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A report of a survey of lowa 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



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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. 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.

Analysis Of Data

Introduction

The data presented in this chapter are based on the question-naires 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 N	Questionnaires Returned N %				
Large		And the relation of The Control of Section 1992 and 1995 (1995) and 1995 (1995	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 Classificatio		trict ,9-12 %	Organiza 7-9,10 N		Pattern 7-12 N %		
Large	. .	energia de la comunicación de la	essence de la mandifestició de la menera de la litera en a acuma de la menera de la litera en a acuma de la me Mandifestició de la menera de la	1.	100	метри и почет по почет поч - «	н од основни се
Medium	20		MAGNITUTA des	20	100	(electronics	#commingency
Small	101	40	40	10	10	51	50.
Very Small	12	7	58	MINICIPALITY	CONTROL OF THE PARTY OF THE PAR	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

Reas n n and Distric Classification	t						Rank (of In h Reas		tance	for	
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a kaling kaling a sa s			٠.	Nun	nber :	and	Perce	ntage	of D	istr	icts		
等中国基础。4000年100年10日 1980年 - 1980年	N	%	N	%	N	%	N	%	N	%		N	%
Fulfill Objectives	Baltimani Barani (K. 1900) (K. K. 1900) (K. 1900)	g Mille (School and American A	na deliga sa sa monga po po sa minimo principa (a po po por minimo principa (a po po por minimo principa (a po Por minimo del Permitto (a por minimo por mi	eger god vermoug god god ein eine eine eine eine eine eine eine	ВЫДОТОВНЫ СТОЛЕННЫЙ НЕВИЗИИ НЕ		enedition in the control of the cont	mater, isalika ka Kommente qoya yalika ba	o grande en en el estado en el entre e La estado en el entre en e	_{наши (} обинення III (III (Невородований на подделжений на под		STATE OF THE PROPERTY OF THE P	tacic (STEELAN et energy)
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M lum (120)	10	50	2	10	2	10	FOR SHIP	Main ben-	W032e W023)	ALC: NOTE:		tank arin	Ema sans
Small (101)	29	29	6	6	2	2	STATES BASIN		end see	**************************************	43,41337	product books	GLIDA BOSSI
Very Small (12)	5	42	ester Gody	ford Hors	CCO NOM	Many bells	A MANUE MANUE	hoph peop	452A 46333	Along Month			
Total (134)	45	34	8	6	4	3	Marke Marke	Brown Larger	€ 000 5000	more profes		6 34 604	and was
Local Requirements													
Large (1)	pard Will	tivis sera	1	100	क्षत्य क्षांत्र	With Gibs	a som derf	625 8715	स्टब्स ६	கை <i>6</i> விக்கத்		ection to Colo	storel region
Medium (20)	2	10	8	40	1	5	white Gods	Sant Solo	tson s	ಷ ಕ್ರೂಪ್ರಿ ಕ್ರಾಪ್ತ		40 km	erne Con
Small (101)	4	4	23	23	5	5	15220) lokasi	one was	ک دین هٔ	eg 12d9 €ಮಿಗ		Wors domp de	1893 BAD BAS
Very Small (12)	3	25	3	25	2	16	EM4 900	கை ந ூ	19022 vi	me evita emili		contrat Process	<u>ಅ</u> ಭ ನುನ
Total (134)	9	7	35	26	8	6	ecous wegg	efect Grass	end to	yy toon moon		weins spree	ACC NAME

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										
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no-recipe	- Washington and Washington and American and	N	%	N.	%	N	%	N	%	N	%		N	J.
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~	Medium (20)	2	10	2	10	5	25	CD 4/4*	esta sura	éno kau	GROA GERMA	Weed	idali.	twee gazes · ·
	Small (101)	7	7	6	6	16	16	1	1	2003 6 000	ರ್ಷನ್ ಕಂಭಾ	kosk	i kungo	echt sold:
	Very Small (12)	2	16	2	16	3	25	econ tool com-	\$250 miles	- 1203 1204 1205	DAMES BARRA	kore	gini)	8/9/4 massy
-	Total (134)	11	8	10	8	25		1	1	waaza keend	read Balah	posa		
	Solve Administrative	Pro	blems	2000										
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	Medium (20)	true #toN	See to the	E439 E255	CON FAIR	1.	5	GEO 1440	Şemyal kelmiş	mmg 15+3 ⁵	teath times	Anting	100.00 100.00	P99 609
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	Very Small (12)	ecres south	emb sem	2	16	CC 1002	السند ونجع	\$2005 siO/2s	COMIC COPES	name doub	tuing pound	Table 1	P509	6777 dagas
	Total (134)	essas seas	s49 CE3	Ų	3	3	2	1	1	and and	Anna Cott	Annual	ESSE)	*622 2544
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	Medium (20)	enus sons	ara tela	Qinta Misse	Battle cours	1	5	end ense	teach Easts	e,464 6003	MODEL BARRY	<u> piccoa</u>	<u>pro</u>	and 255 .
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	Total (134)	END ROOM	64g 49A	1	8	<u>1</u>	1	2	1	1	1	Morsi	enzo	Millio Maraja (Ancili

