ABSTRACT

González, Rosa Emma, A Comparative Study of Texas and Other States Regarding School Health Educator Qualifications. Master of Public Health (Health Policy), May 2009, 92 pp, 10 tables, bibliography, 44 titles.

Qualified school health educators are critical in educating the youth about diseases and disease prevention. The School Health Profiles, School Health Policies and Programs Study 2006, Texas Education Agency, and Texas Legislature Online were used to compare Texas with other states in terms of school health educator qualifications, continuing education, and who teaches health education in schools. Texas should model policies that states, such as Alabama, Georgia, Hawaii, Minnesota, New Jersey, Rhode Island, Utah, West Virginia, and the District of Columbia, have implemented. These states have polices in place that require health education teachers to obtain the Certified Health Education Specialist credential (CHES). The National Commission for Health Education Credentialing requires CHES to obtain health specific continuing education training.

A COMPARATIVE STUDY OF TEXAS AND OTHER STATES REGARDING SCHOOL HEALTH EDUCATOR QUALIFICATIONS

Rosa Emma González, B.S., CHES

APPROVED:

_____
Major Professor

_____
Committee Member

_____
Committee Member

_____
Department Chair

_____
Dean, School of Public Health

A COMPARATIVE STUDY OF TEXAS AND OTHER STATES REGARDDING SCHOOL HEALTH EDUCATOR QUALIFICATIONS

THESIS

Presented to the School of Public Health

University of North Texas

Health Science Center at Fort Worth

In Partial Fulfillment of the Requirements

for the Degree of

Master of Public Health

By

Rosa Emma González, B.S., CHES

Fort Worth, TX

May 2009

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

INTRODUCTION

Research Problem

Health involves vital components such as mental, physical, and social well being. In order to achieve a state of complete wellness these three components need to be in place. Health is also the absence of disease or infirmity. Health is one thing that people take for granted in the United States. Many people strive for overall health but unfortunately this is not something that is easily obtainable or realistic (Cottrell, 2002). In the United States the leading causes of death include diseases of the heart, cancer, stroke, chronic lower respiratory diseases, unintentional injuries, influenza and pneumonia, diabetes mellitus, human immunodeficiency virus infection (HIV/AIDS), suicide, and homicide/legal intervention (McKenzie, Pinger, and Kotecki, 2005). All of these causes of death have associated risk factors that can be reduced and/or changed by the level of exposure and behavior. These risk factors include smoking, drinking alcoholic beverages, sexual behavior, illicit drug use, motor vehicles, firearms, toxic substances, and microbe exposure (Cottrell, 2002).

Health education is an extremely important strategy to help educate the public about health. It involves "any combination of planned learning experiences based on sound theories that provide individuals, groups and communities the opportunity to acquire information and the skills needed to make quality health decisions" (McKenzie, Neiger, and Smeltzer, 2005, p. 3). Another term that is often incorrectly interchanged with health education is health promotion. Health promotion is broader than health

education and involves many aspects that are needed to obtain overall health. Health promotion is defined as "any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions of living conducive to the health of individuals, groups, and communities" (McKenzie, Neiger, and Smeltzer, 2005, pp. 3-4).

There are many different settings in which health education and health promotion can take place. Some of these settings include the community, health care facilities, schools, workplaces, and others (NCHEC, 2000). There is not one single most important setting in which these services can be received, but there is one which can be used to reach a large audience. That setting is elementary and secondary schools. In the U.S. there are currently fifty-five million children who attend elementary or secondary schools. These children are between 5 and 19 years of age. School age children normally attend school nine months out of the year, six to seven hours a day, five days out of the week (CHHCS, 2007).

Public schools are places where children and adolescents can learn about many core academic subjects that are needed in order to have a successful life and career. Some of these basic subjects include math, science, reading, writing, and social studies. However, children and adolescents cannot become successful and productive adults nor have satisfactory quality of life if they do not have optimal health status. There is clearly a link between health and education. Children who are healthy are ready to learn and have better educational performance. Many children come to school with health related problems that can impede learning. Engaging in unhealthy behaviors at such a young age

can hinder health, threaten their future, and decrease their motivation to learn. It is suggested that health indicators be included in measuring the educational accountability of public schools. Unfortunately, there is resistance to include health indicators on accountability by school administrators and educators. This resistance arises from the fact that teachers have other accountability measures for core subject areas and do not consider health as being one of the core content areas. The responsibility of teaching school aged children about health education should be shared among teachers, parents, and the community (CCSSO, 1998).

There are other issues, concerns, and controversies that face health education in schools. School administrators and teachers are pressured by many conservative groups about discouraging certain health topics. Some of these topics include sex education, suicide, and death, among others. These differences, values, and beliefs can create a barrier to implementing health education programs. Studies show that health education is mostly carried out in schools. With all the knowledge, information, and resources that are available there is no excuse for the levels of risky behavior that are displayed among many U.S. school aged children. A health curriculum needs to be implemented properly. Health is given low priority, little attention, and support from school districts. Current health teachers are teaching health but are not adequately trained and educated to do so (McKenzie, Pinger, and Kotecki, 2005). Vamos and Zhou state that "effective, standards-based health education teachers are necessary in order to influence students' health knowledge, skills, and behaviors" (2007, p. 284). In order for these teachers to be effective, they need to be trained and be health literate. Universities and colleges play a

critical role in educating, training, and preparing health education teachers to teach and implement successful health education programs and curriculum (Vamos and Zhou, 2007). A health education specialist is the educator most capable of taking on this important task (McKenzie, Pinger, and Kotecki, 2005).

McKenzie, Pinger, and Kotecki state that, in order to reduce some of these barriers and controversy, school districts need to: 1) implement curricula that is age appropriate, 2) use teaching methods that are acceptable, 3) get approval from parents and guardians, 4) develop school policies that give parents the right to withdraw their children from certain topics that go against their religious beliefs or values, 5) implement policies that deal with parent concern, and 6) hire qualified staff that is certified to teach health (2005).

Statement of Purpose

The purpose of this study is to analyze current Texas policies and programs regarding health education in Texas elementary, middle, and high schools. Specifically this research tends to identify laws that relate to qualifications, training, certification, and licensing of health educators in Texas. This study will assist stakeholders to advocate for changing laws that effect health education and educators.

Research Questions

Following this research, these questions should be addressed and answered:

1. Who is teaching health education in Texas public schools?
2. What are the qualifications of health education teachers in the state of Texas?
3. What type of continuing education are health education teachers in Texas receiving?
4. How does Texas compare to other states regarding policies for school health education training and credentials?

Limitations

This study was limited by the fact that School Health Profiles (Profiles) included states that had 70% response rate or above. This left out the following states: California, Colorado, Illinois, Indiana, Kentucky, Louisiana, Maryland, Minnesota, Nevada, New Jersey, New Mexico, Ohio, Oklahoma, Washington, Wisconsin, and Wyoming.

Definition of Terms

Certified Health Education Specialist –

a health educator who has met all necessary requirements and has been certified by the National Commission for Health Education Credentialing, Inc. (Cottrell, 2002)

Health Education –

"any combination of planned learning experiences based on sound theories that provide individuals, groups and communities the opportunity to acquire information and the skills needed to make quality health decisions" (Cottrell,

2002). Specifically, health education in schools "provides students with a planned, sequential curriculum that addresses the physical, mental, emotional, and social dimensions of health. The curriculum is designed to improve their health, prevent disease, and reduce health-related risk behaviors. This allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills and practices" (Balaji, 2008, p.1).

Health Educator –

a person who encourages wellness and healthy lifestyles to communities and individuals by promoting behaviors that leads to healthy behaviors. The goal of the health educator is to prevent and reduce health problems, such as diseases, and other ailments (BLS, 2007)

Texas Essential Knowledge and Skills (TEKS) –

a detailed scope and sequence of curriculum in Texas for grade levels kindergarten thru 12th grade (TEA/TEKS, 2008)

Coordinated School Health Program (CSH) –

the program's goal is to advance student's academic performance by promoting, practicing, and coordinating health services and education. These services and education are to benefit the health and well being of the students by establishing healthy behaviors. CSH includes eight areas: health education, physical education, health services, nutrition services; counseling, psychological, and social services; healthy school environment; health promotion for faculty and staff, and family/community involvement (TDSHS, 2008)

Importance of Study

This study will be very beneficial to the field of public health in that attention may be brought to current Texas laws and policies that deal with school health education and bring about change. It is especially important to educate and inform policymakers about facts regarding health education. Many students in schools are suffering from different health issues. If children can be educated early about health, it may be possible to reduce many of the diseases that are seen today in youth, for example, diabetes. Qualified and trained health educators are needed and will play a vital role in helping these students change their behavior, attitude, and awareness of these different health issues.

CHAPTER 2

LITERATURE REVIEW

History of Health Education in Schools

In the mid-1800's, people concerned with health were criticizing safety and health problems that were being encountered in schools. This brought attention to school health instruction and curriculum. The first spokesperson who held speeches and promoted teaching health in schools was Horace Mann. In 1837 he was elected to be the secretary for the State Board of Education for the state of Massachusetts. From 1837 to 1843 Mann published *Annual Report*; these reports expressed Mann's concern for mandating hygiene programs in schools. In 1850, Lemuel Shattuck wrote the *Report on the Sanitary Commission of Massachusetts*. This famous public health report supported school health. In his report, Shattuck refers to health education as the teaching of physiology. The term was not yet coined (Cottrell, 2002).

States and local authorities showed great interest in promoting health education curriculum in schools. On the other hand, there was no interest at the national level to implement or promote any kind of national mandate for health education in schools. It was not until 1874 that a group by the name of Women's Christian Temperance Union (WCTU) voiced their opposition to tobacco, alcohol, and narcotics. Through the effective lobbying efforts of the WCTU, every state in the union passed laws that required teaching the negative effects of these substances by1890 (Cottrell, 2002).

In 1915, the “Modern Health Crusade” was introduced by the National Tuberculosis Association. It was used to promote the health of children in school. If children followed the required health practices, they would be promoted to “knighthood.” About the same time efforts were made by the Child Health Organization of America to come up with more programs that related to health education. Also, the term health education was introduced by Sally Lucas Jean. This name change emphasized the importance of good health behaviors and living (Cottrell, 2002).

World War I brought acceptance of health education in schools. After the war twelve states provided training for health teachers, and sixteen states were enforcing the teaching of hygiene in public schools. Many organizations, such as the American Red Cross, showed that through education, negative health behaviors can be altered, and health improved. During the early 1930’s the urge to come up with programs that promoted health education in schools slowed down. In 1937, school health education was officially recognized because of the emersion of professional organizations such as the American Association for Health and Physical Education. After Pearl Harbor, 1941, attention was again drawn to health and physical education. In 1942, the American Public Health Association formed the School Health Section. Between 1940 and 1970, many researchers were looking back at this history and evaluating it for future action. In 1978, the U.S. Department of Education established the unfunded Office of Comprehensive School Health, naming Peter Cortese as director. Unfortunately, during the Reagan administration, the office was deactivated. The 1980’s brought two concepts: a comprehensive school health education and a comprehensive school health program. In

1995, the National Health Education Standards were established by the Joint Committee on National Health Education Standards. These standards sought to promote health literacy (Cottrell, 2002).

