STUDIES										
Civics	-	-	2	10	6	11	-	-	8	10
Geography	-	-	-	-	1	2	-	-	1	1
Problems of Democracy	-	-	1	15	1	2	-	-	2	3
OTHER	-	-	2	10	-	-	-	-	2	3

districts. Science was the most frequently used subject in each district classification, with physical education the next most frequently used in the medium, small, and very small district classifications. The large district classification used only the science area.

PERIODS PER WEEK FOR HEALTH EDUCATION

The number of periods per week devoted to the separate subject of health in each district classification are listed in Table XXXI. A total of 46 districts reported that they had separate health education courses in their elementary school systems. Twenty-five (54 per cent) districts reported that the health education class met twice a week. In 9 (20 per cent) districts, the health education class met three times per week. None of the other possible meeting times were reported by more than 10 per cent of the districts. All four district classifications reported that twice weekly meeting sessions for the health education course was the most frequently used scheduling arrangement. The number of periods that the health education class met per week for each grade level were not indicated because a trend of difference was not apparent between grade levels.

NUMBER OF MINUTES PER WEEK DEVOTED TO HEALTH EDUCATION

The total estimated number of minutes per week devoted to the health education course that extends throughout the entire school year are listed in Table XXXII. Thirty-four (74 per cent) out of the 46 districts that reported having a separate health education course reported having the course the entire school year. Eleven (32 per cent) districts reported that the total number of minutes

TABLE XXXI

THE NUMBER OF PERIODS PER WEEK DEVOTED TO THE SEPARATE SUBJECT OF HEALTH EDUCATION IN EACH DISTRICT CLASSIFICATION

Number of Periods Per Week	District Classification									
	Large (1)		Medium (7)		Small (31)		Very Small (7)		Total (46)	
	N	%	N	%	N	%	N	%	N	%
1	-	-	1	14	2	6	-	-	3	7
2	1	100	4	57	17	55	3	43	25	54
3	-	-	1	14	6	19	2	29	9	20
4	-	-			3	10	1	14	4	9
5	-	-			3	10	1	14	4	9
Irregular	-	-	1	14	-	-	-	-	1	2

TABLE XXXII

THE TOTAL ESTIMATED NUMBER OF MINUTES PER WEEK DEVOTED TO THE HEALTH EDUCATION COURSE THAT EXTENDS THROUGHOUT THE ENTIRE SCHOOL YEAR

Number of Minutes Per Week	District Classification									
	Large		Medium		Small		Very Small		Total	
	N (1)	%	N (5)	%	N (24)	%	N (4)	%	N (34)	%
0 - 20	-	-	1	20	-	-	-	-	1	3
21 - 40	-	-	2	40	6	25	-	-	8	24
41 - 60	-	-	-	-	10	42	1	25	11	32
61 - 80	1	100	1	20	3	13	1	25	1	18
81 - 100	-	-	1	20	1	4	2	50	4	12
101 - 120	-	-	-	-	-	-	-	-	-	-
121 - 140	-	-	-	-	3	13	-	-	3	9
141 - 160	-	-	-	-	-	-	-	-	-	-
161 - 180	-	-	-	-	1	4	-	-	1	3

per week for health education ranged from 41-60 minutes. Eight (24 per cent) districts reported their total was within the 21-40 minute range. Six (18 per cent) districts reported their total health education time per week was within the 61-80 minute range. The total weekly number of minutes used for health education came within the 81-100 minute range for 4 districts. The remaining 5 (15 per cent) districts had weekly health education totals varying from a range of 0-20 minutes to 161-180 minutes.

THE NUMBER OF WEEKS DEVOTED TO HEALTH EDUCATION COURSES OF LESS THAN A YEAR IN LENGTH

The number of weeks devoted to health education courses of less than a year in length in elementary schools are listed in Table XXXIII. Twelve districts reported health education courses of less than a year in length in their elementary schools. Four (33 per cent) districts reported having 6 week health education courses. Five (42 per cent) districts reported health education courses that met for 9 weeks. One (8 per cent) district each reported having health education courses of 12 weeks, 18 weeks, and 24 weeks in length. The large district classification was not included because in this classification the health education courses met for the entire school year.