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		man vijeleka di 1900 (190)(190)(1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900	GOOD STATE OF THE PARTY OF THE	erenta p	and the second s	Ranl		er of ach Re	Impor sason	tance	for	Wage Company of the C
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		- 1.		Num	ber :	and i	Perce	ntage	of Di	stric	7 S	
	N	%	N	%	N	%	N	%	N	%	N	%
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Total (134)	en en	45/23 (62/3)	2	1	1	1	ens eza	morry symmy	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	Med N (10)	lium %)	Di Sma N (51)	i11 %	t Cla Ver Sma N (8)	у .11	ication Total N %
Insufficient Money for Health Education	compregnence de Californio de	10	etamini periori di sun di s Sun di sun d	6	ovadorminos de secución de la composición de la composición de com	eliteramente commune (Pillia de la commune d	4 6
Insufficient Space in the Curriculum	8	80	29	58	7	88	44 64
Limited Facilities and Eripment	2	20	19	38	3	38	24 35
Inadequate Background of Teachers	6	60	11	22	enza suza	ecuto esso	- 17 (- 25) (- 25) (- 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	Large) Medium	District Cla Small	ct Classification Very all Small Total					
	N (1)	(10)	N (15)	(3)	(29)	%			
Health	kanaguusuusuudallassa 17 3300 muusu 1800 kalli 1997 yyy yyy eli 1997 kalli 1997 kanali 1997 kanali 1997 kanali Aliifak 1900	arkas on a canada and a canada a	10	eritarista entre e	17	59			
Physical Education and Health	MID 4000	<u>]</u>	malay posts	3	4	14			
Health and Science	PORTA GOOM	2	1	66752 Visions	3	10			
Hy_lene Health and Physiology	1.	600 GGG	3	455 ELS.	1 3	3 10			
Other	CLOS SINCE	esco mosa	Ţ	ena coa	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			Number of Classes per Week									
Classification	N	N	l %	N	? %	Ŋ	3 %	4 N		N	5 %	
Large	1	mittel militari	ening Case	La	1.00	aren +444	ilinggypt o dynnymetroetti ett silvist se _{se} etti 2000 ylynnay Etiliyk — 42722	мей усаз	ECO COM	tem net PPE (1938) SART ROMPY, Austrian Landa AUSTA, Austria		
Medium	10	2	20	Lį	40	1	10	6503 (peop	case Leve	3	30	
Small	14	1	7	4	29	eastal Media	DND 4923	1	7	8	57	
Very Small	3	1	33	1	33	tea pro	manth North	100 1404	inale sale	1	33	
Total	28	4	14	10	36	1	4	1	ц	12	43	

TABLE VIII

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

District Classification		Tagg	Length of Class Period in Minutes Less than											
	N.	3	60 %	31			-50 %	50 N	* %					
Large		entre etter et	keladah 1994 (renora dalilililili) (renora dalilililili) (renora dalililililili) (renora dalililililili) (renora dalililililili) (renora dalilililililili) (renora dalilililililililililililililililililili		edit viiliitiinee een viiliitiida (1700 geraa ee 1999) Deen viiliitiinee een viiliitiida (1700 geraa ee 1999) Deen viiliitiinee een viiliitiida (1700 geraa ee 1999)		100	Ecty Cité	Million Millio					
Medium	10	ence was	em 1924	1	10	7	70	2	20					
Small	14	1	7	eann riceà	600 FOR 1000	3	21	10	71					
Very Small	3	anno essal	EMP CON	500 MA	হতে ধন্দৰ্থ	الجيز لفظ	Geal ং ন্দেশ	3	100					
To 1	28	1.	4	1	Ц	11	39	15	54					

TABLE IX

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

District				ouping Boys and Girls		
Classification	N	Comb N	oined %	Sep N	arated %	Combined Except for Some Units N %
	entre de la companya de la companya La companya de la co	ille i disebili uni desperimente proprieta de la companya de la companya de la companya de la companya de la c La companya de la co	optimises (1965–1965) (1965–1965) (1965–1965) (1965–1965) (1965–1965) (1965–1965) (1965–1965) (1965–1965) (196 Carllina (1965) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1			
Large	1	enana unima	Róma sanyaj	1	100	ecco sales econ sales
Medium	10	3	30	7	70	essa van king kalaj
Small	14	6	43	8	57	son son son son son
Very Small	3	ETERNIT CAMPA	रुग्डा प्रभावन	2	67	1 33
Total	28	9	32	18	64	1 - A - A - A - A - A - A - A - A - A -

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, ll (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

		Reason for Separation									
Classification	N	Adminis N	strative %		ure of ubject %						
		Tillen er district kalen omen i ber genetyk (epinke peppagan) (epi	i della mana della man Compania di indica della mana del	and the second of the second o							
Large	1	4000 4009	1000 1000	1	100						
Medium	7	4	57	3	43						
Small	8	6	75	2	25						
Ver Small	3	1.	33	2	67						
Total	19	11	58	8	a la 42 lingua, tima alipul						
					And the state of the same of the same of						

TABLE XI

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

∃Subject Field or iCollege Major	La , Ņ,	rge %	Medi (10)		Sm	Distr all	rict Cl Ver Sma	У	fication Tota (28)		
	(1)		ara animatika amerika an	Description of the Control					28	une en e	
Major in Health Education		\$ 222	4575	tics	1	7	to cons		1	4	
Major in Health and Physical Education	1	100	1	10	3	21	2	67	7	25	
Physical Education Teacher	tes	koaz	7	70	6	43	स्थ्या र्थ	koojy	13	46	
Sc ol Nurse	time	tom	1	10	1	7	E/F2	-	2	7	
Biology Teacher	E COS	Tiko-	E09	rean	1.	7	\$1600)	Rozá	······· 1	4	eserii Terrie
General Science Teacher	enzi	C	NOTES MANUA	C/A	1	7	lędoky	fasa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ц	
Home Economics Teacher	40em	POSI	1	10	1	7	. 1	33	3	11	
Social Studies Teacher	44005	4/2003	0.60	خست	6233	600					

