

**Implementing the New Hawai'i Health Content Standards:**  
*Issues in Teacher Education, Professional Development,  
& Employment Practices*

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## **Implementing the New Hawai'i Health Content Standards: Issues in Teacher Education, Professional Development, and Employment Practices**

### **Executive Summary**

Teacher education and professional development in health education and the hiring of qualified health education teachers for Hawai'i's schools are important issues for the well-being of Hawai'i youth and the adults they will become—the future parents, community members, and leaders of our state. The inclusion of new Hawai'i Health Standards in the 1999 Hawai'i Content and Performance Standards II (HCPS II) provides a tremendous opportunity to focus on a skills-based approach to improving health status in Hawai'i.

Because of budget restraints and resulting faculty shortages, teacher preparation and professional development in health education at the university level have been virtually nonexistent in Hawai'i during the past decade. Common practice in Hawai'i includes assigning physical education teachers, who have little preparation in health education, or new secondary teachers in other subject areas who must fill their schedules, to teach health education. Thus, required health education courses in middle and high school often have been staffed by teachers who have minimal training and little interest in teaching the subject.

Standards-based school health education is important for Hawai'i youth. The Hawai'i Youth Risk Behavior Survey (YRBS) of middle- and high-school students revealed many positive findings about our young people. However, the study identified specific areas of concern, such as suicide ideation, unsafe school campuses, early use of marijuana, and unprotected sexual intercourse (Pateman, Saka, & Lai, 2000). The Hawai'i School Health Education Profile Report (2000) indicated that Hawai'i schools are attempting to address these problems. However, assignment of unqualified teachers to teach health education and lack of opportunity for pre-service and in-service professional preparation in health education are major concerns in our state.

To meet the new Hawai'i Health Standards, pre-service elementary and secondary teachers should receive appropriate training in health education—an elementary health education course for all elementary majors and the opportunity to major or minor in health education for secondary majors. DOE should hire licensed health education teachers to teach required health education courses at the middle- and high-school levels.

## **The Issue**

Teacher education and professional development in health education and the hiring of qualified health education teachers for Hawai'i's schools are issues that are important to the well-being of Hawai'i youth and the adults they will become—the future parents, community members, and leaders of our state. The inclusion of new Hawai'i Health Standards in the 1999 Hawai'i Content and Performance Standards II (HCPS II) provides a tremendous opportunity to focus on a skills-based approach to improving health status in Hawai'i.

Because of budget restraints and resulting faculty shortages, teacher education and professional development in health education at the university level have been virtually nonexistent in Hawai'i during the past decade. Common practices in Hawai'i include assigning physical education teachers, who have little preparation in health education, or new secondary teachers from across the curriculum who must fill their schedules, to teach health education. Thus, required health education courses in middle- and high-school often have been staffed by teachers who have minimal training and little interest in teaching the subject. In addition, elementary teachers, all of whom are expected to teach health, have had little or no professional preparation at the university level.

The Hawai'i Health Content Standards specify core concepts and skills for K-12 students in important risk areas for today's youth, such as injury and violence prevention, alcohol and other drug use prevention, sexual health, tobacco use prevention, nutrition, lifelong physical activity, and mental and emotional health. Hawai'i health education skills include learning to access valid health information, products, and services; practice self management; analyze internal and external influences on health behavior; communicate to promote and protect one's health; make health-enhancing decisions and set goals;

and advocate for the health of others. This kind of teaching is very different from the old lecture- and textbook-based ways of presenting health education. If teachers are to implement today's standards- and skills-based approach to teaching health, ongoing support for teacher preparation and professional development in health education and the hiring of qualified health educators are essential.

## **What the Research Tells Us**

The most recent Hawai'i School Health Education Profile Report (Pateman, Saka, & Lai, 2000) revealed that only five percent of secondary lead health education teachers reported health education as the major emphasis of their professional preparation. The Hawai'i Department of Education's attempts to provide in-service health education for teachers also have been limited. The School Health Education Profile Report indicated that six out of ten secondary lead health education teachers had not received four or more hours of in-service training during the previous two years.

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Bennett, Perko, and Herstine (2000) conducted national surveys in 1988, 1992, and 1998 to ascertain certification practices among all states in health education and

physical education. The authors also collected information on the frequency with which states permit certified health and physical education teachers to cross teaching fields and teach outside their area of preparation.

Results indicated that the number of states issuing separate health education and physical education certificates increased from 84% to 94% during the ten-year period. The issuing of combined certificates dropped from 46% in 1988 to 36% in 1998. The percentage of states issuing both separate and combined certificates was 32 in 1988 and remained constant in 1998. States allowing certified health and physical education teachers to cross-teach in areas outside their preparation has slowly increased. However, the majority of states (54%) stated that the best way to implement the two areas was as two separate courses, health education and physical education.

