

# **Audit and Review Self-Study 2002-03**

## **Health Education Programs**

### **Academic Assessment**

#### **Highlights/Initiatives**

##### **Overview:**

The Department of Health, Physical Education, Recreation and Coaching [HPRC] offers programs that include majors in physical education (both licensure and non-teaching), minors in health, physical education, recreation and coaching, and the general studies physical education program. The programs in health, recreation and coaching provide courses and minors that complement both the licensure and non-teaching majors in physical education, as well as other licensure majors in the College of Education and non-teaching majors across the University. All physical education majors are required to complete one or more courses in health.

The mission of the Health Education Program/Minor(s) is to enable students to integrate the concept of empowerment and wellness in ways that maximize the development of complexity in students and student ability to foster complexity in the people, schools, communities and work sites they will serve. Complexity includes two concepts: differentiation and integration. Differentiation pertains to the development and expression of individual uniqueness; integration pertains to the expression of care and high regard for global interdependency. This mission embraces and appreciates the Whole Person Model that recognizes and articulates the dynamic interrelationship of all dimensions of wellness: physical, mental, emotional, spiritual within environment /social/cultural context.

The 22 credit Health Education Minor offered through the Department of Health, Physical Education, Recreation and Coaching [HPRC] provides opportunities to explore knowledge, attitudes and experiences in differing health fields with all HEALTHED courses based on a combination of Whole Person Model of Wellness, The Health Belief Model, and the PRECEDE-PROCEED Model. Depending upon the course, other wholistic health/wellness models are used. The Wellness Model approach is used to determine the impact that health education, health maintenance, and health promotion/wellness have on various lay, student, and professional populations as well as to prepare individuals to foster wellness in themselves and others. Specifically, Health Education currently offers:

- A Health Education L & S Minor (non-licensure) that most often serves as a minor for physical education (non-licensure), social work, psychology, business students.
- A Health Education Minor that serves Elementary/Middle School licensure students.
- The existing structure for serving students wishing to acquire the Health Education add-on license.

Both minors and the add-on licensure program are in the process of doing through rather extensive curricular change. The changes are being sent forth as a package and are now being considered at the level of the HPRC Curriculum Committee. However, at present the Health Education minor for public teaching licensure has three required courses: HEALTHED 445/545 Teaching Health Education, HEALTHED 360/560 High Level Wellness, and HEALTHED 340 Introduction to Health Issues & Secondary Education. The L & S Health minor has two: HEALTHED 362/562 Stress Management and HEALTHED 181 Contemporary Health. The remaining courses are chosen from a field of electives, some of which are HEALTHED courses

from the Department of Health, Physical Education, Recreation and Coaching while the remainder are offered from different departments, but are related to health/wellness.

Both the Health Education and the Letter and Science Health Minors (as well as the proposed changes in the minors) reflect and embrace the College of Education's collective belief "that a teacher is a facilitator of learning and that learning is an active engaging process" and that the process of facilitation requires active and frequent reflection. Although students involved in the L & S Health Minor will likely serve populations other than public school children, the program's main function is to educate students to become effective facilitators.

The Health Education Committee (Constance Kirk, Ann Garvin, and Sherry Pottebaum) has revised the health education programs so that they more clearly meet the needs of our diverse populations based upon the Health Education Programs' previous review. The Health Education Board expects that there will be ongoing improvements in course offerings, as well as a more integrated, cohesive minor program as a result of utilizing exit interviews, input from a health advisory board, and open-ended interview/questionnaires used during advising sessions.

The proposed changes in health education programs will serve essentially the same student population. They are: the Health Education Minor (for Elementary/Middle School Education students pursuing licensure in health), and the Health Promotion Minor [name changed from Health Education L & S] for physical education students who are non-licensure, and the Letters and Science Health Minor (for students in Letters and Science and other colleges such as Business). See Appendix A.