Currently the comprehensive school health education program is the Coordinated School Health Program (CSH). The program's goal is to advance student's academic performance by promoting, practicing, and coordinating health services and education. These services and education are to benefit the health and well being of the students by establishing healthy behaviors. CSH includes eight areas: health education, physical education, health services, nutrition services; counseling, psychological, and social services; healthy school environment; health promotion for faculty and staff, and family/community involvement (TDSHS, 2008).

Health Educator

A health educator encourages wellness and healthy lifestyles to communities and individuals by promoting behaviors that lead to healthy behaviors. The goal of the health educator is to prevent and reduce health problems, such as diseases and other ailments (BLS, 2007).

Certified Health Education Specialist

The National Commission for Health Education Credentialing (NCHEC) is the non-profit organization that helps improve the practice of health education, serves the public and the profession. Their mission is to certify health education specialists, promote professional development, and strengthen professional preparation and practice. The Certified Health Education Specialist (CHES) Credential was developed for the

health education professional to master fundamental skills across all practice settings. The areas of responsibility (Appendix A, Table 1) set by the NCHEC can be useful tools for universities to develop health education curriculum, help set standards to evaluate continuing education programs, measure performance, and set broad standards for practice (NCHEC, 2008).

Benefits of this certification include that it establishes national standards, attests to the individual's knowledge and skills, assists employers in identifying qualified practitioners, establishes a sense of pride and accomplishment among health educators, and promotes professional development. Other benefits of becoming certified are that the NCHEC provides specialists with: news updates within the profession, notifies practitioners of continuing education opportunities, newsletters and other mailings, and free job announcements. The commitment made by the Certified Health Education Specialist is that they will continue their education within the field (NCHEC, 2008).

In order to be eligible for the exam a person must hold a Bachelor's, Master's, or Doctoral degree from an accredited university and have majored in health education, community health education, public health education, school health education or 25 semester hours specific to course work related to competencies established by NCHEC. The CHES exam is a competency based, paper exam, containing 150 multiple choice questions that deal with the responsibilities listed above. Testing is offered at over 120 testing locations nationwide, and study guides are available. Exam dates occur twice a year in April and October. In order to obtain certification, health educators need to pass the written exam, pay an annual fee of $50, and complete 75 continuing education units

within a five-year cycle. Employers are now recognizing, preferring, and sometimes requiring the CHES credential. It is a credential that a health educator can have in order to advance in their career (NCHEC, 2008).

Adolescent Health

As stated above, there is clearly a need for health education programs in the schools. In order to evaluate the extent of the health problems that exist in school aged children, the Centers for Disease Control (CDC) Division of Adolescent School Health (DASH) gathers information using the Youth Risk Behavior Surveillance System (YRBSS). The YRBSS assesses health behaviors and lifestyle choices of high school students. These include behaviors that contribute to unintentional injuries, violence, tobacco use, alcohol and other drugs, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, physical activity, and overweight and weight control (CDC, 2008). Based on the 2008 report, state and local surveys of the YRBSS identified some of the risky behaviors that adolescents engaged in (Appendix B, Table 2-3).

The threat for mortality in adolescents and young adults is mainly attributed to behavior and not disease. Three-fourths of mortality in this age group is caused by motor vehicle accidents (39%), homicide (16%), suicide (12%), and other unintentional accidents (11%) (McKenzie, Pinger, and Kotecki, 2005). Contributing factors for mortality are listed in Appendix B. Although the prevalence of risky health behaviors in this age group have decreased compared with past research, adolescents have continued to engage in these types of negative behaviors. If school districts start taking action to

target these children early in their school life by providing specialized health education in the classroom, it would reduce the incidence of these risky behaviors, and therefore, reduce mortality and morbidity (CDC, 2004).

School Health Policies and Programs Study

The School Health Policies and Programs Study (SHPPS) are conducted by the CDC's DASH every six years. Several different topics were analyzed in the SHPPS 2006 study, including health education. Methods used for gathering information related to this topic included telephone interviews and mail surveys to state education agency personnel and health teachers (n=912) in 459 school districts all over the U.S. that teach at the elementary, middle, and high school levels. Results for the 2006 study showed that very few teachers had undergraduate major/minor or graduate degrees in health education. The percentages of those that held a major/minor or graduate degree in the field were 13% of elementary school teachers, and 37% of middle school and high school teachers. Of all the middle and high school health teachers surveyed, 6.3% had the Certified Health Education Specialist Credential (CHES) (Kann, 2007), which is the only national credential that certifies that the educator has passed a certain level of competence in the field (NCHEC, 2008). At the state level, 34% of elementary schools, 72% of middle schools, and 82% of high schools responding to the questionnaire, required newly hired health education staff to have undergraduate or graduate training in health education. There are many different types of staff that are utilized to teach health. These staff members include physical education teachers, regular classroom teachers, school nurses, school counselors, and health education teachers. Eight and one-half

percent of schools required 12th grade health education while 60.4% of the schools required 6th grade health education. This study concluded that health education is effective in helping students reduce risk behaviors, improve and maintain health, and prevent disease by hiring qualified health educators and providing adequate training, support, and professional development opportunities for these educators (Kann, 2007).

Texas Public Education Governing Agencies

The agency that monitors and guides public education programs and activities is the Texas Education Agency (TEA) and the State Board of Education (SBOE). The governor appoints the chair of the SBOE. In addition to the chair, there are fifteen elected members from different state regions. The Texas Education Agency provides "leadership, guidance and resources to help schools meet the educational needs of all students" (TEA/About TEA, 2009, p1.). The commissioner of education and agency staff comprise TEA (TEA/About TEA, 2009). The State Board of Educator Certification (SBEC) is responsible and "oversees all aspects of the preparation, certification and standards of conduct of public school educators" (TEA/About TEA, 2009, p.1). The SBEC is comprised of eleven governor appointed members, three additional members who are designated as non-voting members, and support staff that is provided by TEA (TEA/About TEA, 2009).

The Office of the Secretary of State collects and publishes all state administrative rules into what is called the Texas Administrative Code (TAC). Any rules adopted or amended in the TAC by the Commissioner of Education and the SBOE are codified under Title 19 Education, Part II Texas Education Agency (TEA/Admin. Rules, 2009).

Texas Essential Knowledge and Skills (TEKS)

The curriculum for public school health education developed for the state of Texas was framed by using the national and state guidelines set by the CDC and the TDSHS, respectively. The scope of the curriculum outlines what will be taught to the students and the sequence is the order in which the content will be taught. All teachers in Texas have to follow the Texas Essential Knowledge and Skills scope and sequence. The TEKS are readily available to the public and can be downloaded off of the Texas Education Agency website (http://www.tea.state.tx.us). The Texas Administrative Code, Title 19, Part 2, Chapter 115 Texas Essential Knowledge and Skills for Health Education, gives the detailed scope and sequence for grade levels kindergarten thru 12th grade. Teachers are responsible for making sure that students are taught each and every one of these competencies (TEA/TEKS, 2008).

CHAPTER 3

METHODOLOGY

The datasets that were used for this research were from The School Health Profiles and the School Health Policies and Programs Study 2006 (SHPPS). Data was also collected from Texas Education Agency. Variables that were analyzed in The School Health Profiles (Profiles) included: professional preparation of health education teachers in Texas and continuing education received/wanted by health education teachers in Texas. Variables that were analyzed in the School Health Policies and Programs Study (SHPPS) included: undergraduate or graduate training in health education; Certified Health Education Specialist (CHES); state certification, license, or endorsement; and continuing education credits on health education topics.

The School Health Profiles (Profiles)

The School Health Profiles (Profiles) has been conducted by the CDC biennially since 1994. The purpose of this surveillance system is to provide data regarding health activities and policies at schools for large school districts and states across the U.S. Information is gathered on five components for a coordinated school health program (CSHP). These include health education, physical education, health services, healthy and safe school environment, and family and community involvement. For purposes of this research, focus was placed on the specific area of professional preparation and staff development for lead health education teachers (CDC, 2006).

Sampling

A representative sample of public schools that serve students in grades 6 through 12 in a state, territory, tribal government, or school district was randomly and systematically obtained. Nineteen health and education agencies modified this sampling by inviting all secondary schools to participate (Balaji, 2006).

Data Collection

Data was collected during the spring semester for all states except Texas which was collected during the fall of 2006. Two different questionnaire booklets were used: principal and lead health education teacher. These were mailed out by the state or local health or education agency to the principal. The principal was instructed to designate the lead health education teacher for their school who then completed the corresponding questionnaire. Surveys were voluntary and confidential. Participation was encouraged using follow-up strategies such as telephone calls and written reminders. Responses were recorded and questionnaires were sent back directly to the state or local health/education agency (Balaji, 2006).

Response Rate

Data was weighted (separately for principal and teacher surveys) for states with response rates of 70% or greater. Thirty-four states had a response rate of 70% or greater from both principal and lead health education teacher surveys and two states with weighted data from principal data only. State sample sizes for principal surveys ranged from 68 to 660 and 68 to 659 for lead health education teacher surveys. State response rates for principal and lead health education teacher surveys were the same and ranged

from 70% to 91%. Texas response rates for principals were 71% with sample size of 362. Response rates for teachers were 71% with sample size 358.

Data Analysis

Data from this study was used to compare Texas principal and health education teacher responses to state data by corresponding means and proportions. Specifically, data from responses regarding state health education teacher college degree was analyzed in order to identify and determine who teaches health education in public schools. State data from the Profiles data set table was aggregated onto a separate table. Cross tabulation was used to compare Texas data with state data.

Texas data from responses regarding health education teacher continuing education received and health education teacher continuing education wanted was aggregated from the Profiles data sets and placed onto a separate table. Data was then analyzed in order to identify what type of continuing education was received and wanted by Texas health education teachers by specific health topics. Cross tabulation was used to compare Texas health education teacher continuing education received and Texas health education teacher continuing education wanted.

Texas Education Agency and Texas Legislature Online

The following government agencies were used to research Texas policies that are related to health education teacher qualifications. Policies were analyzed from the Texas Education Code and the Texas Administrative Code. These polices can be found online at http://www.tea.state.tx.us/ and http://www.legis.state.tx.us/.

School Health Policies and Programs Study

The School Health Policies and Programs Study (SHPPS) have been conducted every six years since 1994 by the Centers for Disease Control and Prevention. The purpose of this study is to gather national information on eight different components of school health programs at the state, district, school, and classroom level. These eight components include: health education, physical education and activity, health services, mental health and social services, nutrition services, healthy and safe school environment, faculty and staff health promotion, and family and community involvement. For purposes of this research, the component that will be analyzed is health education at the state level and classroom level. For the 2006 study, state level data was collected from all 50 state educational agencies plus the District of Columbia (Kann, 2007).

Questionnaires

Questionnaires at the state level assessed health education policies in schools for grades K-12. Topics assessed included: use of school health education guidelines and standards; elementary, middle, and high school level requirements for health education instruction; staffing; student assessment practices; staff development; collaboration of health educators with other staff members, other agencies and organization staff; and credentials and educational background of staff members who coordinate or oversee the school health education programs for the state (Kann, 2007).