SCHEDULING OF BOYS AND GIRLS IN HEALTH EDUCATION CLASSES

The scheduling of boys and girls in the same class or in separate classes for health education in the elementary schools is listed in Table XXXIV. Forty-six districts reported having separate

TABLE XXXIII

THE NUMBER OF WEEKS DEVOTED TO HEALTH EDUCATION COURSES OF LESS THAN A YEAR IN LENGTH IN ELEMENTARY SCHOOLS

Number of Weeks	District Classification							
	Medium		Small		Very Small		Total	
	N (2)	%	N (7)	%	N (3)	%	N (12)	%
6	2	100	1	14	1	33	4	33
9	-	-	4	57	1	33	5	42
12	-	-	1	14	-	-	1	8
18	-	-	-	-	1	33	1	8
24	-	-	1	14	-	-	1	8

TABLE XXXIV

SCHEDULING OF BOYS AND GIRLS IN THE SAME CLASS OR IN SEPARATE CLASSES FOR HEALTH EDUCATION IN THE ELEMENTARY SCHOOLS

Method of Scheduling	District Classification									
	Large (1)		Medium (7)		Small (31)		Very Small (7)		Total (46)	
	N	%	N	%	N	%	N	%	N	%
Combined Classes of Boys and Girls	1	100	4	57	15	48	6	86	26	57
Separate Classes of Boys and Girls	-	-	1	14	8	26	-	-	9	20
Combined Classes Except for Some Units of Study	-	-	2	29	8	26	1	14	11	24

health education courses within their elementary schools. Twenty-six (57 per cent) districts combined boys and girls in the same class. Nine (20 per cent) districts used separate classes for boys and girls. Eleven (24 per cent) districts combined boys and girls in the same class except for some specific units of study. The method of combining boys and girls in health education classes was the most frequently used method of scheduling for each of the 4 district classifications.

REASONS FOR SEPARATION OF BOYS AND GIRLS IN HEALTH EDUCATION CLASSES

The reasons why boys and girls are separated for health education classes in the elementary schools are listed in Table XXXV. Nine districts reported that boys and girls were separated in their health education classes. Six (67 per cent) districts separated the boys and girls because of the nature of the subject matter. Three (33.per cent) districts separated the boys and girls because of administrative problems such as space, staff, or scheduling factors. The large and very small districts were not listed because they did not separate the boys and girls in their health education classes.

SEPARATION OF BOYS AND GIRLS FOR ONLY CERTAIN HEALTH EDUCATION UNITS

The units of health education for which occur the separation of boys and girls in the elementary schools are listed in Table XXXVI. Eleven districts reported that for certain units boys and girls were separated in the health education classes. Ten (91 per cent) districts separated the boys and girls when menstruation was

TABLE XXXV

THE REASONS WHY BOYS AND GIRLS ARE SEPARATED FOR HEALTH EDUCATION CLASSES IN THE ELEMENTARY SCHOOLS

Reason	District Classification					
	Medium		Small		Total	
	N (1)	%	N (8)	%	N (9)	%
Administrative (e.g.) Space, Staff or Scheduling Factors	-	-	3	38	3	33
Nature of Subject Matter	1	100	5	63	6	67

TABLE XXXVI

THE UNITS OF HEALTH EDUCATION FOR WHICH OCCUR THE SEPARATION OF BOYS AND GIRLS IN THE ELEMENTARY SCHOOLS

Units of Study	District Classification							
	Medium (2)		Small (8)		Very Small (1)		Total (11)	
	N	%	N	%	N	%	N	%
Menstruation	2	100	7		1	100	10	91
Reproduction	-	-	1		-	-	1	9
Pe onal Health	-	-	1		-	-	1	9
Sex Education	2	50	5		-	-	7	64
Feminine Homemaking	-	-	1		-	-	1	9
Puberty	-	-	1		-	-	1	9
Human Growth	1	50	-		-	-	1	9

the topic. Seven (64 per cent) districts separated boys and girls for sex education. The units of reproduction, personal health, feminine homemaking, puberty, and human growth were the units of study that caused separation of boys and girls in the health education course in five districts. The large district classification was not listed because separation of boys and girls did not occur in the health education classes in its elementary school system. In three of the district classifications, there were more units reported than there were districts in the district classifications. This was due to several districts separating boys and girls for more than one unit of study.