TABLE XII

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

J Duties		District Classifications Very											
	La N (1)	irge %	Medi N (13)	.um %	Sma N (14	%		all	Tot N (29)	%			
		ealliúghger y en marmeng parametry (y y y grope o definistin ett keppyndde paratti tilba sor ymer y		TO PARTIE THE PROPERTY OF THE PARTIE AND THE PARTIE	Anna Angalaga (Anta Angalaga (Angalaga (Angala	OFFICE STATES	Geldingen (Filliste Demography) Filliste (Filliste Demography)		nomeninka ka kateli "Nya di Siraja di Kajania ya 1990 ili na mana ka	<u>memory or operation (in State of State</u>	2200m		
Coaching	essents*	tiva	5	38	7	50	1	100	13	45			
Guidance	40 north	coca	1	8	1	7	mo	Ma	2	7			
Health Coordinator	kessa	1000	and	en.	1	7	çanı.	*0035	1	3			
Intramural Supervisor	1	100	5	38	1	7	∠ 00	nog	7	24			
lu. lng	MASS	Sinne	2	15	3	22	piloj	6563	. 5	17			
School Recreation Supervisor	osteri.	ESSS	শ্ৰ তৰ	emp	1	7	es à	· · · · · · · · · · · · · · · · · · ·					

TABLE XII (Continued)

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

Duties	Med N (6)	ium %	Distri Small N % (19)		ct Classifica Very Small N % (5)		ation Total N % (30)
Coaching	of the American and the Commission of the Commis	militati in Patata kara may katana in 1960 (1960 (1966) (1		58	en e	Ly O	14 47
Guidance	1	17	2	11	1	20	4 13
Health Coordinator	entò	COMM	ting	4000	251	4225	stian tees
Intramural Supervisor	3	50	2	11	ente	Provide	5 17
Nu ling	1	17	2	11	1	20	4 13
School Recreation Supervisor	₹750a	COSTA	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		rge %	District Medium N % (10)		Classific Small N % (14)		eation Very Small N % (3)		Total N % (28)	
					Survivore Principles	Allery Constitution and the		DESCRIPTION OF THE PROPERTY OF		
Any Classroom	#ATTIN	tent	Ų	40	4	29	1.	33	9	32
Auditorium		5 465	1	10	2	14	1.	33	4	14
Gymnasium	F COM-	600	2	20	7	50	1	33	10	36
Lirary	Res	(reb	W/COS	D)CS	with	CO-OL	écca	шэ	E239	ton
Locker Room	· ·	200	1	10	4ana	enti	4035	uzes ·	. 1	e se ll a ette metel
Special Health Classroom	1	100	2	20	1	7	Roos	Kina	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	Classifica	ation Very									
	Large	Medium	Small		Mean								
Range of Size	30-46	25-35	19-26	25 -3 0	en e								
Average Size of all Health Classes	40	33	24	27 13 14 - 44 (1448)	28 - 14-4 - 15-25-14-14-15-1								
Average Size of Classes in other Academic Subjec	37 ts	32	26	30	29								
C ⁷ -ss Size		Senic	r High Scl	nool									
		Distric	t Classif		elan erkeri kerantan pendajadan.								
				Verv	Mean								
			Small	Verv									
		Medium	Small	Very Small									

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 Incidental instruction and planned health cent) of the districts. 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. 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	Grade Level									
Health Education Experiences	7 N (1)	8 N (1)	9 N (1)	10 N (1)	11 (1)	12 N (1)				
- The Control of the	The second section of the second section of the second section of the second section of the second section sec	Control of the second of the s	OF THE STATE OF TH	O contract popularity in the contract popularity		The second secon	AND THE REAL PROPERTY AND THE PROPERTY A			
Home Room	1.	1.	1.	arrou	1	1				
Correlating Material	1	1	1	1	1	1				
Incidental Instruction	තො	ents	eso.	453	5024	(122 <u>0</u> 5				
In grating Material	disc	40g	Dilas	Accepta -	wiji kiri	and a				
Planned Health Units	1	1	ETAN	***	1					

TABLE XVI

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

Type or Place of Heal'th Education Experiences	Me N (20	lium %)	Sma N	District Classiff Very Small Small N % N % (101) (12)			Total		
	e gygge eine eine mannen in eine men de Proposition voll der Grenzelle (1974) (1974) (1974) (1974) (1974) (197 Andre III (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974)		odinima aki		ere (versiones) eliminis (versión element) elemente (versión elemente) elemente (versi	THE STREET STREET, AND ASSESSED AS A STREET STREET, AS A STREET STREET, AS A STREET STREET, AS A STREET STREET,	Andrew State (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994)	Service Affective Action Conference Conferen	engenbergen vil blekent til beskrivtskelde
Home Room	5	25	P029	æ	ions.	.e.co	5	Ļ	
Correlating Material	8	40	37	37	5	42	50	38	
Incidental Instruction	5	25	18	18	2	16	25	19	
In+grating Material	3	15	6	6	2	16	11	8	v
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 educa-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 ll 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	Large Medium Small Sm N % N % N % N						Ve) Sma	ry all Total % N % (26)		
Biology		100	4	57	9	64	1	25	15	60
Chemistry	EU72		RELETA	, E	,5	14	100)	~ <i>y</i>	2	8
Driver Education	-ca.	15324)	broa	612 3	1	7	1	25	2	8
Er jish	=	seas ··	920 4	16259A	3	21	4003	46Q	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	******	Teles	50	con ·	2	14	esqu	ėmė.	2	8
Physical Education	1	100	7	100	14	100	1	25	23	88
Physics	Pica	, ultipa	6/23	C-2220	1	7	nue .	res _t	1	4
Social Studies	1	100	2	29	2	14	1	25	6	23
Vocational Agriculture	€ 6222 ···	bassi	Policie.	*noi	2	14	Mate	ing.	2	8

