

**Table 1.**  
**National Health Education Standards**  
**(NC Healthful Living Skills)**

**Students will be able to:**

- Standard 1: Comprehend concepts related to health promotion and disease prevention
- Standard 2: Analyze the influence of factors on health behaviors
- Standard 3: Access valid information and products and services
- Standard 4: Use communication skills to enhance health and reduce risks
- Standard 5: Use decision-making skills to enhance health
- Standard 6: Use goal-setting skills to enhance health
- Standard 7: Practice health-enhancing behaviors
- Standard 8: Advocate for personal, family, and community health

Performance indicators for the Health Education Standards articulate what students should *know* or *be able to do* at grades 2, 5, 8, and 12 and can be found at <http://www.cdc.gov/HealthyYouth/SHER/standards/1.htm>.

**Perceived Weaknesses and Barriers to Effective Health Education**

In 1977, a document titled *Health Education: An Incomplete Commitment* was published by the North Carolina Center for Public Policy Research. The document cited four key reasons why health was not taught or taught well in many North Carolina Schools (see Table 2).<sup>3</sup> Table 2 also lists current areas of improvement and continued weaknesses.

The lack of a comprehensive curriculum is no longer the reason health education has not measured up to its potential. The SCOS has been in place and is revised every five years to meet the needs of teachers, schools, and learners. The problems are attributable to hiring practices in local schools as well as a lack of accountability. Failure to employ appropriately credentialed teachers of health subjects is the result of a variety of factors, including a perception of health as a less important subject, emphasis on tested subjects such as math and language arts, hiring of coaches before teachers, lack of coursework in teacher preparation programs, controversy over and self-censorship of sexuality education (topics such as HIV, STD, and teen pregnancy prevention), and the assumption that physical education teachers are qualified to teach health education.

The NC School Health Education Profiles Study is conducted every two years (alternating with the NC Youth Risk Behavior Survey). Principals and lead health teachers at the middle and high school levels are asked to respond to a survey about the delivery of health education, coordinated school health programs, and health policy. Findings in the 2006 survey include these references to the offering of health and the assignment of its teaching to teachers not licensed in the subject area:

# Teaching Health

*Linda Harrill Rudisill*

*"Children today have a shorter life expectancy than their parents for the first time in 100 years." - Dr. William Kish, Professor of Pediatrics, Baylor College of Medicine*

The shorter life expectancy of children is of deep concern to parents, teachers, and medical professionals and begs the question, "What are schools doing in the area of prevention education?" The discipline of health education has the potential to have a dramatic effect on students, families, communities, and society as a whole, and yet it is too often given a cursory nod in North Carolina's public schools. As a health educator for 41 years in junior high schools and then middle schools, I have witnessed the indisputable difference health education can have on young people. Furthermore, students recognize and appreciate this meaningful and engaging area of study. Their comments speak volumes:

"Maybe one day health could be a core class."

"Every health class should have a real **health-educated** teacher."

"I think health class is just as important as math and language arts, because if you are not healthy, you will never succeed."

"I think health class is more important than any other class."

I have witnessed firsthand countless behavior changes my health-educated students have made—from finding packs of cigarettes and smokeless tobacco on my desk with anonymous notes attached stating "I QUIT" to confidential talks about the crises of the teen experience: sexual behaviors (e.g. pregnancy, STDs), eating disorders, bullies, weight issues, and family conflicts. Some examples of students' affirmations of the power of health education include:

"Since this class started, I have started to eat better, act better, and exercise more."

"I just wanted you to know health has really changed my life."

"I really do appreciate you being my health teacher. I was going to have my tongue pierced, but now I am not."

"I go home and teach my parents what we learn in class every day so they will become more health educated."

"You helped my mom quit smoking. I see my daddy on weekends and have convinced him to quit too."

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## Efforts to Improve Health Education

There are school systems that have worked to overcome barriers and meet the needs of students for quality health education. Cabarrus County and Iredell-Statesville Schools have employed appropriately credentialed teachers of health, while Moore, Cumberland, and Surry counties require multiple and intensive professional development of their teachers of health. Many other systems support regular in-service training.

The support of federal grants from the CDC's Division of Adolescent and School Health has made a difference in the administrative support for health education, the quality of instructional materials, and the availability of professional development for teachers. Grants for HIV prevention and the Coordinated School Health Programs have resulted in the establishment of North Carolina Healthy Schools within the North Carolina Department of Public Instruction and in a position in the North Carolina Department of Health and Human Services.

The collaboration between public education and public health has been a "win-win" for promoting the health of school-aged children and youth. On the local level, many public health departments, medical facilities, and voluntary health agencies support health education through health fairs, guest speakers, and provision of materials.

### Proposed Solution: Dual Licensure

Recognizing the lack of credentials of many teachers of health, the North Carolina State Board of Education (SBE) has recently established a policy regarding the qualifications of teachers of health education and physical education. In October of 2008, the SBE passed a policy to offer dual licensure by the year 2012. Colleges and universities will be able to continue separate degrees and also offer a dual degree to meet the standards and competencies of both disciplines. Until 2012, currently licensed teachers in physical education will be required to earn 30 hours (three Continuing Education Units) to earn a license in health education. Questions about accreditation and monitoring of the quality of dual programs will need to be addressed.

### Proposed Solution: Professional Development

One way to enhance the quality of health education is to provide professional development for teachers who lack such a background. Even appropriately credentialed teachers need regular professional development, as health is a dynamic and ever-changing subject. In-service training is the mission of the North Carolina School Health Training Center, funded by the North Carolina Department of Public Instruction grants which originate with the Centers for Disease Control and Prevention. Approximately 45 six-hour workshops are offered each year in HIV/STD/teen pregnancy prevention, violence prevention and anti-bullying, tobacco prevention, and comprehensive health education through the Successfully Teaching Health manuals. The North Carolina Family Life Institute is a graduate-level

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When we examine the lifestyle costs of chronic disease, we know health education must address these issues. Students want a caring adult who will listen to and hear what they are saying. Their heart-wrenching stories are drawn from past and present experiences in a sometimes unfair and uncaring world.

Health education is the students' lifeline for becoming health literate as they encounter pressures from peers, the media, scholastic expectations, and family obligations. Armed with knowledge, statistics, and skills, we can empower students to choose healthy behaviors.

Our mission is clear and demands dedicated attention. It is imperative that we invest the best from every dimension: highly trained and competent teachers, financial resources, instructional materials such as the *Successfully Teaching* manuals, and scheduling that commits to the critical subject area of health education. Educated decision-making skills reduce the chances of student involvement in self-defeating behaviors that can lead to life-scarring consequences.

Schools that fail to teach health with appropriate concern for children and youth are failing them in the most vital area of their educational journey.

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intensive two-week workshop to prepare educators to be comfortable and confident to teach family life and sexuality education. The professional organization North Carolina Association for the Advancement of Health Education, within the North Carolina Alliance for Athletics, Health, Physical Education, and Dance, offers a statewide convention and other opportunities for professional development. East Carolina offers an online master's degree in health education for teachers of other subject areas.

### Proposed Solution: Evidence-Based and Promising Curricula

There are evidence-based curricula in certain curriculum strands, including HIV prevention, violence prevention, and tobacco use prevention. These curricula show significant differences in risk reduction by students receiving the instruction as compared with students in a control group. For example, an HIV prevention curriculum might show students who have had the intervention reporting delayed sexual initiation, fewer sexual partners, increased condom use, and/or increased communication with parents. Barriers for the use of those curricula in North Carolina's schools include cost of instructional materials, cost of professional development, unsuitability of curricular materials based on state law or local policy, or lack of awareness that