INSTRUCTOR RESPONDIBILITY FOR HEALTH EDUCATION

The teachers or persons who have the prime responsibility for the separate health education course in the elementary grades of the four district classifications are listed in Table XXXVII. In 33 (72 per cent) districts, the classroom teacher has the full responsibility for health education. In 11 (24 per cent) districts, health education was taught by the classroom teacher with help of a general curriculum coordinator, supervisor, or consultant. Six (13 per cent) districts used a nurse and six (13 per cent) other districts used a physical education teacher to teach health education. A health education specialist was used in conjunction with the classroom teacher in 3 (7 per cent) districts. All of the district classifications, except the large classification, reported the classroom teacher was used most frequently to teach health educa-

TABLE XXXVII

THE TEACHERS OR PERSONS WHO HAVE THE PRIME RESPONSIBILITY FOR THE SEPARATE HEALTH EDUCATION COURSE IN THE ELEMENTARY GRADES OF THE FOUR DISTRICT CLASSIFICATION

Responsibility for Health Education	District Classification									
	Large (1)		Medium (7)		Small (31)		Small (7)		Total (46)	
	N	%	N	%	N	%	N	%	N	%
Classroom Teacher With Full Responsibility	-	-	4	57	25	81	4	57	33	72
Classroom Teacher With Help Of a General Curriculu Coordinator, Supervisor, or Consultant	-	-	2	29	6	19	3	43	11	24
Classroom Teacher With Help of a Specialist In Health Education	1	100	-	-	2	6	-	-	3	7
A Nurse	-	-	3	43	3	10	-	-	6	13
A Physical Education Teacher	1	100	1	14	2	6	2	29	6	13

tion. The large district used the physical education teacher and the classroom teacher with the assistance of a health education specialist. Some districts reported having several types of teacher responsibility for the teaching of health education because the responsibility shifted somewhere in their elementary school system.

CHANGE IN TEACHING PERSONNEL FOR A SPECIFIC HEALTH UNIT

Twelve districts reported changing teacher personnel for certain units of health education. In all but one district, whenever a change in teaching personnel took place, the school nurse or a nurse from outside of the school system taught the unit. The district that was the exception used a graduate health educator. Seven (58 per cent) districts made the change in teaching personnel for sex education, while 5 (42 per cent) districts changed personnel for the unit on menstruation.

REQUIREMENT TO TEACH HEALTH

None of the districts required that a teacher take any special courses to prepare for teaching the health education course in elementary school. Iowa teaching certification is the only requirement for elementary school health education teachers.

OPPORTUNITIES FOR IN-SERVICE HEALTH EDUCATION PREPARATION

The opportunities provided the elementary teachers for in-service health education training are listed in Table XXXVIII. Only the 46 districts that reported having separate health education courses and the opportunities made available to those teachers are

TABLE XXXVIII

OPPORTUNITIES PROVIDED THE ELEMENTARY TEACHERS FOR IN-SERVICE HEALTH EDUCATION TRAINING

In-Service Training Opportunities	District Classification									
	Large (1)		Medium (7)		Small (31)		Very Small (7)		Total (46)	
	N	%	N	%	N	%	N	%	N	%
Teachers' Meetings Concerned With Health Education	1	100	6	86	14	45	2	29	23	50
Participation In Curriculum Development and/or Revision	-	-	6	86	12	39	2	29	20	43
Course Offerings In Health Education	-	-	-	-	2	6	1	14	3	7
Workshops In Health Education	-	-	2	29	6	19	1	14	9	20
Conferences Or Institutes With a Health Education Program Theme	-	-	2	29	1	3	2	29	5	11
Television Courses Or Radio Programs Focused On Health Education	1	100	2	29	5	16	1	14	9	20
Meetings of Professional Organizations	1	100	1	14	2	6	-	-	4	9
Visitations And/Or Demonstration Teaching	-	-	1	14	1	3	-	-	2	4