Until 1998-99, the *health education program* [the term, "health education program" will be used to denote the two health minors and the curricular structure that serves add-on licensure in health] had never been tied to any separate formal assessment as a "program," primarily because it was folded into the HPRC review as a whole. Formerly, assessment had been based on informal discussions with students, faculty, and staff, and upon internal assessment in health classes. However, this has changed dramatically with the advent of this form of audit and review, as well as NCATE and DPI reviews of Spring 2002. The Department of Health, Physical Education, Recreation and Coaching was described as "exemplary" in the NCATE review which was, in part, due to the efforts to initiate changes in health education. At this point, the changes continue to be a result of internal rather than external assessment.

The following changes are a few of the changes in process (i.e., curricular changes that are now moving through the curricular approval process) or have been enacted.

- Addition of a gateway health course [HEALTHED 280 Introduction to Health Promotion and Education]. This course will allow of collection of data, which may be compared to capstone course data.
- Addition of and identification of capstone courses, HEALTHED 445 Teaching Health Education for licensure students, and HEALTHED 470 facilitating Health Behavior, Health Promotion Minor students, respectively.
- Addition of a course rotation schedule
- Refinement of elective and selective courses in each program
- Clarification of program descriptions

The following are changes that are proposed, but have not yet occurred.

- a) Addition of an Advisory Board.
- b) An exit interview. Licensure students would be interviewed as part of the requirement for HEALTHED 455 Teaching Health Education, which is identified as the capstone course. Students in the new Health Promotion Minor would be interviewed as part of the

- requirement of HEALTHED 470 facilitating Health Behavior, identified as the capstone course. These capstone courses clearly require students to integrate and demonstrate skills and knowledge gained from the health education program as a whole.
- c) Use of a questionnaire completed by students in the program during advising sessions. Dr. Kirk is currently the faculty member assigned as the advisor for students in the health education programs. She is also responsible for certifying when students have completed the necessary requirements for licensure before applications are submitted to the Department of Public Instruction. Sherry Pottebaum has been a co-facilitator in the advising process due to the fact that she is responsible for teaching the primary courses leading to licensure, i.e., Elementary Health Education, Health Issues and Secondary Health Topics, and Teaching Health Education. It should be noted that many students in health programs do not meet with Dr. Kirk or Mrs. Pottebaum until the end of their health program or if/when an advisor has some difficulty in assessing student progress through the program. The curricular changes will serve to clarify requirements so that fewer students and advisors have problems with understanding or following requirements.
  - d) Working with the HPRC Department as a whole, the Health Education Committee proposed surveys following graduation. However it should be noted that the HPRC Department has not been given the necessary approval to track our graduates. The addition of campus wide trend data and surveys has been somewhat helpful. However, it is difficult to follow graduates in health education due to lack of resources and data. For example, there is no way for us to access the number of people, or their identify and whereabouts, who hold current health licensure in the state of Wisconsin, nor is there data that identifies number or individuals with licensure at UWW or sister institutions such as UW-La Crosse. DPI and UWW do not seek out or maintain this data.

### **Educational Objectives and Assessment Techniques**

The educational objectives reflect all of the "Wisconsin's Model Academic Standards for Health Education" (DPI, 1997) which include the following:

Students in Wisconsin will:

- a) Understand concepts related to personal health promotion and disease prevention;
- b) Practice behaviors to promote health, prevent disease, and reduce health risks;
- c) Demonstrate the ability to use goal-setting and decision-making skills to enhance health;
- d) Demonstrate the ability to access valid health information and services;
- e) Analyze the impact of culture, media, technology, and other factors on health;
- f) Demonstrate the ability to use effective interpersonal communication skills to enhance health;
- g) Demonstrate the ability to advocate for personal, family, school, and community health.