Data Collection and Respondents

The SHPPS State Health Education Questionnaire (Appendix C) was used to collect state level data specifically for health education policies and programs. A state level contact designated a one respondent for the questionnaire. The designated respondent had the responsibility for the topics addressed in the questionnaire and they were to be the most knowledgeable about the policies and programs addressed (Kann, 2007).

A letter of invitation was sent after the state contact designated a respondent, which included a packet of study-related materials; paper copy of the questionnaire for interview preparation; a toll free number to contact the interviewer; and an access code to start the phone interview. The paper copy of the questionnaire was to be used to prepare for the interview in advance. The respondent had the choice to either do the computer-assisted telephone interview or complete the self administered questionnaire and return it in the envelope provided. Trained interviewers contacted the respondents one week after the invitation was sent in order to schedule and conduct telephone interviews. Telephone interviews ceased and most of the self administered mail questionnaires were returned by April 2006. Any remaining respondents were mailed paper questionnaires and return envelopes. However, interviewers were still available at the call center to receive calls from any remaining respondents (Kann, 2007).

Data collection ended by October 2006. By this time, 88% of questionnaires were completed using the computer assisted telephone interview system and the remaining 12% were completed using the self administered paper questionnaires.

Response Rate

All 50 states, including the District of Columbia completed the Health Education State Questionnaire, therefore, response rate was one hundred percent (n=51) (Kann, 2007).

Data Analysis

Responses for each state were aggregated from the data sets onto separate tables and side by side comparisons were made with state data and Texas data. Cross tabulation was used to analyze data from the SHPPS Health Education State Questionnaire (Appendix C).

Data was analyzed from Questions 30a. thru 30c. (Appendix C, p. 65), in order to determine which states have adopted policies regarding the requirement of newly hired health education staff to have undergraduate or graduate training in health education at the elementary, middle, and high school levels. Data from this question were aggregated onto a separate table and cross tabulation was used to compare Texas policies to other states.

In order to determine what states have adopted a policy that requires newly hired health education teachers to have the CHES credential, data were analyzed from Questions 31a. thru 31b. (Appendix C, p.67). Data from this question were aggregated from the data set, placed onto a separate table and cross tabulation was used to compare Texas to other states.

Questions 34a. thru 34c. (Appendix C, pp.68-69), which asked states if they have adopted a policy stating that newly hired health education teachers will be certified, licensed, or endorsed by the state to teach health education, was analyzed. Data from this question were aggregated from the data set, placed onto a separate table and cross tabulation was used to compare Texas to other states.

In order to determine which states have adopted a policy stating that teachers will earn continuing education credits on health specific topics to maintain state certification, license, or endorsement, data were analyzed from Question 35 (Appendix C, p.69). Data from this question were aggregated from the data set, placed onto a separate table and cross tabulation was used to compare Texas to other states.

CHAPTER 4

RESULTS

Health Education Teachers in Texas

In order to determine who teaches health education in public schools, data were analyzed from The School Health Profiles (Profiles). State data were aggregated from Profiles data set tables and placed into a new table (Appendix D, Table 4). In Texas, only 8.6% of teachers who teach health education in public schools have college degrees in health education. The rest of the health education teachers in Texas have college degrees in the following disciplines: nursing and counseling, 3.9%; public health, nutrition, or related disciplines, 3.3%; health and physical education combined, 45.2%; and other disciplines 39.0%. The state median for health education was 4.7% and the range was 1.2% – 42.9%. Texas is above the state median, at 8.6% for health education. For nursing or counseling, the state median was 2.7%, and the state range was 0.0% - 28.6%. Texas is above the state median with 3.9% for nursing and counseling. For public health, nutrition, or related disciplines, the state median was 2.9% and the state range was 0.0% – 14.4%. Texas is above the state median, at 3.3% for this category. The state median for health and physical education combined was 45.5%, and the state range was 9.5% – 88.9%. Texas was very close to the state median, at 45.2%. For the other degree category, the state median was 33.8%, and the state range was 5.0% – 61.4%. Texas was below the state median, at 39.0%.

Texas Laws Related to Health Education Teacher Qualifications

Analysis of laws related to health education teacher qualifications in public schools was done by researching any laws regarding health education in the state of Texas and yielded the following results.

Texas Education Code

Under the Texas Education Code (TEC), Section 21.056 Additional Certification, certified teachers can be asked to take additional certification or examinations in order to teach certain subject areas. TEC, Section 21.044 Educator Preparation, states that the board proposes rules that establish the training requirements a person must obtain in order to become certified to teach. TEC, Section 21.050 Academic Degree Required for Teaching Certificate, states that an applicant who wants to obtain a teachers certificate must have a Bachelors degree with an academic major or interdisciplinary academic major that is related to the curriculum as prescribed under Subchapter A, Chapter 28 (TLO, 2008).

Texas Administrative Code

Under Texas Administrative Code, Title 19 Education, Chapter 233 Categories of Classroom Teaching Certificates, Rule Section 233.11 Health, as of June 28, 2004, the Early Childhood thru 12th grade health certificate can be issued and holders of this certificate can teach health in any grade from pre-kindergarten to 12th grade (TEA/SBEC, 2008).

Under Texas Administrative Code, Title 19 Education, Part 7 State Board for Educator Certification, Chapter 230 Professional Educator Certification Preparation and Certification, Subchapter G Certification Requirements for Classroom Teachers, teacher certificates for all level teaching requires 48 semester hours (including 24 semester hours of upper division courses) academic specialization, which includes six semester hours designated for elementary level and six semester hours designated for secondary level (TEA/SBEC, 2008).

Continuing Education of Texas Public School Health Educators

Continuing education is very important for health educators. In order to determine what type of continuing education is being received in Texas, data from the Profiles data table sets were aggregated onto a new table (Appendix D, Table 5). The following are some percentages of continuing education received in Texas for specific health topics that are above the state median: CPR, 82.6%; first aid, 71.7%; and injury prevention and safety, 52.5%. The following are some percentages of continuing education received for specific health topics that are below the state median: alcohol use or other drug-use prevention, 46.6%; STD prevention, 31.8%; and tobacco-use prevention, 30.2%. All percentages for the other health topics can be found on Table 5 (Appendix D).

Texas Policies Regarding School Health Education Training and Credentials

Responses for each state were aggregated from the data sets onto separate tables and side by side comparisons were made with state data and Texas data. Cross tabulation was used to analyze data from the SHPPS Health Education State Questionnaire (Appendix C).

Undergraduate or Graduate Training in Health Education

In Texas, it is required for health education teachers at the elementary, middle, and high school levels to have undergraduate or graduate training in health education. Other states such as Alaska, Georgia, Iowa, Massachusetts, Minnesota, Montana, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Utah, Virginia, West Virginia, and the District of Columbia, also have the same policy for all education levels. States that do not have a policy requiring health education teachers to have undergraduate or graduate training in health education include: Colorado, Kansas, Maryland, Ohio, South Carolina, and South Dakota. The other states had policies with this requirement but only for specific education levels, such as middle or high school only or elementary school only (Appendix E, Table 6).

Certification, License, or Endorsement

As shown in Appendix E, Table 7, Texas skipped questions regarding whether their state has adopted a policy that requires newly hired health education teachers to be certified, licensed, or endorsed at the elementary, middle, or high school levels. States that do have these policies at all educational levels include: Alabama, Georgia, Hawaii, Minnesota, Missouri, Ohio, Rhode Island, Utah and the District of Columbia. States that

do not have any of these policies include Alaska, Arkansas, Colorado, Florida, Kansas, Mississippi, South Carolina, and South Dakota.

Certified Health Education Specialist Credential

As shown in Appendix E, Table 8, Texas has not adopted a policy that states that newly hired health education teachers will be CHES at the middle or high school levels. The only states that have this requirement include: Georgia, Hawaii, Minnesota, New Jersey, Rhode Island, Utah, West Virginia, and the District of Columbia. All the other states do not have this requirement.

Continuing Education

Texas, as shown in Appendix E, Table 9, skipped the question that asks whether the state has adopted a policy that requires health education teachers will earn continuing education credits in specific health topics in order to maintain their state certification, license, or endorsement. Twenty eight states plus the District of Columbia have a policy regarding the requirement of continuing education credits. Some of these states include: California, Florida, Indiana, Mississippi, New Jersey, and Washington.

CHAPTER 5

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Discussion

Health Education Teachers in Texas

Undergraduate or graduate degrees obtained by health education teachers in Texas vary greatly. Most of the health education teachers in Texas have obtained a combined degree in health and physical education (45.2%). This combined degree is very beneficial to the students receiving the health education. These teachers will be able to implement the curriculum effectively by using health behavior modification strategies while using physical education as a means to help increase physical activity and reduce some of the health risk factors that are seen in Appendix B, Tables 2-3. The top five states that are hiring health educators with a combined degree in health and physical education at a high percentage that is well above the state median of 45.5 include: Georgia (78.7%), Pennsylvania (88.9%), Rhode Island (74.9%), Virginia (81.9%) and West Virginia (79.2%). The following states have a very low percentage of their health education teachers with a combined degree in health and physical education: Alaska (9.5%), Arizona (18.6%), Florida (26.6%), New Hampshire (20.4%), and Vermont (36.4%).

In Texas 39% of the teachers who teach health education have degrees in disciplines other than a health science major. This means that these teachers do not have background in health education and are not trained to deliver health education curriculum. This becomes a problem due to the fact that the curriculum of an

undergraduate or graduate health major involves taking courses that relate to health behavior change. These undergraduate or graduate students learn competencies in the various methods, models and theories that help the health education teacher create programs and implement curricula that gear toward healthy behaviors (Cottrell, 2002). The following states hire teachers that have little or no background in health education in greater proportions: Alaska (61.4%), Arizona (50.0%), Iowa (48.1%), Nebraska (52.3%), and North Dakota (50.7%). The following states hire teachers who teach health education with little or no health education background at lower rates: Georgia (13.4%), New York (14.0%), Rhode Island (5.0%), and West Virginia (12.0%).

As mentioned, health education teachers are very important. Unfortunately, in Texas only 8.6% of health education teachers have obtained a degree in health education or other related degree. States that hire teachers who have obtained a degree in health education include: Connecticut (16.0%), Massachusetts (21.4%), New Hampshire (21.0%), New York (42.9%), and Utah (16.0%). The following states do not hire teachers who have a degree in health education: Arizona (2.3%), Montana (1.2%), North Dakota (1.7%), Nebraska (2.3%), and South Dakota (1.5%). Overall, most of the states hire teachers with health education degrees at very low rates. This may affect the health outcomes of the students of these states.

Again, it is very important that school districts hire staff that has a degree and background in health education. Texas is hiring teachers who have a combined degree in health and physical education. On the other hand, they are not hiring teachers who have a degree in health education. Texas should model states like New York, Pennsylvania,

Georgia, Virginia, and Rhode Island, when it comes to hiring teachers that have degrees and backgrounds in health education.