are included in the data. Twenty-three (50 per cent) districts reported having teachers' meetings concerned with health education. Twenty (43 per cent) districts permitted teacher participation in curriculum development and/or revision. The opportunities of workshops in health education and television courses or radio programs focused on health education were used by 9 (20 per cent) districts. Conferences or institutes with a health education program theme were used by 5 (11 per cent) districts. The in-service opportunities of teachers' meetings concerned with health education and participation in curriculum development and/or revision were the two most frequently used methods in each of the district classifications, except for the large district classification. It did not permit teacher participation in curriculum development and/or revision.

THE USE OF HEALTH TEXTBOOKS IN ELEMENTARY SCHOOL

The number of districts in each district classification that use health testbooks are listed in Table XXXIX. Fifty-seven (43 per cent) districts did not use health textbooks. Fifty-five (42 per cent) districts used a single health textbook. Two or more textbooks were used by 20 (15 per cent) districts.

USE OF HEALTH TEXTBOOK SERIES

The districts that used a health textbook series are listed in Table XL. Seventy-five districts reported that they used either one or more health textbook series or they used individual textbook selections at each grade level. This included any district

TABLE XXXIX

THE PRACTICE OF USING HEALTH TEXTBOOKS IN ALL TYPES OF HEALTH EDUCATION IN THE ELEMENTARY SCHOOLS OF THE FOUR DISTRICT CLASSIFICATIONS

Textbooks	District Classification									
	Large (1)		Medium (20)		Small (99)		Very Small (12)		Total (132)	
	N	%	N	%	N	%	N	%	N	%
No Health Textbook Used	-	-	9	45	43	43	5	42	57	43
Single Textbook Used	1	100	6	30	44	44	4	33	55	42
Two Or More Textbooks Used	-	-	5	25	12	12	3	25	20	15

TABLE XL

THE USE OF HEALTH TEXTBOOK SERIES IN THOSE DISTRICTS IN WHICH TEXTBOOKS ARE USED IN THE ELEMENTARY SCHOOL SYSTEM

Use of Health Textbook Series	District Classifications									
	Large (1)		Medium (11)		Small (56)		Very Small (7)		Total (75)	
	N	%	N	%	N	%	N	%	N	%
A Single Health Textbook Series	-	-	6	55	32	57	4	57	42	55
Two or More Health Textbook Series	-	-	2	18	9	16	-	-	11	15
Individual Selection Of Textbooks For Each Grade Level	1	100	3	27	15	27	3	43	22	30

that used a health textbook, whether it was used in a specific health education course or in some other form of health instruction. Forty-two (55 per cent) districts reported using a single health textbook series. Twenty-two (30 per cent) districts used individual textbook selection at each grade level. Two or more health textbook series were used in 11 (15 per cent) districts. A single health textbook series was the most frequently reported response in the medium, small, and very small district classification. The large district classification used individual health textbook selection for each grade level.

RESOURCES USED VERY OFTEN FOR SUGGESTIONS OF WHAT TO STUDY

The extent to which various resources are consulted very often for suggestions of what to study in health education in the elementary school are listed in Table XLI. Thirty-six (78 per cent) districts used individual teacher decision. Twenty-eight (61 per cent) districts used a textbook or textbooks. The resources of a local guide or course of study and the needs, interests, and problems of students were each used by 24 (52 per cent) districts to help determine what to study in health education. The state course of study was used in 5 (11 per cent) districts. The remaining resources were used by less than 10 per cent of the districts. Some districts listed several resources that were used so that there are larger numbers of responses than there are districts.