TABLE XVIII

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

Subject Area	Distance Medium N % N % (1) (7)					ategory all %)	V			tal %)
**Titles manufaga, sepremapapal mengangganggangganggangganggangganggangga	gggggggggggggggggggggggggggggggggggggg	20 Harris VIII var projekt 100 Harri VIII var projekt 100 Harris VIII var projekt 100		~	Marina paminer propiliti Alexania. A de marina marina marina matematika marina				mandal And Other Security Comments (Security Commen	ingeneralising pasaman international desirability international entire i
Biology	1	100	6	86	14	100	4	100	23	88
Chemistry	R.CO.	6 4459	*274	ECONO.	· 3	21	J.	25	4	15
Driver Education	6/078	WZZ	3	43	8	57	1	25	12	46
E lish	9002	Heel	() <u>() () () () () () () () () () () () () (</u>	4cccan	3	21	1	25	4	15
General Science	Recib	esm)	Ц	57	14	93	4	100	21	81
Home Economics	1	100	7	100	14	100	3	75	25	96
Industrial Arts	sacetta.	6 923	exa.	ēmē.	5	36	2	50	7	26
Physical Education	1	100	6	86	14	100	2	50	23	88
Physics	etijs.	regio	ena	e .	5cm)	Macs	1	100	1	4
Social Studies	1,	100	3	43	7	50	2	50	13	50
Vocational Agriculture	ews	******	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 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 The rarely or never category was not included because 10 districts. 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

Resources	Frequency: Very Often - VO Occasionally - O									
	La: Vo	rge O		lium O	rict Classi Small VO 0		Very Small VO O		To VO	tal O
State Course of Study	no-reconstruction (MA) com		(±0.3	2	3	6	G43	6005		8
Local Curriculum Guide	1	eco.	8	2	3	11	1	1	13	4
Individual Teacher Decision	DIGS	1	4	5	12	8	3	88	19	14
Her th Textbooks	1	em	7	2	8	4).	-	17	6
Needs, Interests, and Problems of Students		: - 1 == 	:7	4	9	8 :.	Escolat	1	17	13
Pre-testing of Student Knowledge and Understanding	Patta		1	2	2	3	427005	540	3	6
Student-Teacher Planning	Perch	1	pus .	6	1.	Lį.	10000	árnó	7]
Local Community Influence	1	wisda	1 /20	4	e a com	6	€239	1	1	11

TABLE XX

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

								and the state of the	
Resource			Frequency: Very Often - VO Occasionally - O						
	Med Vo	ium O	Sma	Distric all O	t Cate Ver Sma VO	У	Tot	al 0	
CONSTRUCTION OF THE PROPERTY O	ennymyggyggelddinnen	The control of the co	Andrew State Control of the Control	and the second s	eringi kilalan merit (menengan menengan kepangan menengan kepangan menengan kepangan menengan kepangan menenga Penangan menengan kepangan menengan kepangan menengan kepangan menengan kepangan menengan kepangan menengan ke	The same and the s	ett entakki (ilmente i 1998k), ja generali entakki ja	reterativestilisisettä tuoisikki käimenen yksikinkin yksikintiin tiläättiin tiläättäätää kuunna kantaisia kätt Kuulin yksikinkin käytä käytyytäätää kuutilisiä yyytäätäytää kätäätää yksikintiin käytyöttiin kuunna kätäätä k	
State Course of Study	6003	2	3	10	1	rea .	4	12	
Local Curriculum Guide	6	2	3	11	1	1403	10	13	
Individual Teacher Derision	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	Herdad	400	19	15	
Pre-Testing of Student Knowledge and Un d erstandi	l ng	2	5	L\$	grou.	copi	6	6	
Student-Teacher Planning	1	6	2	7	466b	2 92	3	13	
Local Community Influence	escrit	4	1	7	esso.	~	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 Needs, interests, and problems of very often by 10 districts. 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. 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 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. 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.

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	Subject Grade Level									
Heading	7	8	grade 9	lever	11	12	Total			
Accident Prevention and First Aid	9	7	L.L.	10	12	9	58			
Alcohol, Drugs and Narcotics	7	9	7	9	7	11	50			
Boy-Girl Relation- ships	5	5	8	7	8	8	41			
Cleanliness and Grouing	16	13	10	12	8	5	64			
Communicable Disease	es 4	6	4	6	5	3	= 28,4 4, 4,4 1, 4,4			
Community Health Programs	1	ez g	berco	1	1	1	4 than standing			
Consumer Education	2	kero	Ca)	2	2	tree	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	e <u>e.a</u>	6004	1	च्या	3			
International Health Activities	DOD.	6622	wasta	P02	force:	Cines	0			
Mental Health & Personal Adjustment	2	2	Anny	-	4	2	10			
Non-Communicable Dit hses - i.e. Cancer, heart diseas etc.	3 e,	2	6	L _L	L _k	5	24			

TABLE XXI

HEALTH EDUCATION SUBJECT AREAS OF MAJOR EMPHASIS FOR EACH GRADE LEVEL

Subject Heading				Grade	Level			
777	7	8	9	10	11	12	Total	
Nutrition	8	7	8	6	8	12	49	an and the sea
Parenthood and Child Care	1	2	1944-1951 4	4	5	8	24	
Physical Changes During Adolescence	8	4	4	2	1	. 11 <u>ja</u> – 3	20	
Posture and Body Mechanics	5	Ļ	3	4	3	2	21	
Preparation for Marriage	1	1.	1	2	4	6	15	
Re earch Develop- ments in Health and	**************************************	V /6223	9 0000	esta-	w.	Nager	O Name wheely such	n je
Medical Science	4, 1					and the following	I. Andrews and Assault	i sa A
Smoking	11	10	8	8	7	7	51	
Structure and Functof the Human Body	tion 10	8	5	7	5	6	41	
Venereal Disease	2	2	2	4	. Ly	5	19	
Vision & Hearing	7	6	2	3	4	3	25	
Weight Control	2	ecus	ECCCO.	2	1]	6	
Sex Education	2	1	2	4	3	4	16	
Birth Control	555	RANG	Vecto	1.	1	J .	3	
Total	124	105	98	115	112	107	ental com-	