### **Health Education (licensure) Objectives:**

The student will be able to:

- a) Demonstrate the ability to use critical reasoning in evaluating health/wellness information and strategies;
- b) Demonstrate and identify appropriate techniques for health appraisal and health promotion strategies;
- c) Integrate the concept of empowerment, wellness and critical reasoning throughout the areas of health education, personal lifestyle management, and curriculum development;
- d) Demonstrate techniques of interpersonal communication including the ability to integrate empowerment at an individual level, use basic health promotion skills, and identify situation which require referral to other professional personnel;

- e) Demonstrate techniques of small group communication;
- f) Identify problem solving process using critical reasoning;
- g) Identify and demonstrate an understanding of the interrelationships between the physical, mental/emotional, social, spiritual and environmental aspects of wellness/disease;
- h) Identify, evaluate and apply health information to the challenge of achieving a higher level of personal wellness;
- i) Identify and evaluate health information as it relates to a variety of individuals conditions, goals, and needs;
- j) Demonstrate integration of wellness concepts, information, and/or skills within the context of one's life;
- k) Utilize planning processes integrating empowerment concepts and critical reasoning;
- l) Demonstrate an understanding of emotional and spiritual literacy;
- m) Apply the concepts of health literacy and resiliency to a learning/teaching community;
- n) Demonstrate ability to create safe learning/teaching environments which reflect respect and high regard for individual and cultural uniqueness;
- o) Demonstrate an understanding of current educational standards in the area of health education.

**Health Education (L & S emphasis) Objectives:**

The student will be able to:

- a) Demonstrate the ability to use critical reasoning in evaluating health/wellness information and strategies;
- b) Demonstrate and identify appropriate techniques for health appraisal and health promotion strategies;
- c) Integrate the concept of empowerment, wellness and critical reasoning throughout the areas of personal lifestyle management;
- d) Demonstrate techniques of interpersonal communication including the ability to integrate empowerment at an individual level, use basic health promotion skills, and identify situation which require referral to other professional personnel;
- e) Demonstrate techniques of small group communication;
- f) Identify problem solving process using critical reasoning;
- g) Identify and demonstrate an understanding of the interrelationships between the physical, mental/emotional, social, spiritual and environmental aspects of wellness/disease;
- h) Identify and evaluate health information as it relates to a variety of individuals conditions, goals, and needs;
- i) Demonstrate an understanding of human anatomy and physiology.

To date, data collection techniques used to determine if the program has been successful in achieving the desired outcome for each objective above is done through the use of internal assessment. Individual and collaborative projects, journals, testing, product development, and observation are a few of the means utilized.

The standards of the American Association for Health Education, the National Health Education Standards and Wisconsin's Model Academic Standards are met through the health courses offered through the Health, Physical Education, Recreation, and Coaching Department and are reflected in the objectives as illustrated below.

*Note that the courses are all HEATHED unless otherwise noted*

American Association for Health Education

Elementary (K-6)

Young Adolescents

**Responsibility I -Communicating the concepts and purposes of health education**

*Responsibility I -Communicating the concepts and purposes of health education*

Garvin	Kirk	Pottebaum
360 Obj #2,3	360 Obj #1,,5,	340 Obj #6
362 Obj #2	362 Obj # 2,5	445 Obj #,7
		382 Obj #,5

**Competency A: Describe the discipline of Health Education (HE)**

*Competency A: Describe the role of Health Education (HE) in middle level curricula.*

**Sub -Competencies:**

- 1. Describe the interdependence of HE and other components of comprehensive school health program.**
- 2. Describe comprehensive school health instruction-common content areas.**

Pottebaum  
 340 Obj 1,6  
 445 Obj #,1,2,3,4,5,6,7  
 382 Obj #,5

**Competency B: A rationale for K-12 HE**

*Competency B: A rationale for young adolescents HE*

Pottebaum  
 340 Obj 1,6  
 445 Obj #,1,2,3,4,5,6,7  
 382 Obj #,5

**Competency C: Explain the role of knowledge, skills, and attitudes in shaping health behavior.**

*Competency C: Explain the role of knowledge, skills, and attitudes in shaping health behavior.*