RESOURCES USED FREQUENTLY FOR SUGGESTIONS OF WHAT TO STUDY

The extent of which various resources are consulted frequently for suggestions of what to study in health education in the ele-

TABLE XLI

THE EXTENT TO WHICH VARIOUS RESOURCES ARE CONSULTED VERY OFTEN FOR SUGGESTIONS OF WHAT TO STUDY IN HEALTH EDUCATION IN THE ELEMENTARY SCHOOL SYSTEMS

Resource	District Classification									
	Large (1)		Medium (7)		Small (31)		Very Small (7)		Total (46)	
	N	%	N	%	N	%	N	%	N	%
State Course of Study	-	-	1	14	4	13	-	-	5	11
Local Guide or Course of Study	1	100	6	86	15	48	2	29	24	52
Individual Teachers Decision	-	-	5	71	27	87	4	57	36	78
Textbook(s)	-	-	3	43	23	74	2	29	28	61
Needs, Interests, and Problems of Students	1	100	4	57	17	55	2	29	24	52
Pupil-Teacher Planning	-	-	-	-	1	3	-	-	1	2
Pre-Testing of Pupil Knowledge and Understanding	-	-	-	-	-	-	-	-	-	-
Local Community Influence	1	100	-	-	2	6	-	-	3	7

TABLE XLII

THE EXTENT TO WHICH VARIOUS RESOURCES ARE CONSULTED FREQUENTLY FOR SUGGESTIONS OF WHAT TO STUDY IN HEALTH EDUCATION IN THE ELEMENTARY SCHOOL SYSTEMS

Resource	District Classification									
	Large		Medium		Small		Very Small		Total	
	N (1)	%	N (7)	%	N (31)	%	N (7)	%	N (46)	%
State Course of Study	-	-	3	43	3	10	3	43	0	20
Local Guide or Course of Study	-	-	1	14	2	6	4	57	7	15
Individual Teachers Decision	1	100	1	14	3	10	2	29	7	15
Textbook(s)	1	100	2	29	4	13	1	14	8	17
Needs, Interests, and Problems of Students	-	-	1	14	4	13	3	43	8	17
Pupil-Teacher Planning	1	100	2	29	5	16	3	43	11	24
Pre-Testing of Pupil Knowledge and Understanding	1	100	2	29	2	6	1	14	6	13
Local Community Influence	-	-	2	29	3	10	1	14	6	13

mentary school systems are listed in Table XLII. Eleven (24 per cent) districts use joint pupil-teacher planning in health education. Nine (20 per cent) districts consult the state course of study. Textbooks and the needs, interests, and problems of students were used by 8 (17 per cent) districts. The local guide or course of study and individual teachers decision were used by 7 (15 per cent) districts. Pre-testing of pupil knowledge and understanding and local community influence were consulted by six (13 per cent) districts as to what to study in health education in the elementary schools. The rarely or never frequency is not listed because only 8 districts indicated this frequency of use of the various resources.

HEALTH EDUCATION CONTENT AREAS OF MAJOR EMPHASIS

The content areas of health education in each elementary grade that received a major emphasis in all the districts that included some form of health education are listed in Table XLIII. The number of districts that gave major emphasis to each content area are totaled for grades K-8 in order to give an indication of what subject areas are being emphasized throughout the entire elementary school system. The following subject areas received a total of over 200: cleanliness and grooming, 262; accident prevention, 233; dental health, 233; and rest and sleep, 210. The following subject areas received a total between 100-199: vision and hearing, 188; food and nutrition, 179; and exercise and relaxation, 111. If the scores for each grade are totaled, kindergarten is shown with the lowest total, with second grade with next lowest. The highest total is for grade 5,

TABLE XLIII

THE CONTENT AREAS OF HEALTH EDUCATION IN EACH ELEMENTARY GRADE THAT RECEIVED A MAJOR EMPHASIS IN ALL THE DISTRICTS THAT INCLUDED SOME FORM OF HEALTH EDUCATION