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 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, 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		Application of the Control of the Co		Grade	e 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	1 9 1	12	13	13.	12	72
Boy- Girl Relation- ships	7	7	11	11	7	6	49
Cleanliness & Groomi	ng 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	l 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	Heading Grade Level									
≓	7	8	9	10	11	12	Total			
Nutrition	6	7	5	9	Ų	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 W riage	3	, 2	4	7	10	9	35			
Research Develop- ments in Health an Medical Science	5 d	4	Ų	7	7		Page a 31 and the angles than 1 Mary gas at thaif			
Smoking	8	6	6	9	8	8	45			
Structure and Func of the Human Body	tion 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

		·									
1	Subject Heading				Grade Level						
and the same		1 ² 7	8	9	10	11	12	Total			
18	Accident Prevention and First Aid	3	2	3	4	2	3	17			
0.000	Alcohol, Drugs, and Narcotics	1	2	3	4.7	3	3 , 121 (12)	16			
1.4	Boy-Girl Relation- ships	7	5	4	7	6	3	32			
	Cleanliness and Grooming	enchole	uca	1	3	2	3	9			
	Camunicable Disease	6	6	7	6	2	2	29			
- PAR-11-124-	Community Health Programs	3	Ų	4	5	7	9 Navaga, 50	32			
	Consumer Education	5	5	L _k	Ų	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	handa ayan ayan ayan ayan ayan ayan ayan	COLOR DE LA COLOR	of the state of th	Grade	Grade Level					
	7	8	9	10	11	12	Total			
Nutrition	g de	2	3		2	H	14			
Parenthood and Child Care	7	7	3	4	2	1	24			
Physical Change During Adolescence	2	2	2	Lt.	4	5	19			
Posture and Body Mechanics	uus	3	1	2	1	1	8			
Preparation for Marmiage	5	5	4	Ţŧ.	2	3	23			
Research Develop- ments in Health and Science	5 Medic		3	2	2	2	2006 - 18 . de 19. de			
Smoking	6370	455	2	3	3	4	12			
Structure and Funct of the Human Body	clon	ब्बल	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	7	'otal Degree	of Emphasi:	
	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	О	28	22	50
Mental Health and Personal Adjustment	10	ψψ	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
Po Jure 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 Empha	sis
	Major	Moderate	Minor	Total
Research Developments in Health and Medical Science	O	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
Viston and Hearing	25	44	11	80
Weight Control	6	48	23	4 January 1976 W. W. W.
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 sommunicable 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 question-naires. 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	Retur	icts that ned ionnaires
	N	N	%
Large		1	100
Medium	24	20	83
Small	150	99	66
Very Small	23	12	
Total	198	132	67

TABLE XXVI

ELEMENTARY SCHOOL ORGANIZATIONAL PATTERNS

District Classification		Ore	gan i zat	ional Patterns
	n N	N K	- 6 %	K - 8 N %
Large	1	1	100	
Medium	20	20	100	eess eest
Small	99	74	75	25 25
Very Small	12	L 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		Large N % (1)		District Medium N % (20)		Classificat Small N % (99)		ry 11 %		tal % 2)
Single Grade Class Grouping K-3 Complete Departmentali- zation 4-6	1	100		5	10	10	en e		12	9
Single Grade Class Grouping K-3 Partial Departmentali- za on 4-6	6	-	7	35	11	11	1	8	19	14
Single Grade Class Grouping K-6 Complete Departmentali- zation 7-8	van	eza	53/33	\$11/09	17	17	6	50	23	17
Gingle Grade Class Grouping K-6 Partial Departmentali- cation 7-8	tesa	ora	freez	604	8	8	2	17	10	8
Single Grade Class Frouping K-6	Entry	Ellioj	10	50	41	41	3	25	54	41
Other		19 23	2	10	12	12	sang	€<00.0*	14	11 .

TABLE XXVIII

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

Reason and	on a file America (China) a	nest folkets steret	adalah	e slikere re ste	Ra	nk O rd	ler o	f Impo	rtan	ce		ilianis i de la	
District Classification	Ŋ	lst N %			2nd N %		3rd N %		4th N %		5th N %		
THE STATE OF THOMSELE			dicina a open Tara Chamaca (E.C.)		Carlet NAT Disselland and Control of Control	A Committee of the Comm	ON THE PARTY OF TH	SC44600000000000000000000000000000000000		engi Pri de Karantan Pri		ikkeentuurse on	
FULFILL OBJECTIVES Large	1	1	100	D023	ecci.	GEO.	MISSING.	Messa	Bertieb · ·	Maga	tora		
Medium	20	14.	70	2	10	1	5	EUG	kmai .		4000 ·		
Small	99	44	44	8	8	3	3	ROLL	244	x ≔\$	eza		
Very Small	12	5	44	Birds	MINE COPY	1	8	4229	ton	ECHIŞ	645		
Total	132	64	49	10	8	5	4	stonia	em	504	tusa	. *	
LOCAL REQUIREMENT	1	6 029	ema	1	100	wage	ৰূপ্ত	ма	EGM	like y	6 655		
Medium	20	1	5	9	45	4	20	1	5	encia.	1 · 1		
Small	99	6	6	34	34	19	19	2	2	EING	****	na Alice i de Perentry.	
Very Small	12	1	8	7	58	2	17	\$1755g	ems	1	8		
Total	132	8	6	51	39	35	26	3	2	1,	1	,	
STATE REQUIREMENT Large	1	èncià	8225	95	Widta	1	100	None	259	\$ 000	444		
Vedium	20	3	1.5	4	20	7	35	1.	5	Elich	NOSSA		
3mall	99	13	13	32	32	41	41	3	3		1		
Very Small	12	3	25	1	8	6	50	rock	Alle	1	8		
Total	132	19	14	37	28	55	42	4	3	S	2		

