

NC STANDARD COURSE OF STUDY IN HEALTHFUL LIVING



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Curriculum Strands

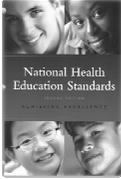
- Health Education
 - Mental and Emotional Health
 - Personal and Consumer Health
 - Interpersonal Communication and Relationships
 - Nutrition and Weight Management
 - Substance Abuse Prevention
- Physical Education
 - Movement Forms
 - Fitness and Sport Literacy
 - Healthful Lifestyles
 - Health-Related Fitness
 - Appreciation for Diversity/Social Responsibility

Prevention of Serious Health Risks

- NC SCOS addresses 12 Serious Health Risks
- More specific than CDC's Six Risks for Adolescents (resulting in morbidity, mortality, and social problems)
 - Example: poor nutrition includes diet too high in sugar, sodium, fat and inadequate in folate, fiber, vitamins, and minerals
 - Example: unintentional injury specifically mentions not wearing helmets, not using seatbelts, and riding with a driver who has been drinking

Skills Approach to Prevention of Risks

- National Health Education Standards
 - Standard 1 covers concepts/content
 - Standards 2 through 8 are SKILLS
 - Analyzing influences on health behavior
 - Accessing information, products, and services
 - Communication to enhance health
 - Decision-making to enhance health
 - Goal-setting to enhance health
 - Practicing health-enhancing behavior to avoid/reduce risks
 - Advocacy for personal, family, and community health



NCSCOS Revisions: When and By Whom

- Revisions every five years, latest in 2006
- Committee: NCDPI consultants, teachers at several grade levels, and university faculty
- Public health personnel have been consulted on:
[Examples on next slide]
- Public has the opportunity to comment on the proposed revisions (posted on www.ncpublicschools.org)
- Specific recommendations have been offered by members of the State Board of Education:
 - organ donation
 - ATV safety

NCSCOS Revisions: When and By Whom

- Public health personnel have been consulted on:
 - Tobacco prevention
 - Nutrition and healthy weight management
 - Physical activity
 - HIV/STD/teen pregnancy prevention
 - Dental health
 - Sun safety/skin cancer prevention
 - Environmental health
 - Asthma
 - Diabetes

NCSCOS Revisions: When and By Whom

- The NCSCOS was also reviewed by:
 - Two professional associations for pediatric medicine
 - A task force on child abuse prevention
 - Four regional meetings of educators
 - The NC College Conference on Health Education and Physical Education
 - The Healthful Living Contact persons

Legislative Mandates

- Drug and alcohol prevention, K-12
- CPR and the Heimlich maneuver
- Abstinence until marriage

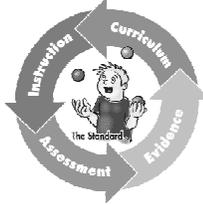


Is the NCSCOS a Curriculum?

- The NC Standard Course of Study in Healthful Living is not a curriculum, but a curriculum guide. It is an outline of competency goals and objectives which are to be met. There is a scope and sequence of content and skills for each grade level, but without the suggested instructional activities to meet those objectives.

What is Recommended on the National Level?

- Development of curricula with evidence of behavioral change
- Dissemination of curricula to meet national standards and NCSCOS
- Effective instruction by credentialed teachers to meet diverse learning styles
- Authentic assessment of standards



Do we need special programs in character education, diabetes, school violence prevention, obesity prevention, HPV vaccine, drug abuse prevention, safe surrender, and bullying prevention?

"It's already in there."

Bob Frye
(former Health Education consultant)

Implementation: Elementary (K-5)

- ❑ Many teacher preparation programs require no health content or methods class; some are H+PE combined (3 s.h.)
- ❑ If a teacher has not had a course, he or she may not be aware of the K-5 requirement to teach health or may assume the objectives are met in physical education
- ❑ Emphasis is on tested subjects: math, language arts, and science
- ❑ Concern about "controversial" topics: puberty education
- ❑ Teachers are not held accountable for teaching all areas of the basic education plan

Implementation: Middle School (6-8)