Laws Regarding Health Education Teachers in Texas

In Texas, in order to become a health education teacher, the teacher must have a Bachelors degree with the academic major or interdisciplinary academic major that is related to the curriculum that they will be teaching, in this case health. The teacher has to have obtained 48 credit hours in health education, six credit hours of designated elementary level education, and six credit hours of designated secondary level education. Once they meet these requirements they can obtain the health certificate, which enables them to teach health in any grade level, pre-kindergarten to 12th grade. The certified teacher may be asked to obtain additional certifications or take additional examinations in order to teach certain subject areas, but it is not required. While Texas does have these laws in place, Texas fails in requiring specialized certification, such as the Certified Health Education Specialist credential. It also fails to require continuing education credits in health. More importantly, Texas fails to implement laws that fund such continuing education training. Texas should implement laws that address these issues.

Educational Training of Texas School Health Teachers

Health education teachers are receiving continuing education in specific health topics, but it is not adequate for the types of health behavior problems that are being faced in the United States. The majority of the continuing education is being received for the following health topics by health education teachers in Texas: cardiopulmonary resuscitation (CPR) (82.6%), first aid (71.1%), injury prevention and safety (52.5%), and

environmental health (17.4%). While it is very important to be educated on these topics, these are not the topics that address the specific health behaviors that children and adolescents are engaging in (Appendix B, Table 2-3). Health education teachers in Texas received the following continuing education, but at lower percentages: alcohol-use or other drug use and prevention (46.6%), human immunodeficiency syndrome (HIV) prevention (35.0%), human sexuality (29.9%), nutrition and dietary behavior (28.8%), pregnancy prevention (25.7%), sexually transmitted disease (STD) prevention (31.8%), suicide prevention (21.0%), and violence prevention (49.0%). It is apparent that teachers want to obtain continuing education in these topics (Appendix D, Table 5). This is due to the fact that they know what behaviors their students are engaging in and they want to learn more about these behaviors and how to prevent them.

Undergraduate or Graduate Training in Health Education

The state of Texas requires that newly hired health education teachers have college training in health education at the elementary, secondary, and high school levels. Texas has adequate requirements regarding college training for newly hired health education teachers. The following are other states that have this same requirement at all education levels: Alaska, Hawaii, Iowa, Massachusetts, Minnesota, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Utah, Virginia, West Virginia, and the District of Columbia. There are states that require that newly hired health education teachers have college training in health education at the secondary and high school levels only. Some of these states include: Arkansas, Connecticut, Delaware, Illinois, Indiana, Louisiana, New Jersey, New York, and Wisconsin. The states of Alabama, Arizona, Mississippi,

and Tennessee, require newly hired health education teachers to have college training in health education at the high school level only, while California and Florida have the same requirement but at the elementary level only. The states that do not have this requirement include: Colorado, Kansas, Maryland, Ohio, South Carolina and South Dakota. New Hampshire was the only state that skipped this question.

There are many different universities in Texas that students can attend in order to obtain the required courses and training in health education (Table 10). Some of these universities also have online or distance learning courses available. These universities are all over the state of Texas, making it easier for students in rural areas to get the training they need. Another option for students to obtain required courses in health education is to take courses through the Health Education and Promotion Network (HEP Network). This network offers health education and promotion courses thru web based instruction (AAHPERD, 2009).

State Certification, Licensure, or Endorsement

Some states have adopted policies that offer a certification, license, or endorsement to teach health education at all the school levels, including elementary, secondary, and high school. States that have this policy requirement at all school levels include: Alabama, Georgia, Hawaii, Minnesota, Missouri, Rhode Island, Utah, and the District of Columbia. Many states offer certification, license, or endorsement at the secondary and high school levels. Some of these states include: California, Illinois, Louisiana, New Jersey, New York, Virginia, and Washington. Other states do not offer any type of certification, license, or endorsement. These states include: Alaska,

Arkansas, Colorado, Florida, Kansas, South Carolina, and South Dakota. Texas, Iowa, New Hampshire, and North Dakota skipped these series of questions related to certification, licensure, and endorsements on the questionnaire. There were few states that answered that they do not offer certification, licensure, or endorsement to teach health education at the elementary level, secondary level, and high school level, instead of answering "no" for each question. These states included Arizona, Maryland, and Oklahoma. For example, California only has certifications, licenses, or endorsements at the secondary or high school levels and not at the elementary. California answered the following for the elementary level: state does not offer certification, license, or endorsement to teach health education at the elementary school level. For more examples see Appendix E, Table 7.

Even though Texas skipped this question, it was identified under TAC, Title 19 Education, Chapter 233 Categories of Classroom Teaching Certificates, Rule Section 233.11 Health, that Texas does offer a certification to teach health (TEA/SBEC, 2008). Specifically the certification allows the health education teacher to teach at all grade levels, pre-kindergarten thru 12th grade. However, it was very beneficial to research this question of the SHPPS survey, because it can be seen what other states are doing in terms of policies regarding certification, licensing, and endorsement of health education teachers.

Certified Health Education Specialist Credential

There are some states that require that newly hired health education teachers, that teach health at the middle or high school level, have the CHES credential. These states include: Georgia, Hawaii, Minnesota, New Jersey, Rhode Island, Utah, West Virginia, and the District of Columbia. Alabama requires newly hired health education teachers to have the CHES credential only if they teach at the high school level. The rest of the states, including Texas, do not require that health education teachers be CHES. The above states are model states because they require the CHES credential. Texas and the other states should follow by implementing laws that require the CHES credential either at specific school levels or general pre-kindergarten thru 12th grade.

Continuing Education Requirement

The following states do not require that newly hired health education teachers obtain continuing education specific to health topics in order to maintain their state certification, license, or endorsement: Alaska, Arizona, Arkansas, Colorado, Kansas, Kentucky, Louisiana, Maryland, Nebraska, New Mexico, North Carolina, Oklahoma, Oregon, Tennessee, and Virginia. Georgia, Hawaii, and Minnesota do not have this state requirement, because they already have a requirement stating that newly hired health education teachers will have to be CHES certified. With this certification, health education teachers are already required to obtain continuing education credits in order to maintain their CHES certification. If they do not fulfill their continuing education requirements for CHES, they will not be eligible to renew their CHES certification, and

they will be violating the policy that states that health education teachers need to be CHES certified.

No data is available for Texas because this question was skipped. Other states that skipped this question include: Iowa, New York, and North Dakota. All the other states have a policy stating that newly hired health education teachers will need to obtain continuing education training specific to various health topics in order to maintain their state certification, license, or endorsement.

Conclusions

Health Education Teachers in Texas

Health education teachers in Texas are mostly teachers with a combined degree in health and physical education. Very few have a degree specifically in health education, while the rest have degrees in disciplines such as nursing, counseling, public health, nutrition, or others that are not specific to health.

Laws Regarding Health Education Teacher Qualifications in Texas

There are currently many laws that relate to health education teachers in Texas. Some of these laws that are currently being implemented include laws regarding health education teacher degree requirements and state certification. While these laws are effective in requiring that health education teachers have the required college credit hours in the academic specialization in which the teacher desires to obtain their certification, it fails to state anything about obtaining a specialized certification such as the Certified Health Education Specialist credential. It also fails to require continuing education

credits in order for the health education teacher to maintain their state certification to teach.

Continuing Education Training of Texas School Health Teachers

Health education teachers in Texas are not receiving adequate continuing education in specific health topics. Most of the health education teachers are receiving health education in cardiopulmonary resuscitation, first aid, and injury prevention and safety. Again, these are important issues, but they are not topics that will help the health education teacher educate children and adolescents about health behaviors that contribute to illnesses and diseases that have high morbidity and mortality. Health education teachers also receive training on specific health topics such as alcohol-use or other drug-use prevention, asthma awareness, consumer health, dental and oral health, emotional and mental health, environmental health, food borne illness prevention, growth and development, HIV prevention, human sexuality, immunizations, nutrition and dietary behavior, physical activity and fitness, pregnancy prevention, STD prevention, suicide prevention, sun safety or skin cancer prevention, tobacco-use prevention, and violence prevention. As stated in the discussion, these health topics need to be addressed more frequently because they are behaviors that contribute to diseases and illness that affect children and adolescents. Policies that deal with the requirement of obtaining continuing education training on specific health topics should be required by Texas Legislature in order to directly affect the health outcomes of school populations.

Texas and Other States Policies for Health Education Training and Credentials

As discussed above, Texas has some policies in place regarding health education training and credentials. Texas offers a state certification that allows teachers to teach health education at all grade levels, pre-kindergarten thru 12th grade, and in order to obtain this certification teachers should have obtained an undergraduate or graduate degree or training in health education. In regards to these policies, Texas is very similar to states such as Georgia, Hawaii, Minnesota, Rhode Island, and Utah.

Although these policies are in place, they are not adequate in requiring health education teachers to obtain continuing education training or CHES credential. Texas fails to adopt policies that require health education teachers to obtain the CHES credential in order to teach. It also fails to adopt policies that would require health education teachers to obtain continuing education training on specific health topics in order to maintain their state certification. Texas is very similar to the following states in regards to current CHES and continuing education requirement policies: Arizona, Louisiana, North Carolina, Oklahoma, Oregon, Pennsylvania, and Virginia.

The states that have been identified as having exemplary policies regarding health education teacher certification and training requirements include: Alabama, Georgia, Hawaii, Minnesota, New Jersey, Rhode Island, Utah, West Virginia, and the District of Columbia. The following states have been identified as not having any policies regarding health education teacher certification and training requirements, and therefore rate poorly: Colorado, Kansas, Maryland, and South Carolina.

Recommendations

Laws are essential in protecting and improving the health of children and adolescents in schools. Implementing laws that will address health education degree requirements, continuing education credits, and certifications will be very beneficial to school populations, their health, and future outcomes. Although, implementation of policies will not completely eliminate health behavior risks in adolescents, it can help reduce the incidence of these unhealthy behaviors (Hodge, 2006).

More specifically, Texas needs to revisit current laws regarding health education teachers and adopt similar laws that states like Alabama, Georgia, Hawaii, Minnesota, New Jersey, Rhode Island, Utah, West Virginia, and the District of Columbia have implemented. Some policy options that need to be considered by Texas legislators, TEA administrators, CSH program coordinators, school administrators, and teachers include:

- requirement of the Certified Health Education Specialist (CHES) credential;
- require continuing education training on specific health topics; and
- funding of continuing education training for health education teachers.

If Texas can pass a law that requires newly hired health education teachers to have the CHES credential, Texas would not need to consider or pass a law that requires continuing education training on specific health topics because in order to maintain CHES certification, specialists have to abide by the continuing education requirements set by the NCHEC. Legislators could be more specific as to how many continuing education training credits need to be obtained within a year, two years, etc. NCHEC

requires that CHES obtain the required continuing education training credits within five years.

After this research, a policy was drafted to show what Texas needs to consider (Appendix G). This policy addresses the requirement of the CHES credential for health education teachers who hold a state certification to teach health. It also addresses requirements for new and current health education teachers and financial incentives to obtaining the CHES credential.

Stakeholders include students, parents, communities, school districts, school teachers, school administrators, advocates, policy makers, TEA, and public health authorities. Stakeholders for this type of policy may include: health education teachers, public health authorities, parents, health education advocates and organizations. Reasons these stakeholders might be for this policy include: better health outcomes and increase knowledge on prevention of diseases. Stakeholders against this policy may include school administrators, teachers, TEA, and others. Reasons they might have against this policy would be: testing, resources, daily school time constraints, and funding. Although there may be conflicting interests with policies of this nature, these stakeholders need to work together to act in the best interest of the children/adolescents.