TABLE XXVIII (Continued)

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

		Rank Order of Importance													
District Classification	Ŋ	ls N	t %	2n N	d %	3 N	rd %	4 i N	sh %	5t N	h %				
SOLVE ADMINISTR	RATIVE PROF	BLEMS	Acorps		en e			T.	100		Antonia - Angelega (Antonia Angelega (Angelega (Angelega (Angelega (Angelega (Angelega (Angelega (Angelega (An Angelega (Angelega (Angel				
Medium	20	#1478	ścicip	-Quick	6003	3	15	5 1	5	ша	tons.				
Small	99		javaži	2	2	3	3	14	14	-	sods				
Very Small	12	69/4	1054	06/71	bseca	. dans	- 440	. 3	25	contr	con				
Total	132	## 2	1919	2	2	6		5 19	14	łasone .	æ				

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	Lar N	Large Medium				.11 %	t Class Ve Sm N (12	ry all %	tion Tota N (132)	1 %
	and the same of th		Gallery or Selective Control (Control (inimenen viilmumen viilmaan ja	Allerta (Allerta (Al		and the state of t	<u> </u>		
Separate Subject	1	100	7	35	31	31	7	58	46	35
Correlated Material In other Subject Area	•===	REGA	9	45	29	29	3	25	41	31
Pinned Health Units in Other Subjects	1	100	11	55	24	24	3	25	39.	30
Incidental In- struction	ping	1723	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 incor-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

į Subjects	District Classification													
	La	rge	Med	ium	Small			Very Small		tal				
	N (1)	%	N (20)	%	N (53) %	(6)	%	(80) %				
ARTS Art Music Physical Education	Early Early	antonia de Argo, monte de Armon de Villa de Villa de Villa	 - 5	**************************************	2 2 11	4 4 21	esta de la constitución de la co	17	2 2 17	3 3 21	elikitaranga, maranga, katalanga katalanga katalanga katalanga katalanga katalanga katalanga katalanga katalang			
F EIGN LANGUAGES HOMEMAKING	guide Gillia	MANAGA Gilila	MOG.	ecrca , proxy	3		topes Makay	brook	3	4	na sina Propinsi			
INDUSTRIAL ARTS LANGUAGE ARTS Listening Reading Spelling Writing	umod Sazas Sazas Sazas	97764 EACO EACO 80070	3	15 5	9333	2 17 6 6	entilis etilis etilis etilis etilis	tion tion too two	12 4 3 3	1 15 5 4				
SCIENCE Mathematics Science	1	100	14	- 70	1 34	2 64	6	100	1 55	1 69				
SOCIAL STUDIES Civics Geography Problems of Democracy	60-(8 *669 4001)	NO+R Rinds	2	10 15	6 1 1	11 2 2	5445 1046 1973	\$1000 \$2000 \$2000	2 1 8	10 1 3				
OTHER	danis.	ène	2	10	ten	dante	EQ:	6002	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	Dis	District Classification									
1.CI W.CCA	La: N (1)	rge %	Med N (7)	ium %	Sm N (31	all %)	Ver Sma N (7)		To N (46	tal %)	
	THE SHARE STATE OF THE SHARE STATE STATE STATE OF THE SHARE STATE		Politicamenteconnilici (ministrativo VCC)	Willem Williams Commencer Street	Strinimi (II) uu culaanaphaji ee c	, ra _{nim} oszánnekepitezezez	THE STATE OF THE S	unna etter man	· · · · · · · · · · · · · · · · · · ·	Salara Anguaran araw Sho	and the second s
1	etion of	se-cul	1	14	2	6	E423	#923	3	7	
2	1	100	4	57	17	55	3	43	25	54	
3 I	1 404	riiing	1.	14	6	19	2	29	9	20	
4 Augustina Commence of the Co	\$4000	66,550			3	10	1.	14	4	9	are en
5	9559	bendy	,		3	10	1	14	lş.	9	
Irregular	653	6000	1.	14	Eso	FEMA	; •20003	5000	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 Very												
	Lai N (1)	rge %	Med N (5)	ium %	Sma N (24)	11 %		ry all %	To N (34	tal %)				
0 - 20	unitigene ut 140 mm de contra EMPA (160 mm regues). Protes	THE STATE OF THE S	<u>"]</u>	20	e la companya (Marian Carantel Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Reserva	wasi		Ecol].	3				
21 - 40	Nach	ens	2	40	6	25	within	FACCO	8	24				
41 - 60	1009	wa	unas	4600	10	42	1	25	11	32				
61 - 80	1.	100	1	20	3	13	ļ	25	1	18				
81 - 100	, excu	465	1	20	1	4	2	50	4	12				
101 - 120	40000	punta	Source	MANU .	Milita.	Major	COM	sease :		Bade . * 1. Tr.				
121 - 140	en/a	quequ	estico	tred	3	13	æp	ţma	3	9				
141 - 160	WHAT	same . P	67/4	RES.	wœ∙	toi.5	spell	-	9/9	Addre				
161 - 180	BN9	lesista.	46/079	esiasi	1	4	No	èssa	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 ELEMEN-TARY SCHOOLS