- ❑ Scheduling of “core” and “encore” subjects (Encore subjects include health, physical education, languages, art, music, computers, careers, and life skills.)
- ❑ Health education and physical education “split” the time (are not treated as two subjects).
- ❑ Emphasis on tested subjects: math, language arts, and science
- ❑ Assumption P.E. teachers are qualified to teach health
- ❑ Controversy over sexuality education (self-censorship)
- ❑ Shortage of classrooms (floaters, locker rooms, gyms, and cafeterias)
- ❑ Perception of physical education as “play” and fun and of health as punishment
- ❑ Accommodation of recommended minutes for physical activity (HACP, SBE)

Implementation: High School

- ❑ Only one credit of health and physical education required for high school graduation (9 weeks?)
- ❑ Rarely taught after ninth grade
- ❑ Priority of hiring coaches
- ❑ Assumption that health can be taught by those trained in physical education
- ❑ Schools looking for a “generalist” to coach three sports, teach several subjects, drive the school bus, and sponsor the cheerleaders
- ❑ Combined grade in health and physical education

Licensure in Health Education

- ❑ Became a separate area of licensure in 1972
- ❑ Some LEAs hired appropriately credentialed teachers of health; many did not
- ❑ SBE policy: to offer dual licensure and requirement for P.E. teachers to receive professional development
- ❑ P.E. teachers assigned to teach health have until 2012 to earn 30 hours of professional development
- ❑ Endorsement in health education will be in effect until 2012
- ❑ After 2012, teachers must be licensed in health education, physical education, or both

Concerns

- Will teachers who are not considered qualified simply stop teaching health?
- Will schools be held accountable for health being taught?
- Will four remaining programs be able to supply sufficient numbers of graduates after 2012? (ASU, ECU, WSSU, JCSU)
- Will colleges and universities who dropped programs reactivate them? (NCCU, UNCG) If so, when?
- Or will the content be "folded" into existing courses?
- Is accreditation achievable by dual programs?

Evidence-Based Curricula

- HIV/STD/Teen Pregnancy Prevention
 - Making a Difference
- Drugs/Alcohol/Tobacco Prevention
 - Life Skills Training
 - Project TNT (Towards No Tobacco)
- Violence Prevention
 - Second Step
 - Victims, Aggressors, and Bystanders



Are Evidence-Based Curricula Used by Schools in NC?

- Yes and No.
- Evidence-based curricula are encouraged by certain funding sources:
 - HIV Prevention Consultant encourages **Making a Difference** in most LEAs; **Making Proud Choices** in LEAs with comprehensive sexuality education
 - Safe and Drug-Free Schools encourages science-based curricula such as **Life Skills Training** and **Second Step**
- There is no requirement to use evidence-based curricula in NC schools.

Funding

- Safe and Drug-Free Schools (Funding has been cut over the last few years.)
- Federal Abstinence funding (erratic, may go away)
- Some LEAs provide professional development only for tested subjects
- PTA contributions: "I'm waiting for the day schools have all the money they need and the Air Force has to hold a bake sale to buy a bomber."



Recommendations for Schools

Encourage LEAs to:

- employ appropriately credentialed teachers of health
- hold teachers accountable for meeting objectives in the NC Standard Course of Study
- separate grading in health education and physical education
- seek funding for evidence-based curricula (HIV, tobacco, and violence prevention)
- offer a health course between grades 10 and 12
- overcome fear and self-censorship in sexuality education
- utilize resources already available (*HED: An Integrated Approach for K-5 teachers, Successfully Teaching MS Health, Successfully Teaching HS Health*)
- provide meaningful professional development for school staff

Recommendations for Higher Education

Teacher education programs should:

- require no less than a 3 s.h. course in health education for K-5 majors (pre-service)
- offer Health Education with Teacher Licensure or a true **dual** licensure option which meet accreditation requirements (pre-service)
- Assist with professional development for teachers, counselors, nurses (in-service)

Status of Health Education in NC

- We have a Standard Course of Study, but do not have a curriculum.
- Evidence-based curricula have been adopted by only a few LEAs to teach a few curriculum strands.
- There would appear to be little accountability for the teaching of health by appropriately credentialed teachers.
- Licensure issues are being addressed through a proposed dual licensure and required professional development.