In response to these findings, Fetro (2000) recommended that health education and physical education be recognized as distinct professions and that teachers be prepared fully in the areas in which they will teach. Fetro spoke against combined certification in health education and physical education by stating, "The concept of a combined certification is based on the premise that health educators possess athletic abilities to teach individual and team sports, physical educators are competent to facilitate classroom discussions about sensitive health issues, and either/both have the desire and professional preparation to teach in the other discipline. If teachers with combined certifications or supplemental endorsements are not ready, willing, and able to teach both health education and physical education, student learning will be affected" (p. 154).

#### **How Other States Have Dealt with the Issue**

Bennett, Perko, and Herstine (2000) indicated that 47 of 50 states issued separate health and physical education certificates in 1998. Only 22 states allowed physical education teachers to teach health education, insisting instead on certified

health education teachers for these positions. Examples of state responses to questions about their future health education requirements are as follows:

*[We are] moving to teacher licensure based on teaching performance and content performance standards. (Alaska)*

*We are planning to require a health education Praxis test as soon as it is aligned with the National Health Education Standards. (Maryland)*

*[We will have] course requirements in health and health education for elementary teacher certification. (Michigan)*

*[Our] state expects all school districts to develop a distinct K-12 assessment of PE and HE separately. (New Mexico)*

States also indicated their preference for the type of certification that should be issued for health education and physical education. Example state responses follow:

*[We want to] add a health certification. (Colorado)*

*[We are] satisfied with current certification, except for the need for a current Health Education Praxis Test. (Maryland)*

*[We will] retain separate certifications for each discipline. (New York)*

*[A] minor in health education would be ideal. (North Dakota)*

*[We want] two separate certifications with more college preparation in health for elementary teachers. (Texas)*

The bulk of states also recommended a renewal process requiring five or six credit hours every five or six years.

## **Relevance for Hawai'i**

The State of Hawai'i provides distinct teaching licenses in the areas of health education and physical education. However, health education teachers have not been professionally prepared at the university level for a number of years, and DOE has had little ability to hire health educators, unless they completed their professional preparation in other states or were trained in Hawai'i long ago.

During the past three years, COE has worked to reinstate health education in its programs of study. Teacher education and professional development to meet the Hawai'i Health Content Standards are needed at three levels. The status of COE offerings in health education is as follows:

### **1. Elementary pre-service education**

Beginning in fall 2000, the Elementary and Early Childhood Education (EECE) Program requires a three-credit course in health education for all EECE majors. Personal and Social K-6 Health Skills (TECS 343), is a newly approved course designed to help K-6 pre-service teachers meet the Hawai'i Health Content Standards and the Hawai'i Teacher Performance and Licensing Standards.

### **2. Secondary pre-service education**

The Secondary Bachelor of Education major in Health Education remains closed at this time. However, collaboration is underway between the Department of Teacher Education and Curriculum Studies and the Department of Kinesiology and Leisure Science to offer a secondary health education minor, with the eventual goal of reinstating the secondary health education major. The secondary major would qualify students for DOE Licensing in Health Education.

### **3. Graduate education**

The Department of Teacher Education and Curriculum Studies added the Related Field of Health Education to its Master of Education Program of Study in 2000. Teachers who complete this program qualify

for DOE Professional Certification in Health Education. In addition, COE is in the process of recommending graduate coursework (18 credits) that could be used toward DOE Endorsement in Health Education, which DOE teachers can add as an additional content area to their teaching license.

In addition to this university-level commitment to teacher education and professional development, DOE must consider hiring qualified health education teachers for health education position in Hawai'i secondary schools. The new Hawai'i Health Standards provide a strong position for hiring trained health educators in Hawai'i's schools.

The publication of the Hawai'i Health Content Standards resulted in an outpouring of business and community support for professional development in health education. In 1999, the American Cancer Society Hawai'i Pacific Inc. convened a Comprehensive School Health Committee to support implementation of the standards. The ACS committee resulted in the Hawai'i Partnership for Standards-Based School Health Education, which includes school and community health, education, and business representation. With financial support from Meadow Gold Dairies, Hawaiian Electric Company, Hawaiian Electric Light Corporation, Maui Electric Company, and Hawai'i Medical Services Association, Hawai'i Department of Education, and the University of Hawai'i College of Education conducted 15 day-long Health Content Standards teacher workshops on the islands of Hawai'i, Kauai, Maui, and Oahu during the 1999-2000 academic year. In addition, Meadow Gold Dairies sponsored a "Got Health?" advertising campaign, featuring the Hawai'i Health Content Standards on half-pint and half-gallon milk cartons throughout the state.

### **Policy Recommendations**

#### Teacher Preparation and Professional Development

- All elementary pre-service teachers should receive training in standards-based school health education for grades K–6.
- A health education major and/or minor should be reinstated for secondary pre-service teachers.
- Practicing teachers should be provided with post-baccalaureate and graduate professional development opportunities in standards-based school health education.

#### Hiring Practices

- Department of Education secondary schools should hire licensed health education teachers to teach required health education courses in middle and high schools.

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