Number of Weeks	District Classification											
	Med N (2)	ium %	Smal N (7)	.1 %	Very Small N % (3)		Tota N (12)	al %				
	Market Market State (1994)		anders de minima de militar (minis, apparent)			USANS W. Colombia (1998)	The second se	none (Step and State St				
6	S	100	1	14	1	33	Lį.	33				
9	¥654#	ets08	4	57	1	33	5	42				
	6120	<u> </u>	J	14	\$MG	6225	1	8 				
8	cone	5500	ena	1912	1	33	1					
$\gamma \mu$	4223	ದೂ	J	14	teckj	tolog	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											
DOMERUITING	La N (1)	erge %	Me N (7)	lium %	Sma N (31)	11 %	Ver Sma N (7)	E.F	To N (46	tal %		
Combined Classes of Boys and Girls	1	100	ļ.	<i>5</i> 7	1.5	48	ornacionium meneuvo e e e e e e e e e e e e e e e e e e e	86	26	57	in the second	
Separate Classes of Boys and Firls	-	save	1	14	8	26	vica	1443	9	20		
Combined Classes Except for Some Units of Study		46000	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

Heason		Distri	ct Clas	sificati	on		EXCITATION OF THE PROPERTY OF
	Med N (1)	ium %	Sma N (8)	:11 %	Tot N (9)	al %	
Administrative (e.g.) Space, Staff or Scheduling Factors	and the second s	and	3	38	3	33	Strain variantes etidología (e. 1
Na re 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			Distri	ict Clas	sifica	tion		
	Med N (2)	ium %	Small N % (8)	Ve Sm N (1)	ry all %	Tot N (11	%	
Menstruation	2	100	antinian managapan kananan mananan kananan mananan kananan kananan kananan kananan kananan kananan kananan kan P		100	10	91	, <u>ggarannin</u> oʻr indin a ogga ggaring gʻili Anggʻil Anggʻil Ang
Rep ro duction	gau š	Podla	1	eas	2000 4	1	9	
Pε onal Health		élető	1	ess	Manage	1	9	
Sex Education	2	50	5	ezu	eros	7	64	
Feminine Homemaking	sm:	esta	1	cara	==+	1	9	
Puberty	tion	bess	1.	1000	allored	1 .	9	
Human Growth	1	50	waq	tons	Samp	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 education educations.

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										
	La N (1)	rge %	Med N (7)	11um %	Sm: N (31	all %)	Sma N (7)	11 %	To: N (46		
Classroom Teacher With Full Responsibility	gggggfd52ycardinnogrannungungungungungung Geografis	edunaeuropyuliiNRN.09466654686ii edunaeuropyuliiNRN.0946664686ii eduna	4	57	25	81	Lţ,	57	33	72	eristett rith
Classroom Teacher With Help Of a General Curricu- lu Coordinator, Supervisor, or Consultant	.	Cinny	2	29	6	19	3	43	11	24	
Classroom Teacher With Help of a Specialist In Health Education	1	100	Aldo	No. COLON	2	6	ency	15345)	3	7	4.0 t
A Nurse	sa	coi	3	43	3	10	wilde-	mora	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 inservice 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			Dis	tric	t Clas	sifi	catio	on		
	La N (1)	rge %	Med N (7)	ium %	Sma N (31)	%	Ver Sma N (7)		To N (46	ta1 %)
Teachers' Meetings Concerned With Health Education	1	100	6	86	14	45	2	29	23	50
Participation In Curriculum Development and/or Revision	Kimb	essol	6	86	12	39	2	29	20	43
Course Offerings In Health Education	* <u>1</u> 1254	eges	Ritzak	CAZA	2	6	1	14	3	7
Workshops In Health Education	ecote	welD	2	29	6	19	1	<u>]</u>	9	20
Conferences Or Institutes With a Health Education Program Theme	WINGS	ത്ത	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	AZZĄ.	RON	4	9
Visitations And/Or Demon- stration Teaching	ean .	isogo	ı	14	1	3	- Gilina	eneza	2	Łį.

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									
	La N (1)	rge %	Med N (20)	ium %	Sma N (99)]] %	Ver Sma N (12)	<u>11</u> %	Tot N (132	%
No Health Textbook Used	6270	Skily	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	essa .	0.03	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			Dis	tric	t Clas	sifi	catio	ns		
	1/1	arge %	Med N (11)	lium %	Sma N (56)	111 %	Ver Sma N (7)	all	Tot N (75	
A Single Health Textbook Series	eenemiddillii (All-All-All-All-All-All-All-All-All-All	байшен консондуу далшан каналага Тара	6	55	32	57	4	57	42	55
Two or More Health Text- be Series	, , ,	ugg	2	18	9	16	eca	ಉಬು	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											
	La N (1)	rge %	Med N (7)	1 um %	Sma N (31	all %)	Vei Sma N (7)		Tot N (46)	%		
State Course of Study	реми	845	1	14	Ļ	13	duca	pins	5	11		
Local Guide or Course of Study	1	100	6	86	15	48	2	29	24	52		
In vidual Teachers Decision	\$1023	BURYA	5	71	27	87	4	57	36	78		
Textbook (s)	Nico+	ecco-	3	43	23	74	2	29	28	61		
Needs, Interests, and Problems of Students	1	100	lş	57	17	55	2	29	24	52		
Pupil-Teacher Planning	Biolog	629	લ્લ	p-copy	1	3	1/3	basil	1	2		
Pre-Testing of Pupil Knowledge and Understanding	esco	cord	tors	\$900	BARKE	ens.	6 00ş	ගුරුම	Wooli	GOO'SE		
Local Community Influence	1	100	uma	S ationy	2	6	essa	ua	3	77		