Further research efforts in Texas should be placed on:

- number and distribution of CHES teaching health education in Texas schools
- health education teachers attitudes and believes about suggested policies regarding certification and continuing education training requirements
- exemplary states to evaluate their current policies for benefits and problems

REFERENCES

Abilene Christian University (ACU) (2009). College of education and human services. Retrieved April 11, 2009, from http://www.acu.edu/academics/cehs/programs/exsc/degrees/index.html.

American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) (2009). AAHE sponsors web-based courses. Retrieved April 14, 2009, from http://www.aahperd.org/aahe/template.cfm?template=learning.html.

Balaji, A. B., et. al. (2008). *Profiles 2006, school health profiles: characteristics of health programs among secondary schools*. Atlanta, GA: Centers for Disease Control and Prevention.

Bureau of Labor and Statistics (BLS) (2007). *Occupational outlook handbook, 2008-09 edition, health educators.* Retrieved March 10, 2009, from http://bls.gov/oco/ocoso063.htm.

Centers for Disease Control and Prevention (CDC). (2004). *Improving the health of adolescents and young adults: a guide for states and communities.* Atlanta, GA: Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention (CDC). (2008). *Morbidity and mortality weekly report (MMWR): Youth risk behavior surveillance- U.S., 2007*. Retrieved March 10, 2009, from http://www.cdc.gov/healthyyouth/yrbs/pdf/yrbss07_mmwr.pdf.

Centers for Disease Control and Prevention (CDC). (2007). *State-level school health policies and practices: a state-by-state summary from the school health policies and programs study 2006.* Retrieved April 11, 2008, from http://www/cdc/gov/HealthyYouth/SHPPS/2006/summaries/pdf/State_Level_Summaries_SHPPS2006.pdf.

Centers for Disease Control and Prevention (CDC). (2006). *Summary chart of major surveillance activities.* Retrieved November 10, 2008, from http://www.cdc.gov/HealthyYouth/data/surveillance.htm.

The Center for Health and Health Care in Schools (CHHCS). (2007). Health in schools. Retrieved April 11, 2008, from http://www.healthinschools.org/.

Cottrell, R.R., Girvan, J.T., and McKenzie, J.F. (2002). *Principles and foundations of health promotion and education (2nd ed.).* San Francisco, CA: Benjamin Cummings.

Council of Chief State School Officers. (1998). *Incorporating health related indicators in education accountability systems.* Washington, D.C.: CCSSO.

Hodge, J.G., (2006). Law as a tool to improve health of children and adolescents in schools. *Journal of school health,* 76(9), 442-444.

Kann, L., et. al. (2007). Health education: results from the school health policies and programs study 2006. *Journal of school health,* 77(8), 408-434.

Lamar University (LU) (2009). Health and kinesiology department. Retrieved April 11, 2009, from http://dept.lamar.edu/healthkin/.

McKenzie, J.F., Neiger, B.L., and Smeltzer, J.L. (2005). *Planning, implementing and evaluating health promotion programs (4th ed.).* San Francisco, CA: Benjamin Cummings.

McKenzie, J.F., Pinger, R.R., and Kotecki, J.E. (2005). *An introduction to community health (5th ed.).* Sudbury, MA: Jones and Bartlett Publishers.

National Commission for Health Education Credentialing, Inc. (NCHEC). (2008). About CHES. Retrieved April 13, 2008, from http://www.nchec.org/aboutnchec/rc.htm#1.

National Commission for Health Education Credentialing, Inc. (NCHEC). (2000). *The health education specialist: a study guide for professional competence*. Whitehall, PA: NCHEC, Inc.

Paul Quinn College (PQC) (2009). Academic organization. Retrieved April 11, 2009, from http://www.pqc.edu/degrees_offered.htm.

Prairie View A&M University (PVAMU) (2009). Purpose and Goals. Retrieved April 11, 2009, from http://www.pvamu.edu/pages/175.asp.

Stephen F. Austin University (SFAU) (2009). Health science. Retrieved April 11, 2009, from http://www.sfasu.edu/education/departments/kinesiology/healthscience.asp.

Texas A&M University College Station (TAMU) (2009). Department of health and kinesiology. Retrieved April 11, 2009, from http://hlknweb.tamu.edu/.

Texas A&M University Commerce (TAMUC) (2009). Department of health and human performance. Retrieved April 11, 2009, from http://www.tamu-commerce.edu/hhp/programs/programs.htm.

Texas A&M University Corpus Christi (TAMUCC) (2009). College of nursing and health sciences. Retrieved April 11, 2009, from http://conhs.tamucc.edu/.

Texas A&M University Kingsville (TAMUK) (2009). Department of Education. Retrieved April 11, 2009, from http://education.tamuk.edu/HKN/.

Texas Department of State Health Services (TDSHS). (2008). Coordinated school health. Retrieved April 13, 2008, from http://www.dshs.state.tx.us/schoolhealth/csh.shtm.

Texas Education Agency (TEA). (2009). About TEA. Retrieved March 23, 2009, from http://www.tea.state.tx.us/index4.aspx?id=3793.

Texas Education Agency (TEA). (2008). Texas administrative code (TAC), title 19 education, part 2, chapter 115 Texas essential knowledge and skills (TEKS) for health education. Retrieved April 11, 2008, from http://www.tea.state.tx.us/rules/tac/chapter115/index.html.

Texas Education Agency (TEA). (2008). Texas administrative code (TAC), title 19 education, part 7, state board for educator certification (SBEC). Retrieved April 11, 2008, from http://www.tea.state.tx.us/sbecrules/.

Texas Education Agency (TEA). (2009). Texas education agency – administrative rules. Retrieved March 23, 2009, from http://www.tea.state.tx.us/index4.aspx?id=2296.

Texas Legislature Online (TLO). (2008). Texas education code, chapter 21 educators. Retrieved April 11, 2008, from http://tlo2.tlc.state.tx.us/statutes/ed.toc.htm.

Texas Southern University (TSU) (2009). Welcome to the department of health and kinesiology. Retrieved April 11, 2009, from http://www.tsu.edu/pages/733.asp.

Texas State University (TXStateU) (2009). Welcome to health, physical education, and recreation. Retrieved April 11, 2009, from http://www.hper.txstate.edu/.

Texas Tech University (TTU) (2009). Department of health, exercise, and sports sciences. Retrieved April 11, 2009, from http://www.depts.ttu.edu/hess/content/students/undergrad/bsh.php.

Texas Women's University (TWU) (2009). Health studies. Retrieved April 11, 2009, from http://www.twu.edu/health-studies/default.asp.

University of Houston (UH) (2009). Health and human performance. Retrieved April 11, 2009, from http://www.hhp.uh.edu/mycoe/HHP/health/default.cfm.

University of North Texas (UNT) (2009). College of education. Retrieved April 11, 2009, from http://www.coe.unt.edu/khpr/hlth/degrees.php.

University of Texas at Austin (UT) (2009). Academic programs. Retrieved April 11, 2009, from http://npbea.org/education/departments/khe/AcadProg/undergrad/about/degrees/#HPF.

University of Texas at Brownsville (UTB) (2009). Programs of study. Retrieved April 11, 2009, from http://www.utb.edu/vpaa/soe/Pages/HHPprograms.aspx.

University of Texas at El Paso (UTEP) (2009). Health promotion. Retrieved April 11, 2009, from http://academics.utep.edu/Default.aspx?tabid=55575.

University of Texas Pan American (UTPA) (2009). Department of health and kinesiology. Retrieved April 11, 2009, from http://portal.utpa.edu/utpa_main/daa_home/coed_home/heak_home.

University of Texas at San Antonio (UTSA) (2009). College of education and human development. Retrieved April 11, 2009, from http://coehd.utsa.edu/degrees.htm.

University of Texas at Tyler (UTT) (2009). Academic programs. Retrieved April 11, 2009, from http://www.uttyler.edu/hkdept/academicprograms.htm.

Vamos, S., and Zhou, M. (2007). Educator preparedness to teach health education in British Columbia. *American journal of health education*, 33(5), 285-292.

APPENDICES

APPENDIX A

National Commission of Health Education Credentialing Responsibilities of a Certified Health Educator Specialist (CHES) Table

Table 1

Responsibilities of a Certified Health Education Specialist (CHES)	
Responsibility I	Assess individual and community needs for health education
Responsibility II	Plan health education strategies, interventions, and programs
Responsibility III	Implement health education strategies, interventions, and programs
Responsibility IV	Conduct evaluation and research related to health
Responsibility V	Administer health education strategies, interventions, and programs
Responsibility VI	Serve as health education resource person
Responsibility VII	Communicate and advocate for health and health education

(NCHEC, 2008)

APPENDIX B

Youth Risk Behavior Surveillance System Tables

Table 2

Risky Behaviors that Adolescents Engage in (State Percentages)*		
Behavior	**Minimum**	**Maximum**
Rarely or never wore a bicycle helmet	57.6%	94.8%
Lifetime cigarette use	24.9%	62.2%
Current frequent cigarette use	2.5%	14.4%
Bought cigarettes in a store or gas station	3.0%	27.0%
Current tobacco use	8.9%	34.5%
Lifetime alcohol use	36.7%	78.2%
Current alcohol use	17.0%	48.9%
Bought alcohol in a store	1.8%	10.0%
Lifetime marijuana use	17.4%	44.7%
Offered, sold, or given an illegal drug on school property	10.1%	37.1%
Used smokeless tobacco on school property	1.9%	10.6%
Drank soda or pop at least one time per day	16.9%	47.0%
Watched television >3 hours/day	18.2%	47.4%
Attended PE class	28.4%	90.8%
Attended PE class daily	6.7%	47.3%

(*) across state surveys, a range of >25 percentage points or a fivefold variation or greater was identified.

(CDC, 2008)

Table 3

Risky Behaviors that Adolescents Engage in (Local Percentages)*		
Behavior	**Minimum**	**Maximum**
Rarely or never wore a bicycle helmet	57.6%	94.8%
Lifetime cigarette use	24.9%	62.2%
Current frequent cigarette use	2.5%	14.4%
Bought cigarettes in a store or gas station	3.0%	27.0%
Current tobacco use	8.9%	34.5%
Lifetime alcohol use	36.7%	78.2%
Current alcohol use	17.0%	48.9%
Bought alcohol in a store	1.8%	10.0%
Lifetime marijuana use	17.4%	44.7%
Offered, sold, or given an illegal drug on school property	10.1%	37.1%
Used smokeless tobacco on school property	1.9%	10.6%
Drank soda or pop at least one time per day	16.9%	47.0%
Watched television >3 hours/day	18.2%	47.4%
Attended PE class	28.4%	90.8%
Attended PE class daily	6.7%	47.3%

(*) across local surveys, a range of >25 percentage points or a fivefold variation or greater was identified

(CDC, 2008)

APPENDIX C

School Health Policies and Programs Study 2006 (SHPPS) Health Education State Questionnaire

Form Approved
OMB No: 0920-0445
Expiration Date: 11/30/2008

Health Education
State Questionnaire

School Health Policies and Programs Study 2006
Attn: Beth Reed, Project Manager
126 College Street
Burlington, VT 05401
Tel: (802) 863-9600 - Fax: (802) 863-8974

Health Education
State Questionnaire

Questions

Special Instructions

NOTE: THROUGHOUT THIS QUESTIONNAIRE, TEXT THAT APPEARS IN ALL CAPITAL LETTERS WILL NOT BE READ ALOUD TO RESPONDENTS.

