

Periodic Review/Program Evaluation

Recommendations from Review Panel Regarding Programs to Prepare Teachers of Health (MA)

November 13, 2002

Institution: Central Michigan University

Program Level	Major (# Credits)	Minor (# Credits)	Group Major (# Credits)	Group Minor (# Credits)	Endorsement Only (# Credits)
Elementary	48	24			24
Secondary	48	24			24
K-12	48				

Source of Standards/Guidelines: Michigan State Board of Education

Pub. Date: June 2000

Program Assessment Summary/Recommendation

Meets all standards and requirements	X	Not all standards and requirements are met	X	Insufficient documentation for program review
Approval	X	Approval Pending		Approval Suspended

Standards/Requirements Not Met:

The syllabi provided do not support that students in the named program are given the opportunity to develop competencies in the following:

Standard 1: *Comprehends and applies health concepts and skills, theories and models of behavior change, and principles of health promotion. Competency 1.3 Analyze and predict the impact of health behaviors that support or place child health at risk, as identified in the health research. (This standard is met for the major, but not for the minor.)*

Standard 4: *Implements health education programs based on the continuous learning cycle., Competency 4.1 Implement planned programs using best practice that is aligned with Michigan Teaching and Learning Standards; Competency 4.4 Monitor the program by using the continuous learning model to adjust educational strategies. (This standard is not met in the major or minor programs.)*

Standard 5: *Evaluates the effectiveness of school-based health education. (all competencies) (This standard is not met in the major or minor programs.)*

Standard 6: *Collaborates with others to implement a coordinated school health program. (all competencies) (This standard is not met in the major or minor programs.)*

Standard 7: *Acts as a resource person to others regarding healthy development (all competencies) (This standard is not met in the major or minor programs.)*

Standard 8: Advocates and communicates for child health and child health education needs, concerns, resources. Competency 8.1 Interpret concepts, purposes and theories of school health education; Competency 8.2 Predict the impact of societal value systems on school health education programs; Competency 8.3 Communicate effectively with students, family members, school personnel and community health professionals within a team approach. (This standard is not met in the major or minor programs.)

Additional information needed/action to be taken:

Physical activity and injury/violence prevention are not addressed in courses addressing the health education content topics. All six behavioral areas that have been shown to put child health at risk should be addressed in the program (Nutrition, Physical Activity, Tobacco Use, Violence/Injury, Sexual Behaviors, including STD and HIV, and Alcohol and Other Drugs.)

The program should ensure that health issues of prevention and wellness of school age children in school settings are addressed in all required courses.

The elementary and K-12 majors are not required to have any experience in elementary classrooms or in methodology that is specific to elementary education. This is a serious deficiency. Elective course HPR 343 could address this deficiency by being made a required course. Please note that HPR 343 strongly addresses the competencies in Standard 4.

The elementary minor does not require any experience in elementary classrooms or in methodology that is specific to elementary education. This is a serious deficiency. Elective course HPR 343 and HPR 313 could address this deficiency.

The secondary minor does not require any experience in secondary classrooms. This is a serious deficiency. HPR 313 could address this deficiency. The secondary program could also benefit from a course comparable to HPR 343, which is developed for secondary teachers.

Performance-based student assessment is not clearly addressed in any of the programs. Student assessment in health education is an important teaching tool, and deserves adequate attention to theory and skill building.

It appears from the syllabi that the only way parent involvement in health education is addressed is through writing a letter to parents as part of the Sexuality in Health Education course. This should be strengthened in the teacher preparation program for all health education majors.

Comments:

1. There were discrepancies between Form XX and the matrix. The committee used Form XX to determine required courses.
2. The program is content-heavy, with many courses having little emphasis on topics related specifically to children and youth, health education or skill development. (Thirty credits of the major program are devoted to content-focused and single-issue courses, such as Human Anatomy and Physiology, Psychoactive Drugs, Pathophysiology, Nutrition, General Biology, Survey of Chemistry, Introduction to Psychology, Introduction to Sociology, and Mental Health Workshop; fully half of the minor program is devoted to single issue classes, such as Human Anatomy and Physiology, Psychoactive Drugs, Pathophysiology, and Mental Health Workshop.) Even in some of the specific health education courses, such as Sexuality in Health Education, there appears to be a focus on content rather than health or life skill development.

3. Majors must take General Biology and Survey of Chemistry but it appears that they do not address any of the standards. It is recommended that, should the university consider them essential in preparing students to be successful in their health education coursework, that they be required prerequisite courses.
4. Minors are not required to take several the course offerings that address the standards. These courses include HPR 200 (Foundations of Health Education); HPR 313 (Field Experience in School Health Education); and HSC 317 (Community Health). It may be necessary to restructure the minor programs in order to ensure that all standards are met.
5. The competencies in Standard 4 are introduced in several of the health education courses, but are not sufficient to help students develop the competencies. It may be unrealistic to expect that these competencies can be developed in the few health education courses that are part of the required program. One way to address this problem is to decrease the amount of emphasis on single-issue courses in order to expand school health offerings.
6. The secondary major program could benefit from a course comparable to HPR 343 (which is elective for elementary candidates), which is developed specifically for secondary teachers. Because HPR 343 strongly addresses the competencies in Standard 4, this may be one way of addressing the need noted above in number 5.
7. The syllabi provided by faculty teaching the courses was insufficient in many cases to determine whether the standard was met. It would be helpful to have more specific student learning objectives, description of student products, core topics and outlines reflected in the student learning objectives.
8. Community Health (HSC 317) meets many of the standards for entry-level health education teachers. The alternative course, Environmental Health (HPR 352), meets only one of the competencies. It is recommended that Environmental Health either be restructured to address the standards, or that Community Health be the only option for meeting this course requirement. The Community Health course can be strengthened for school health teachers by ensuring that specific assignments for these students be focused on collaboration within the school setting.
9. The use of the three-component model of health education (HPR 343) (used in the 1980's) makes the syllabi for this course dated. All courses that address models of health education will be more current when the eight-component model is used.
10. Many of the individual courses in the major program demonstrate the instructors' commitment to preparing qualified teachers of health education. HPR 106 (Personal Health), HPR 340 (Curriculum in Health Education), HPR 343 (Health Education in Elementary Schools), and HPR 346 (Methods in Research and Teaching) are well designed to meet the standards for entry level teachers of health education. Skill development is an important part of these courses. HPR 222 (Sexuality in Health Education) includes significant issues related to sexuality education in schools. The courses Foundations of Health Education and Community Health appear to be strong, however, clarification is needed about how the courses are specific to health education (i.e., whether they address child and adolescent issues, application of health education content and skills in a school setting, and focus on wellness and prevention).
11. Many of the individual courses in the minor program demonstrate the instructors' commitment to preparing qualified teachers of health education. HPR 106 (Personal Health), HPR 340 (Curriculum in Health Education) and HPR 346 (Methods in Research and Teaching) are well designed to meet the standards for entry level teachers of health education. Skill development is an important part of these courses. HPR 222 (Sexuality in Health Education) includes significant issues related to sexuality education in schools.