Content Areas	Elementary Grades									
	K	1	2	3	4	5	6	7	8	Total
Accident Prevention	34	35	35	34	28	30	24	9	8	233
Alcohol	4	5	5	6	8	10	9	9	7	63
Boy-Girl Relationships	4	2	2	2	1	4	6	-	1	22
Cleanliness & Groomir	32	34	31	30	33	35	31	11	14	262
Communicable Diseases	15	17	13	12	11	12	12	3	2	97
Community Health Programs	5	4	4	3	4	5	5	-	-	30
Community Helpers	14	17	15	12	8	9	7	2	2	84
Consumer Education	2	3	3	2	2	3	2	1	1	19
Dental Health	32	33	33	34	32	33	28	4	4	233
Drugs & Narcotics	3	3	3	5	8	10	16	5	4	57
Environmental Hazards	1	2	1	1	2	6	6	2	1	22
Exercise and Relaxation	13	12	12	16	17	15	17	4	5	111
Family Life	9	12	11	9	9	9	10	3	2	74
First Aid	7	9	9	10	13	12	14	2	6	83
Foot Care	-	1	-	2	-	-	-	-	-	3
Food & Nutrition	19	21	24	29	28	26	19	8	7	179
Health Careers	-	-	1	-	-	-	-	-	-	1

TABLE XLIII (Continued)

THE CONTENT AREAS OF HEALTH EDUCATION IN EACH ELEMENTARY GRADE THAT RECEIVED A MAJOR EMPHASIS IN ALL THE DISTRICTS THAT INCLUDED SOME FORM OF HEALTH EDUCATION

Content Areas	Elementary Grades									
	K	1	2	3	4	5	6	7	8	Total
Health Examinations & Appraisals	6	3	3	3	6	8	9	2	1	41
Health Heroes	1	-	-	-	-	-	-	-	-	1
International Health Activities	-	1	-	-	-	-	-	-	-	1
Mental Health & Personal Adjustment	-	-	-	-	1	1	1	-	-	3
Non-Communicable Diseases	2	2	2	3	4	5	4	3	4	29
Personality Development	7	6	6	7	8	8	7	3	3	55
Physical Changes During Growth and Development	-	2	2	3	6	6	8	2	2	31
Posture & Body Mechanics	11	12	12	13	14	13	11	3	3	92
Rest & Sleep	23	27	33	37	34	27	19	5	5	210
Sex Education	2	2	2	2	2	3	8	3	3	27
Skin Care	8	8	10	10	11	16	15	2	2	82
Smoking	4	4	4	5	8	14	23	4	4	70
Structure & Function of the Human Body	4	4	4	5	6	13	15	3	3	57
Venereal Diseases	-	-	-	-	-	-	-	-	-	--
Vision & Hearing	19	23	25	28	27	24	25	8	9	188
Total	271	324	303	343	321	398	351	101	103	

with the next highest in grade 6. Grades 7 and 8 are not included in this discussion, not all of the elementary schools included these two grades. There is, therefore, a tendancy for fewer health education subjects to have a major emphasis in the lower elementary grades than in the upper (5th and 6th grades) elementary grades.

HEALTH EDUCATION CONTENT AREAS OF MODERATE EMPHASIS

The content areas of health education in each elementary grade that received a moderate emphasis in all the districts that included some form of health education are listed in Table XLIV. After adding the scores together for each content area, the following areas received a total of over 100: exercise and relaxation, 150; communicable diseases, 142; skin care, 131; accident prevention, 129; first aid, 124; posture and body mechanics, 188; structure and function of the human body, 117; boy-girl relationships, 108; dental health, 106; community helpers, 105; rest and sleep, 105; cleanliness and grooming, 100. The remaining content areas had totals of less than 100. The scores for each grade level were totaled in order to find an indication of how many districts were involved in teaching health education at each grade level. There was an increase in the total number of districts at each grade level from kindergarten to the sixth grade. Grades 7 and 8 had similar totals which would indicate a degree of sameness.

HEALTH EDUCATION CONTENT AREAS OF MINOR EMPHASIS

The content areas of health education in each elementary grade that received a minor emphasis in all the districts that included some form of health education are listed in Table XLV. The following

TABLE XLIV

THE CONTENT AREAS OF HEALTH EDUCATION IN EACH ELEMENTARY GRADE THAT RECEIVED A MODERATE EMPHASIS IN ALL THE DISTRICTS THAT INCLUDED SOME FORM OF HEALTH EDUCATION