THIS QUESTIONNAIRE WILL BE ADMINISTERED USING COMPUTER ASSISTED TELEPHONE INTERVIEW TECHNOLOGY. THE INTERVIEWER WILL READ THE QUESTIONS ALOUD AND TYPE RESPONSES TO THE QUESTIONS INTO THE COMPUTER. THE INTERVIEW PROGRAM WILL 1) DISPLAY THE CORRECT TENSE OF VERBS, 2) PROVIDE ALTERNATE ANSWERS TO QUESTIONS (E.G., NOT APPLICABLE, "I DON'T KNOW"), 3) NAVIGATE COMPLEX SKIP PATTERNS, AND 4) PERFORM OTHER USEFUL FUNCTIONS. THE PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

1. This questionnaire focuses on your state's policies and practices regarding health education.

2. When I use the word "policy," I mean any law, rule, regulation, administrative order, or similar kind of mandate issued by the state board of education, state legislature, or other state agency with authority over schools in your state. I am most interested in what is required by the state, not what is recommended or contained in non-binding guidance documents, unless the question specifically asks about recommendations.

3. If a state policy is worded in such a way that it requires districts or schools to develop and adopt their own policies on a given topic, for the purpose of this questionnaire please consider it the same as a statewide requirement.

4. I recognize that the state may sometimes grant policy exceptions or waivers, but please answer each question based on what is considered the general policy and standard practice.

5. Please do not consider district or school practices or policies when answering the questions. We will ask about district and school practices and policies when we collect information from districts and schools across the country.

Standards/Guidelines

The first questions ask about your state's standards or guidelines for teaching health education. These standards or guidelines might cover topics such as the goals and objectives of health education or expected student outcomes.

1. Has your state adopted a policy stating that districts or schools will follow any national or state health education standards or guidelines?

   Yes .....1 →SKIP TO Q3
   No.....2

2. Has your state adopted a policy encouraging districts or schools to follow any national or state health education standards or guidelines?

   Yes 1
   No.....2 →SKIP TO THE INTRODUCTION TO Q8

3. Are these health education standards or guidelines based on the National Health Education Standards?

   Yes 1
   No.....2

The next questions ask about methods your state education agency might use to improve district or school compliance with these health education standards or guidelines.

4. To improve compliance with health education standards or guidelines, does your state use staff development for health education teachers?

   Yes 1
   No.....2

5. To improve compliance with health education standards or guidelines, does your state include health education in statewide assessments or testing?

   Yes 1
   No.....2

6. Does your state use written reports from districts or schools to document compliance with health education standards or guidelines?

   Yes 1
   No.....2

7. Is health education included when your state does onsite reviews in school districts for overall compliance with educational standards or guidelines?

   Yes 1
   No.....2

Elementary School Instruction

Now I'm going to ask you about elementary school instruction.

8. Has your state adopted goals, objectives, or expected outcomes for elementary school health education?

Yes 1
No.....2 →SKIP TO THE INTRODUCTION TO Q10

The next questions ask about student outcomes.

9. Do the goals and objectives adopted by your state for elementary school health education specifically address…

	Yes	No
a. Comprehending concepts related to health promotion and disease prevention?	1	2
b. Accessing valid health information and health promotion products and services?	1	2
c. Analyzing the influence of culture, media, technology, and other factors on health?	1	2
d. Practicing health-enhancing behaviors and reducing health risks?	1	2
e. Using interpersonal communication skills to enhance health?	1	2
f. Using goal-setting and decision-making skills to enhance health?	1	2
g. Advocating for personal, family, and community health?	1	2

The next questions ask about specific health topics.

10. Has your state adopted a policy stating that elementary schools will teach about…

	Yes	No
a. Alcohol or other drug use prevention?	1	2
b. Tobacco use prevention?	1	2
c. Nutrition and dietary behavior?	1	2
d. Physical activity and fitness, that is classroom instruction, not a physical education period?	1	2
e. Pregnancy prevention?	1	2
f. HIV or human immunodeficiency virus prevention?	1	2
g. Other STD or sexually transmitted disease prevention?	1	2
h. Human sexuality?	1	2
i. Emotional and mental health?	1	2
j. Suicide prevention?	1	2
k. Violence prevention, for example bullying, fighting, or homicide?	1	2
l. Injury prevention and safety?	1	2
m. Asthma awareness?	1	2
n. Foodborne illness prevention?	1	2

The next questions ask about curricula used by elementary schools for health education. By curriculum, I mean a written course of study that generally describes what students will know and be able to do by the end of a single grade or multiple grades and for a particular subject area. It is often presented through a detailed set of directions, strategies, and materials to facilitate student learning and teaching of content.

11. Does your state require or recommend that districts or schools use one particular curriculum for elementary school health education?

Require.....1
Recommend.....2
Neither.....3 →SKIP TO THE INTRODUCTION TO Q13

12. Who developed that curriculum?
MARK ALL THAT APPLY

State education agency.....1
Other state agency.....2
Commercial company.....3
Academic institution.....4
State-level organization or coalition.....5
Other.....6

The next questions ask about information and materials that state agencies may provide for elementary school health education.

13. During the past two years, has your state provided…

	Yes	No
a. A list of one or more recommended elementary school health education curricula?	1	2
b. A list of one or more recommended elementary school health education textbooks?	1	2
c. An elementary school health education curriculum?	1	2
d. A chart describing the scope and sequence of instruction for elementary school health education?	1	2
e. Lesson plans or learning activities for elementary school health education?	1	2
f. Plans for how to assess or evaluate students in elementary school health education?	1	2

14. States use many ways to describe how much health education students are required to receive while in elementary school. For example, states may describe these requirements in terms of minutes per week, hours per quarter, or hours per year. In your state, are there specified time requirements for health education at the elementary school level?

Yes.....1
No.....2

Middle or Junior High School Instruction

Now I'm going to ask you about middle or junior high school instruction.

15. Has your state adopted goals, objectives, or expected outcomes for middle or junior high school health education?

Yes 1
No.....2 →SKIP TO THE INTRODUCTION TO Q17

The next questions ask about student outcomes.

16. Do the goals and objectives adopted by your state for middle or junior high school health education specifically address…

	Yes	No
a. Comprehending concepts related to health promotion and disease prevention?	1	2
b. Accessing valid health information and health promoting products and services?	1	2
c. Analyzing the influence of culture, media, technology, and other factors on health?	1	2
d. Practicing health-enhancing behaviors and reducing health risks?	1	2
e. Using interpersonal communication skills to enhance health?	1	2
f. Using goal-setting and decision-making skills to enhance health?	1	2
g. Advocating for personal, family, and community health?	1	2

The next questions ask about specific health topics.

17. Has your state adopted a policy stating that middle or junior high schools will teach about…

	Yes	No
a. Alcohol or other drug use prevention?	1	2
b. Tobacco use prevention?	1	2
c. Nutrition and dietary behavior?	1	2
d. Physical activity and fitness, that is classroom instruction, not a physical education period?	1	2

e. Pregnancy prevention?.....1.....2
f. HIV or human immunodeficiency virus prevention? .....1.....2
g. Other STD or sexually transmitted disease prevention?.....1.....2
h. Human sexuality?.....1.....2
i. Emotional and mental health?.....1.....2
j. Suicide prevention?.....1.....2
k. Violence prevention, for example bullying, fighting, or homicide?.....1.....2
l. Injury prevention and safety?.....1.....2
m. Asthma awareness?.....1.....2
n. Foodborne illness prevention? .....1.....2

The next questions ask about curricula used by middle or junior high schools for health education.

18. Does your state require or recommend that districts or schools use one particular curriculum for middle or junior high school health education?

Require.....1
Recommend 2
Neither.....3 →SKIP TO THE INTRODUCTION TO Q20

19. Who developed that curriculum?
MARK ALL THAT APPLY

State education agency.....1
Other state agency.....2
Commercial company 3
Academic institution 4
State-level organization or coalition 5
Other 6

The next questions ask about information and materials that state agencies may provide for middle or junior high school health education.

20. During the past two years, has your state provided…

	Yes	No
a. A list of one or more recommended middle or junior high school health education curricula?	1	2
b. A list of one or more recommended middle or junior high school health education textbooks?	1	2
c. A middle or junior high school health education curriculum?	1	2
d. A chart describing the scope and sequence of instruction for middle or junior high school health education?	1	2
e. Lesson plans or learning activities for middle or junior high school health education?	1	2
f. Plans for how to assess or evaluate students in middle or junior high school health education?	1	2

21. States use many ways to describe how much health education students are required to receive while in middle or junior high school. For example, states may describe these requirements in terms of minutes per week, hours per quarter, or hours per year. In your state, are there specified time requirements for health education at the middle or junior high school level?

Yes 1
No.....2

Senior High School Instruction

Next I'm going to ask you about senior high school instruction.

22. Has your state adopted goals, objectives, or expected outcomes for senior high school health education?

Yes 1
No.....2 →SKIP TO THE INTRODUCTION TO Q24

The next questions ask about student outcomes.

23. Do the goals and objectives adopted by your state for senior high school health education specifically address…

	Yes	No
a. Comprehending concepts related to health promotion and disease prevention?	1	2
b. Accessing valid health information and health promoting products and services?	1	2
c. Analyzing the influence of culture, media, technology, and other factors on health?	1	2
d. Practicing health-enhancing behaviors and reducing health risks?	1	2
e. Using interpersonal communication skills to enhance health?	1	2
f. Using goal-setting and decision-making skills to enhance health?	1	2
g. Advocating for personal, family, and community health?	1	2

The next questions ask about specific health topics.

24. Has your state adopted a policy stating that senior high schools will teach about…

	Yes	No
a. Alcohol or other drug use prevention?	1	2
b. Tobacco use prevention?	1	2
c. Nutrition and dietary behavior?	1	2
d. Physical activity and fitness, that is classroom instruction, not a physical education period?	1	2
e. Pregnancy prevention?	1	2
f. HIV or human immunodeficiency virus prevention?	1	2
g. Other STD or sexually transmitted disease prevention?	1	2
h. Human sexuality?	1	2
i. Emotional and mental health?	1	2
j. Suicide prevention?	1	2
k. Violence prevention, for example bullying, fighting, or homicide?	1	2
l. Injury prevention and safety?	1	2
m. Asthma awareness?	1	2
n. Foodborne illness prevention?	1	2

The next questions ask about curricula used by senior high schools for health education.

25. Does your state require or recommend that districts or schools use one particular curriculum for senior high school health education?

Require 1
Recommend 2
Neither ..... 3 →SKIP TO THE INTRODUCTION TO Q27

26. Who developed that curriculum?
MARK ALL THAT APPLY

State education agency 1
Other state agency 2
Commercial company 3
Academic institution 4
State-level organization or coalition 5
Other 6

The next questions ask about information and materials that state agencies may provide for senior high school health education.