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											
	La N (1)	rge %	Med N (7)	lium %	Sma N (31	%	Ve Sma N (7)	ry all %	To ¹ N (46	%		
State Course of Study	gggggblikannaan riil Organ gygpa Gera	aller vi Ale die Ale Anteropolitis (includes place). Parillo	3	43	3	10	3	43	0	20	245200	
Local Guide or Course of Study	cuc a	elūkā	1	14	2	6	4	57	7	15		
In vidual Teachers Decision	1	100	1	. 14	3	10	2	29	7	15		
Textbook(s)	1	100	2	29	4	13	2.	14	8	17		
Needs, Interests, and Problems of Students	, took	Anna	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	.]_	14	6	13		
Local Community Influence	kogá	4 on	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 ELE-MENTARY GRADE THAT RECEIVED A MAJOR EMPHASIS IN ALL THE DISTRICTS THAT INCLUDED SOME FORM OF HEALTH EDU-CATION

Content Areas	K expression and the delication of the second	1	2	3			Grades 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 Rela- tionships	Ļ	2	2	2	1	4	6	tion,	1.	22
Cleanliness & Groom	32	34	31	30	33	35	31	11	14	262
Communicable Diseas	es 15	17	13	12	11	12	12	3	2	97
Community Health Programs	5	lş.	L.	3	4	5	5	£vod-	Quality	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	ļψ	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	Kingsa	1.	ROS	2	rod	MAR	emo	600)	ALLES .	3
Food & Nutrition	19	21	24	29	28	26	19	8	7	179
Health Careers	-	nes-	1	ജർ	423	#KCSP	tes	//2	Catali	1

TABLE XLIII (Continued)

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

									тария при		
- 2	Content Areas						Elemen	ntary (Grades		
- 100		K	1	2	3	4	5	6	7	8	Total
	Health Examina- tions & Appraisals	6	3	3	3	6	8	9	2	1	41
	Health Heroes	1.	ya.	45	B/109	Niçib	. Kata	rices	800008	end .	1
	International Healt Activities	h 🛓	1	çceq	eccal	e m∆		econsti	enta.	end	1
,.	Mental Health & Personal Adjustment	estico	<u></u>	ESTS	abatta	1.	1	1.	uma	Name to the state of the state	3
	NcCommunicable D. bases	2	2	2	3	4	5	Lų.	3	l ₄	29
	Personality Development	sva 7	6	6	7	8	8	7	3	3	55
	Physical Changes During Growth and Development	EASS	2	2	3	6	6	8	2	2	31
Y (Posture & Body Mechanics	11	12	12	13	14	13	11	3	3	92
And the same	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	Ų	4	70
	Structure & Functio of the Human Body	n 4	Ų	4	5	6	13	15	3	3	57
Si wanga di kacamatan di kacama	Venereal Diseases	B6005	poá	452	access)	F2223	E-30	Keccal	चळ\$	=	ecca della
	V ion & 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. 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 ELEMEN-TARY GRADE THAT RECEIVED A MODERATE EMPHASIS IN ALL THE DISTRICTS THAT INCLUDED SOME FORM OF HEALTH EDUCATION

Content Areas	All services and the services are services and the services and the services and the services are services and the services and the services are services and the services and the services are services are services and the services are services are services and the services are service			El	ementa	ry Gra	des	SERVICE NO.		
	K	1	2	3	4	5	6	7	8	Total
Accident Prevention	9	15	16	14	18	19	22	8	8	129
Alcohol	2	Ų	4	7	9	14	19	9	9	77
Boy-Girl Relation- ships	6	6	8	10	14	21	23	10	10	108
Cleanliness and Grooming	12	12	14	13	16	14	15	2	2	100
Co. unicable Diseas	es 16	19	18	21	20	19	20	5	4	142
Community Health Programs	2	3	5	5	4	L _k	5	64030	Notas	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	Ų	6	15	9.	5	5	54
Environmental Hazards	3	4	5	7	8	10	11	5	4	57
Exercise & Relaxa- tion	14	17	20	21	20	23	22	ry	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
Fc & 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 ELEMEN-TARY GRADE THAT RECEIVED A MODERATE EMPHASIS IN ALL THE DISTRICTS THAT INCLUDED SOME FORM OF HEALTH EDUCATION

:Content Areas	-	Water Service			Elemo	entary	Grade	3		
== = = = = = = = = = = = = = = = = = =	K	1	2	3	4	5	6	7	8	Total
Health Examination and Appraisals	в 6	9	9	9	9	8	7	_	B069	66
Health Heroes	6	6	6	7	. 8	9	9	2	. 2	55
International Health Activities	E	6 0003	Kaus	680	¢ma;		1	1	casi	2
Mental Health and Personal Adjustmen	10 t	9	10	11	11	14	15	5	5	90
Non-Communicable D' pases	5	4	4	4	9	13	16	5	Ļ	64
Personality Develoment	р- б	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	on 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 ELEMEN-TARY 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									14	
Boy-Girl Relation- ships	20	21	22	21	19	17	14	2	3	139
Cleanliness and Grooming	16	19	21	25	18	14	9	2	2	126
Communicable Diseas	es 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	bancai	54
Pamily Life	9	9	9	6	8	10	11	2	2	66
First Aid	1.0	10	10	9	6	5	4	2	2	<i>5</i> 8
Foot Care	15	14	15	13	13	14	16	4	4	108
Food & Nutrition	4	5	4	4	6	6	4	÷	Access	33
Heath Careers	12	12	14	15	li	12	13	6	4	99
fealth 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					Ele	Elementary Grades						
	K	.		4,4 3 ,547 Ngga ghya	4 		. 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 Adjustmen	10 .t	9	8	8	9	6	6	1 00%	4003 4	56		
Non-Communicable Diseases	10	13	13	12	10	9	8	e es	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	W CLANG	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	stole	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	# 100.	1	51		
Venereal Disease	6	6	6	5	7	8	7	2	2	49		
Vision & Hearing	4	Ų	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.

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