Content Areas	Elementary Grades									
	K	1	2	3	4	5	6	7	8	Total
Accident Prevention	9	15	16	14	18	19	22	8	8	129
Alcohol	2	4	4	7	9	14	19	9	9	77
Boy-Girl Relationships	6	6	8	10	14	21	23	10	10	108
Cleanliness and Grooming	12	12	14	13	16	14	15	2	2	100
Communicable Diseases	16	19	18	21	20	19	20	5	4	142
Community Health Programs	2	3	5	5	4	4	5	-	-	28
Community Helpers	9	10	14	20	21	18	19	2	2	105
Consumer Education	10	10	12	16	9	12	13	3	3	88
Dental Health	14	15	13	13	12	12	11	9	7	106
Drugs & Narcotics	2	3	3	4	6	15	9	5	5	54
Environmental Hazards	3	4	5	7	8	10	11	5	4	57
Exercise & Relaxation	14	17	20	21	20	23	22	7	6	150
Family Life	5	5	8	12	13	13	12	9	8	85
First Aid	11	13	16	14	19	19	18	6	8	124
Foot Care	8	8	10	11	12	11	12	8	8	88
Fo & Nutrition	13	13	9	10	11	11	13	5	3	88
Health Cares	2	2	2	2	4	5	6	2	1	26

TABLE XLIV (Continued)

THE CONTENT AREAS OF HEALTH EDUCATION IN EACH ELEMENTARY GRADE THAT RECEIVED A MODERATE EMPHASIS IN ALL THE DISTRICTS THAT INCLUDED SOME FORM OF HEALTH EDUCATION

Content Areas	Elementary Grades									
	K	1	2	3	4	5	6	7	8	Total
Health Examinations and Appraisals	6	9	9	9	9	8	7	-	-	66
Health Heroes	6	6	6	7	8	9	9	2	2	55
International Health Activities	-	-	-	-	-	-	1	1	-	2
Mental Health and Personal Adjustment	10	9	10	11	11	14	15	5	5	90
Non-Communicable Diseases	5	4	4	4	9	13	16	5	4	64
Personality Development	6	7	7	6	13	12	15	8	9	83
Physical Change During Growth and Development	5	5	8	8	13	19	23	8	6	95
Posture and Body Mechanics	13	13	12	14	16	15	18	10	9	118
Rest and Sleep	10	9	9	14	17	14	16	8	8	105
Sex Education	2	2	2	6	8	14	10	4	5	53
Skin Care	9	10	10	14	20	22	25	11	10	131
Smoking	8	8	10	12	15	10	15	7	6	91
Structure & Function of the Human Body	8	10	11	14	20	19	18	9	8	117
Venereal Disease	4	4	4	5	5	4	5	2	1	34
Vision & Hearing	8	8	7	6	8	7	6	2	2	54
Total	238	265	277	330	388	429	449	175	163	

TABLE XLV

THE CONTENT AREAS OF HEALTH EDUCATION IN EACH ELEMENTARY GRADE THAT RECEIVED A MINOR EMPHASIS IN ALL THE DISTRICTS THAT INCLUDED SOME FORM OF HEALTH EDUCATION

Content Areas	Elementary Grades									
	K	1	2	3	4	5	6	7	8	Total
Accident Prevention	3	3	5	4	6	3	7	2	2	35
Alcohol										
Boy-Girl Relationships	20	21	22	21	19	17	14	2	3	139
Cleanliness and Grooming	16	19	21	25	18	14	9	2	2	126
Communicable Diseases	8	8	8	7	7	5	4	3	3	53
Community Health Programs	14	15	16	16	12	15	18	8	9	123
Community Helpers	7	6	6	7	7	10	9	5	4	61
Consumer Education	8	8	8	8	6	6	6	4	4	58
Dental Health	4	4	4	4	6	4	8	3	5	42
Drugs & Narcotics	12	14	15	16	17	9	8	4	4	99
Environmental Hazards	12	13	16	16	16	15	12	3	5	118
Exercise and Relaxation	9	9	7	6	5	8	7	3	-	54
Family Life	9	9	9	6	8	10	11	2	2	66
First Aid	10	10	10	9	6	5	4	2	2	58
Foot Care	15	14	15	13	13	14	16	4	4	108
Food & Nutrition	4	5	4	4	6	6	4	-	-	33
Health Careers	12	12	14	15	11	12	13	6	4	99
Health Examinations and Appraisals	7	8	8	7	6	9	9	3	2	59