27. During the past two years, has your state provided…

	Yes	No
a. A list of one or more recommended senior high school health education curricula?	1	2
b. A list of one or more recommended senior high school health education textbooks?	1	2
c. A senior high school health education curriculum?	1	2
d. A chart describing the scope and sequence of instruction for senior high school health education?	1	2
e. Lesson plans or learning activities for senior high school health education?	1	2
f. Plans for how to assess or evaluate students in senior high school health education?	1	2

28. States use many ways to describe how much health education students are required to receive while in senior high school. For example, states may describe these requirements in terms of minutes per week, hours per quarter, or hours per year. In your state, are there specified time requirements for health education at the senior high school level?

Yes 1
No 2

Student Assessment

The next questions ask about student assessment policies in your state.

29a. Has your state adopted a policy stating that elementary school students will be tested on health topics?

Yes 1
No.....2

29b. Has your state adopted a policy stating that middle or junior high school students will be tested on health topics?

Yes 1
No.....2

29c. Has your state adopted a policy stating that senior high school students will be tested on health topics?

Yes 1
No.....2

Staffing and Staff Development

Now I'm going to ask you several questions about staffing and staff development in your state.

30a. Has your state adopted a policy stating that newly hired staff who teach health education at the elementary school level will have undergraduate or graduate training in health education?

Yes 1
No.....2

30b. What about at the middle or junior high school level?

Yes 1
No.....2

30c. What about at the senior high school level?

Yes 1
No.....2

31a. Has your state adopted a policy stating that newly hired staff who teach health education at the middle or junior high school level will be Certified Health Education Specialists or CHES?

Yes 1
No.....2

31b. What about at the senior high school level?

Yes 1
No.....2

32. Does your state offer certification, licensure, or endorsement to teach health education?

Yes 1
No.....2 →SKIP TO Q36

The next questions ask about types of certification, licensure, or endorsement your state may offer for health education teachers.

33. Does your state offer certification, licensure, or endorsement for…

	Yes	No
a. Health education for grades K-12?	1	2
b. Health education for elementary school?	1	2
c. Health education for middle or junior high school?	1	2
d. Health education for senior high school?	1	2
e. Combined health education and physical education for grades K-12?	1	2
f. Combined health education and physical education for elementary school?	1	2
g. Combined health education and physical education for middle or junior high school?	1	2
h. Combined health education and physical education for senior high school?	1	2

34a. Has your state adopted a policy stating that newly hired staff who teach health education at the elementary school level will be certified, licensed, or endorsed by the state to teach health education?

Yes 1
No 2
State does not offer certification, licensure, or endorsement to teach health education at the elementary school level 3

34b. What about at the middle or junior high school level?

Yes 1
No 2
State does not offer certification, licensure, or endorsement to teach health education at the middle/junior high school level 3

34c. What about at the senior high school level?

Yes 1
No.....2
State does not offer certification, licensure,
or endorsement to teach health education
at the senior high school level.....3

35. Has your state adopted a policy stating that teachers will earn continuing education credits on health education topics to maintain state certification, licensure, or endorsement to teach health education?

Yes 1
No.....2

36. Has your state adopted a policy stating that each school district will have someone to oversee or coordinate school health education?

Yes 1
No.....2

37. Has your state adopted a policy stating that each school will have someone to oversee or coordinate health education at the school, for example, a lead health education teacher?

Yes 1
No.....2

My next questions are about staff development for those who teach health education. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

38. During the past two years, has your state provided funding for or offered staff development to those who teach health education on…

	Yes	No
a. Alcohol or other drug use prevention?	1	2
b. Tobacco use prevention?	1	2
c. Nutrition and dietary behavior?	1	2
d. Physical activity and fitness?	1	2
e. Pregnancy prevention?	1	2
f. HIV or human immunodeficiency virus prevention?	1	2
g. Other STD or sexually transmitted disease prevention?	1	2

h. Human sexuality?.....1.....2
i. Emotional and mental health?.....1.....2
j. Suicide prevention?.....1.....2
k. Violence prevention, for example bullying, fighting, or homicide?.....1.....2
l. Injury prevention and safety?.....1.....2
m. Asthma awareness?.....1.....2
n. Foodborne illness prevention?.....1.....2

39. During the past two years, has your state provided funding for or offered staff development to those who teach health education on…

	Yes	No
a. Teaching students with long-term physical, medical, or cognitive disabilities?	1	2
b. Teaching students of various cultural backgrounds?	1	2
c. Teaching students with limited English proficiency?	1	2
d. Using interactive teaching methods, such as role plays or cooperative group activities?	1	2
e. Encouraging family or community involvement?	1	2
f. Teaching skills for behavior change?	1	2
g. Using classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management?	1	2
h. Assessing or evaluating students in health education?	1	2

Collaboration

Now I'm going to ask you about collaboration among health education staff and other staff in your state.

40a. During the past 12 months, have state-level health education staff worked on health education activities with state-level physical education staff?

Yes 1
No.....2
State does not have state-level physical education staff.....3

40b. What about with state-level school health services staff?

Yes 1
No.....2
State does not have state-level school health services staff.....3

40c. What about with state-level school mental health or social services staff?

Yes 1
No.....2
State does not have state-level school mental health or social services staff.....3

40d. What about with state-level school nutrition or food service staff?

Yes 1
No.....2
State does not have state-level school nutrition or food service staff.....3

41. During the past 12 months, have state-level health education staff worked on health education activities with staff or members from…

	Yes	No
a. The state-level AAHPERD ?	1	2
b. The state-level American School Health Association?	1	2
c. A state-level school nurses' association?	1	2
d. A state-level physicians' organization, such as the American Academy of Pediatrics?	1	2
e. A state-level health organization, such as the American Heart Association or the American Cancer Society?	1	2
f. The state health department?	1	2
g. The state mental health or social services agency?	1	2
h. A state-level school health committee, council, or team?	1	2
i. Colleges or universities?	1	2
j. Businesses?	1	2

Health Education Coordinator

42. Currently, does someone in your state oversee or coordinate school health education?

Yes 1
No.....2 →That is the last question. Thank you very much for taking the time to complete this questionnaire.

43. Are you this person?

Yes 1
No.....2 →That is the last question. Thank you very much for taking the time to complete this questionnaire.

The last few questions ask about your educational background.

44. Do you have an undergraduate degree?

Yes 1
No.....2 →SKIP TO Q50A

45. What did you major in?
MARK ALL THAT APPLY

Health education 1
Physical education 2
Other education.....3
Kinesiology, exercise physiology, or exercise science.....4
Nursing.....5
Nutrition.....6
Public health.....7
Biology or other science 8
Home economics or family and consumer science.....9
Other 10

46. Did you have an undergraduate minor?

Yes 1
No.....2 →SKIP TO Q48

47. What did you minor in?
MARK ALL THAT APPLY

Health education 1
Physical education 2
Other education.....3
Kinesiology, exercise physiology, or
exercise science.....4
Nursing.....5
Nutrition.....6
Public health.....7
Biology or other science 8
Home economics or family and consumer
science.....9
Other 10

48. Do you have a graduate degree?

Yes 1
No.....2 →SKIP TO Q50A

49. In what area or areas?
MARK ALL THAT APPLY

Health education 1
Physical education 2
Other education.....3
Kinesiology, exercise physiology, or
exercise science.....4
Nursing.....5
Nutrition.....6
Public health.....7
Biology or other science 8
Home economics or family and consumer
science.....9
Other 10

50a. Are you certified, licensed, or endorsed by the state to teach health education at the elementary school level?

Yes 1
No.....2
State does not offer certification, licensure,
or endorsement to teach health education
at the elementary school level.....3

50b. What about at the middle or junior high school level?

Yes 1
No.....2
State does not offer certification, licensure,
or endorsement to teach health education
at the middle/junior high school level.....3

50c. What about at the senior high school level?

Yes 1
No.....2
State does not offer certification, licensure,
or endorsement to teach health education
at the senior high school level.....3

51. Are you a Certified Health Education Specialist or CHES?

Yes 1
No.....2

Thank you very much for taking the time to participate in this study.

If you would like more information about this study or would like clarification of any questions in this survey, please call 800-287-1815.

APPENDIX D

The School Health Profiles (Profiles) Tables

Table 4

Degrees of Health Education Teachers in Public Schools					
State	**Health education only**	**Nursing or counseling**	**Public health, nutrition, or another discipline**	**Health and physical education combined**	**Other**
Alabama	10.4	3.8	0.9	53.2	31.8
Alaska	4.3	10.3	14.4	9.5	61.4
Arizona	2.3	15.1	14.1	18.6	50.0
Arkansas	4.6	1.2	3.0	67.5	23.6
Connecticut	16.0	3.6	4.8	44.1	31.5
Delaware	4.7	1.6	3.0	74.2	16.5
Florida	14.2	4.1	9.1	26.6	45.9
Georgia	4.0	2.0	2.0	78.7	13.4
Hawaii	4.7	0.0	7.1	45.6	42.6
Idaho	8.1	1.7	3.7	57.5	29.1
Iowa	3.3	4.6	6.8	37.3	48.1
Kansas	2.3	7.6	2.0	50.8	37.4
Maine	14.9	7.3	3.6	40.3	34.1
Massachusetts	21.4	10.6	3.6	40.9	23.4
Michigan	9.6	1.7	2.5	39.5	46.8
Mississippi	9.7	2.1	3.5	47.3	37.4
Missouri	4.1	3.7	1.0	56.3	34.9
Montana	1.2	0.6	1.3	64.2	32.7
Nebraska	2.3	4.4	2.1	38.9	52.3
New Hampshire	21.0	18.2	3.4	20.4	37.0
New York	42.9	1.1	1.2	40.8	14.0
North Carolina	3.4	2.6	1.1	60.2	32.7
North Dakota	1.7	2.3	5.0	40.2	50.7
Oregon	14.3	0.0	7.2	45.0	33.5
Pennsylvania	3.0	1.0	0.4	88.9	6.8
Rhode Island	7.5	11.2	1.3	74.9	5.0
South Carolina	4.2	2.5	2.7	45.4	45.1
South Dakota	1.5	2.7	4.8	46.2	44.7
Tennessee	3.0	10.1	1.5	61.1	24.4
Texas	**8.6**	**3.9**	**3.3**	**45.2**	**39.0**
Utah	16.0	0.0	2.5	45.4	36.1
Vermont	12.9	17.3	0.0	36.4	33.4
Virginia	2.4	0.7	0.7	81.9	14.3
West Virginia	6.6	0.5	1.8	79.2	12.0
State Median	**4.7**	**2.7**	**2.9**	**45.5**	**33.8**
State Range	**1.2 – 42.9**	**0.0 – 28.6**	**0.0 – 14.4**	**9.5 – 88.9**	**5.0 – 61.4**

(Balaji, 2008)

Table 5

Health topics	Continuing Education of Health Education Teachers in Texas					
	Continuing Education Received			Continuing Education Wanted		
	Texas	State median	State range	Texas	State median	State range
Alcohol-use or other drug-use prevention	46.6	50.4	36.3 – 70.0	74.0	72.5	53.7 – 81.4
Asthma awareness	21.7	19.2	11.0 – 57.4	57.3	56.5	33.0 – 68.3
Consumer health	23.8	22.2	14.0 – 42.2	51.0	49.4	36.1 – 65.5
CPR	82.6	67.0	29.6 – 85.4	67.2	64.4	48.9 – 78.4
Dental and oral health	13.6	12.3	3.5 – 22.7	46.9	42.5	27.0 - 57.4
Emotional and mental health	27.4	35.6	23.8 – 62.3	69.4	67.4	55.6 – 80.2
Environmental health	17.4	14.2	7.7 – 21.4	55.6	52.5	37.1 – 65.9
First aid	71.7	56.7	29.1 – 77.1	69.1	65.1	50.2 – 79.6
Food borne illness prevention	18.3	18.9	9.2 – 30.2	58.3	49.8	35.8 – 61.4
Growth and development	25.9	25.7	17.9 – 49.8	58.1	55.9	39.4 – 67.0
HIV prevention	35.0	43.7	21.3 – 63.9	65.0	63.5	46.1 – 77.4
Human sexuality	29.9	31.6	12.7 – 65.6	59.6	57.3	40.9 – 75.4
Immunization	20.5	16.6	7.4 – 30.7	49.1	45.1	30.7 – 59.5
Injury prevention and safety	52.5	39.9	25.0 – 58.6	63.5	59.6	42.0 – 72.4
Nutrition and dietary behavior	28.8	35.4	21.3 – 72.8	74.0	73.2	57.3 – 78.5
Physical activity and fitness	48.4	48.3	27.5 – 64.4	65.7	67.8	50.9 – 78.5

Table 5 continued

Health topics	Continuing Education of Health Education Teachers in Texas						
	Continuing Education Received				Continuing Education Wanted		
	Texas	State median	State range		Texas	State median	State range
Pregnancy prevention	25.7	27.5	10.3 – 55.7		58.3	57.9	39.5 – 72.3
STD prevention	31.8	36.7	17.4 – 64.8		63.0	62.8	46.2 – 77.7
Suicide prevention	21.0	25.5	11.4 – 39.6		76.5	72.3	62.6 – 85.2
Sun safety or skin cancer prevention	18.2	13.4	6.8 – 43.1		57.8	55.9	40.0 – 66.1
Tobacco-use prevention	30.2	34.6	16.7 – 49.7		65.8	63.5	45.1 – 74.3
Violence prevention	49.0	52.3	40.7 – 70.1		77.7	76.3	58.7 – 83.6

(Balaji, 2008)

APPENDIX E

School Health Policies and Programs Study 2006 (SHPPS) Tables

Table 6

State	State requirement that newly hired staff will have college training in health education		
	Elementary level	Middle/junior high level	Senior high school level
Alabama			X
Alaska	X	X	X
Arizona			X
Arkansas		X	X
California	X		
Colorado			
Connecticut		X	X
Delaware		X	X
District of Columbia	X	X	X
Florida	X		X
Georgia	X	X	X
Hawaii	X	X	X
Idaho		X	X
Illinois		X	X
Indiana		X	X
Iowa	X	X	X
Kansas			
Kentucky		X	X
Louisiana		X	X
Maine		X	X
Maryland			
Massachusetts	X	X	X
Michigan		X	X
Minnesota	X	X	X
Mississippi			X
Missouri		X	X
Montana	X	X	X
Nebraska		X	X
Nevada		X	X
New Hampshire	*	*	*
New Jersey		X	X
New Mexico		X	X
New York		X	X
North Carolina		X	X
North Dakota	X	X	X

Table 6 continued

State	State requirement that newly hired staff will have college training in health education		
	Elementary level	Middle/junior high level	Senior high school level
Ohio			
Oklahoma	X	X	X
Oregon			
Pennsylvania	X	X	X
Rhode Island	X	X	X
South Carolina			
South Dakota			
Tennessee			X
Texas	X	X	X
Utah	X	X	X
Vermont		X	X
Virginia	X	X	X
Washington		X	X
West Virginia	X	X	X
Wisconsin		X	X
Wyoming		X	X

(*) Skipped question

(CDC, 2007)

Table 7

State	State requirement that newly hired staff will be certified, licensed, or endorsed by the state to teach health education		
	Elementary level	Middle/junior high level	Senior high school level
Alabama	X	X	X
Alaska			
Arizona $_{\alpha}$	-	-	-
Arkansas			
California	-	X	X
Colorado			
Connecticut		X	X
Delaware		X	X
District of Columbia	X	X	X
Florida			X
Georgia	X	X	X
Hawaii	X	X	X
Idaho		X	X
Illinois	-	X	X
Indiana		X	X
Iowa	*	*	*
Kansas			
Kentucky		X	X
Louisiana	-	X	X
Maine		X	X
Maryland $_{\alpha}$	-	-	-
Massachusetts	-	X	X
Michigan		X	X
Minnesota	X	X	X
Mississippi			X
Missouri	X	X	X
Montana $_{\alpha}$	-	-	-
Nebraska	-	X	X
Nevada		X	X
New Hampshire	*	*	*
New Jersey		X	X
New Mexico		X	X
New York		X	X
North Carolina		X	X
North Dakota	*	*	*

Table 7 continued

State	State requirement that newly hired staff will be certified, licensed, or endorsed by the state to teach health education		
	Elementary level	Middle/junior high level	Senior high school level
Ohio	X	X	X
Oklahoma $_{\alpha}$	-	-	-
Oregon		X	X
Pennsylvania		X	X
Rhode Island	X	X	X
South Carolina			
South Dakota			
Tennessee	-	X	X
Texas	*	*	*
Utah	X	X	X
Vermont		X	X
Virginia		X	X
Washington		X	X
West Virginia		X	X
Wisconsin			X
Wyoming		X	X

(*) Skipped question

(-) State does not certify, license, or endorse at the designated level

($_{\alpha}$) State answered no for all levels

(CDC, 2007)

Table 8

State	State requirement that newly hired health education teachers will be Certified Health Education Specialist (CHES) credential	
	Middle/ junior high school level	Senior high school level
Alabama		X
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia	X	X
Florida		
Georgia	X	X
Hawaii	X	X
Idaho		
Illinois		
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota	X	X
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey	X	X
New Mexico		
New York		
North Carolina		
North Dakota		

Table 8 continued

State	State requirement that newly hired health education teachers will be Certified Health Education Specialist (CHES) credential	
	Middle/ junior high school level	Senior high school level
Ohio		
Oklahoma		
Oregon		
Pennsylvania		
Rhode Island	X	X
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah	X	X
Vermont		
Virginia		
Washington		
West Virginia	X	X
Wisconsin		
Wyoming		

(CDC, 2007)

Table 9

State	States requiring continuing education credits
Alabama	X
Alaska	
Arizona	
Arkansas	
California	X
Colorado	
Connecticut	X
Delaware	X
District of Columbia	X
Florida	X
Georgia	
Hawaii	
Idaho	X
Illinois	X
Indiana	X
Iowa	*
Kansas	
Kentucky	
Louisiana	
Maine	X
Maryland	
Massachusetts	X
Michigan	X
Minnesota	
Mississippi	X
Missouri	X
Montana	X
Nebraska	
Nevada	X
New Hampshire	X
New Jersey	X
New Mexico	
New York	*
North Carolina	
North Dakota	*

Table 9 continued

State	State requiring continuing education credits
Ohio	**X**
Oklahoma	
Oregon	
Pennsylvania	**X**
Rhode Island	**X**
South Carolina	**X**
South Dakota	**X**
Tennessee	
Texas	*****
Utah	**X**
Vermont	**X**
Virginia	
Washington	**X**
West Virginia	**X**
Wisconsin	**X**
Wyoming	**X**

(*) Skipped question

(CDC, 2007)

APPENDIX F

Texas Undergraduate Programs in Health Education Table

Table 10

Texas Undergraduate Programs in Health Education					
University	**City**	**Degree**	**Teaching Certification Option**	**Distance Learning/ Online Courses**	**Citation**
Abilene Christian University	Abilene	BS* in Exercise Science – Health Promotion Track			(ACU, 2009)
Lamar University	Beaumont	BS in Health	**X**		(LU, 2009)
Paul Quinn College	Dallas	Not specified on website	**X**		(PQC, 2009)
Prairie View A&M Univ.	Prairie View	BS in Health and Human Performance	**X**		(PVAMU, 2009)
Stephen F. Austin Univ.	Nacogdoches	BS in Health Science			(SFAU, 2009)
Texas A&M	College Station	BS in Health Education		**X**	(TAMU, 2009)
Texas A&M	Kingsville	BS in Health Education			(TAMUK, 2009)
Texas A&M	Commerce	BS in Health Promotion or BS in Health with teacher certification	**X**		(TAMC, 2009)
Texas A&M	Corpus Christi	BS in Health Science			(TAMCC, 2009)
Texas Tech University	Lubbock	BS in Health			(TTU, 2009)
Texas Southern University	Houston	BS in Health	**X**		(TSU, 2009)
Texas State University	San Marcos	BS of Health and Wellness Promotion	**X**		(TXStateU, 2009)
Texas Women's Univ.	Denton	BS or BAS** in Health Studies		**X**	(TWU, 2009)
University of Houston	Houston	BS in Health			(UH, 2009)
University of North Texas	Denton	BS in Health Promotion	**X**		(UNT, 2009)
Univ. of Texas at Austin	Austin	BS in Kinesiology with emphasis in Health Education			(UT, 2009)
UT – Brownsville	Brownsville	BS in Health and Human Performance			(UTB, 2009)
UT – El Paso	El Paso	BS in Health Promotion	**X**		(UTEP, 2009)
UT – Pan American	Edinburg	BS in Health Education	**X**		(UTPA, 2009)
UT – San Antonio	San Antonio	BS in Health			(UTSA, 2009)
UT – Tyler	Tyler	BS in Health Studies	**X**		(UTT, 2009)

* Bachelor of Science
** Bachelor of Applied Science

APPENDIX G

Draft of Policy Regarding Health Education Programs in Texas Public Schools

81R1234 ABC-D

By: González H.B. No. 123

A BILL TO BE ENTITLED

AN ACT

relating to expand health education programs in Texas public schools.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 21, Education Code, is amended by adding Subchapter A to read as follows:

SUBCHAPTER A. HEALTH EDUCATOR AND SCHOOL DISTRICT REQUIREMENTS

Sec. 21.0485. HEALTH EDUCATION CERTIFICATES. (a) health teaching certificate EC-Grade 12 will be awarded to certified teachers that:

(1) have obtained 48-semester hours of academic specialization (including 25 semester hours of upper division courses), which includes six semester hours designed for elementary level and six semester hours designed for secondary level;

(2) first year health teachers will be required to obtain the Certified Health Education Specialist Credential within one year of date of hire; and

(3) current health teachers will be required to obtain the Certified Health Education Specialist Credential one year from the effect date of this act.

(4) follow continuing education unit rules as delineated by the National Commission for Health Education Credentialing, 75 hours of CEU's completed within five years of certificate.

(5) health educators who hold a Certified Health Education Specialist Credential will be eligible for a stipend;

(A) amount of stipend will be voted on by the respective school district school board;

SECTION 2. The purpose of this Act is to expand health education programs in public schools, in order to reduce risky health behaviors that cause increased levels of morbidity and mortality.

SECTION 3. This Act takes effect September 1, 2011.