TABLE XLV (Continued)

THE CONTENT AREAS OF HEALTH EDUCATION IN EACH ELEMENTARY GRADE THAT RECEIVED A MINOR EMPHASIS IN ALL THE DISTRICTS THAT INCLUDED SOME FORM OF HEALTH EDUCATION

Content Areas	Elementary Grades									
	K	1	2	3	4	5	6	7	8	Total
Health Heroes	11	13	14	14	15	15	14	6	3	105
International Health Activities	14	13	12	13	13	14	11	3	2	95
Mental Health and Personal Adjustment	10	9	8	8	9	6	6	-	-	56
Non-Communicable Diseases	10	13	13	12	10	9	8	-	2	77
Personality Development	9	8	8	9	6	6	5	2	1	44
Physical Changes During Growth and Development	13	14	14	13	10	8	8	3	5	88
Posture and Body Mechanics	2	3	3	2	2	2	2	1	-	17
Rest and Sleep	5	5	5	6	6	7	7	1	1	38
Sex Education	14	14	13	11	15	8	7	2	2	86
Skin Care	7	7	6	5	5	4	4	1	-	39
Smoking	10	11	10	9	8	7	4	3	3	65
Structure and Function of the Human Body	10	10	9	8	6	3	4	-	1	51
Venereal Disease	6	6	6	5	7	8	7	2	2	49
Vision & Hearing	4	4	4	5	7	7	6	3	3	44
Total	295	309	312	294	288	266	282	83	80	

content areas had totals over 100: boy-girl relationships, 139; cleanliness and grooming, 126; community health programs, 123; environmental hazards, 118; foot care, 108; and health heroes, 105. The lower elementary grades of K-3 had lower totals than the upper elementary grades of 4-6.

THE PROBLEMS OF HEALTH EDUCATION IN GRADES K-12

The problems of health education in elementary school and in high school are combined because of the similarity between the problems faced at each grade level. The following problems were listed by at least 2 districts: inadequate space in the curriculum, inadequate teacher background, public acceptance, scheduling problems, lack of an established health curriculum, inadequate leadership by the Iowa State Department of Instruction, and poor family environment.

The following recommendations were extended as possible methods of improving present health education: establish health education curriculums for health education classes and planned health education units in other subjects, improve the teaching of health education at teacher preparatory colleges, establish adult education courses dealing with health education and the correct manner and time to present it to children, get rid of the carnegie unit of credit, make health education a state requirement, make available health education materials that would improve teacher instruction, use some sort of public relations program to gain public acceptance, and have more health education, especially sex education, in the lower elementary grades.

BIBLIOGRAPHY

Hall, Eugene. "A Survey to Determine to What Extent the Schools In Selected Illinois Communities Contribute to Community Recreation." M. A. Thesis, State University of Iowa, 1954.

Hansen, Morris H., William N. Hurwitz, and William G. Madow. Sample Survey Methods and Theory. New York: Wiley, 1953.

Johnson, Norman L. and Fred C. Leone. Statistical and Experimental Design. New York: Wiley, 1964.

Marx, Orrin H. "A Survey of the Physical Education Programs in the Small High Schools in Wisconsin." M. A. Thesis, State University of Iowa, 1963.

Olmstead, Lloyd V. "High School Training - Rules for Athletics." M. A. Thesis, State University of Iowa, 1963.

Rodine, Earl L. "A Survey of Gymnasiums and Equipment in Iowa High Schools of More than One Hundred Enrollment." M. A. Thesis, State University of Iowa, 1954.

School Health Education Study: A Summary Report. Washington, D.C.: The Study, 1964.

State of Iowa Department of Public Instruction. Data on Iowa Public Schools, School Year 1966-1967. Des Moines: The State of Iowa, 1967.

Walstra, John L. "The Status of Physical Education for Boys in Grades Nine, Ten, Eleven, and Twelve in the High Schools of Indiana." M. A. Thesis, State University of Iowa, 1954.