Garvin	Kirk	Pottebaum
360 Obj #2,3,4,5	360 Obj #1,2,3,4,5,6	340 Obj #1,2,3,4,5,6
362 Obj #2,4,5	362 Obj # 1,2,3,4,5,6	445 Obj #,7
391 Obj #1,2,3,4,6,9		382 Obj #,1,2,5
181 Obl#1,2,3		

**Competency D: Define the role of elem. Teacher within a comprehensive school HE program**

**Sub-Competencies**

- 1. Describe the importance of HE for elem. Teachers**
- 2. Summarize support needed by K-6 teachers to implement elem.**

**HE prog.**

- 3. Identify continuing Ed. Prog. In HE for Elem. Teachers.**
- 4. Describe the importance of modeling pos. health behav.**

Pottebaum  
 445 Obj#1,2,3,4,5,6,7,  
 382 Obj #1,2,,4,5,  
 340 Obj #1,2,3,4,5,6

**Responsibility II -Assessing the health instruction needs and interest of elem. Students**  
*Responsibility II -Collaborate with HE specialists in assessing the health behavior of young adolescents*

**Competency A: Utilize info. Re: health needs and interests of students**

*Competency A: Identify. Re: health needs, risks, and protective factors for young adolescents*

*Competency C: Identify the needs of adolesc. for health development.*

**Competency B: List behaviors and how they promote or compromise health**

*Competency B: Assess reinforcing factors that influence health behav. of adolesc.*

Garvin	Kirk	Pottebaum
360 Obj #2,3,4,5	360 Obj #1,2,3,4,5,6	340 Obj #1,2,3,4,5,6
362 Obj #2,4,5	362 Obj # 1,2,3,4,5,6	445 Obj #,7
391 Obj #1,2,3,4,6,9		382 Obj #,1,2,5
181 Obj#1,2,3		

**Responsibility III -Planning elementary school health instruction.**

*Responsibility III -School wide, cross-curricular planning that focuses on health dev. of young adolesc.*

**Competency A: Select realistic program goals and objectives**

**Competency B: Identify a scope and sequence plan for elementary school health instruction.**

*Competency B: Plan ways to include life skills.*

**Competency C: Plan elem. School HE lessons which reflect abilities, needs, interests, development levels, and cultural backgrounds**

*Competency A. Assessment of students needs when planning curriculum*

**Competency D. Describe ways to promote cooperation with and feedback from administrators, parents, and others interested citizens.**

*Competency C: Utilize school and community in plans for health instruction.*

**Competency E: Determine procedures compatible with school policy for curricula of sensitive health topics**

Trudell  
 445 Obj#1,2,3,4,5,6,7,  
 382 Obj #1,2,,4,5,  
 340 Obj #1,2,3,4,5,6

**Responsibility IV Implementing elem. School Health Instruction.**

*Responsibility IV -Actively Participate in HE of adolescents*

*Competency A; Reinforce Health-related knowledge, skills and health enhancing attitudes and beliefs*

*Competency B; Strategies that celebrate diversity and promote the social health and well-being*

*Competency C; Utilize dev. appropriate strategies*

**Competency D; Apply strategies that engage young adolescents in learning health related skills**

Garvin	Kirk	Pottebaum
360 Obj #2,3,4,5	360 Obj #1,2,3,4,5,6	340 Obj #1,2,3,4,5,6
362 Obj #2,4,5	362 Obj # 1,2,3,4,5,6	445 Obj #,7
391 Obj #1,2,3,4,6,9		382 Obj #,1,2,5
181 Obj#1,2,3 .		

**Competency A; Employ a variety of strategies to facilitate implementation of an elem. School HE curriculum.**

**Sub-Competencies**

1. Provide a core health education curriculum
2. Integrate health and other content areas
3. Incorporate topics introduced by students into the HE programs
4. Utilize affective skill building to apply to daily lives
5. Involve parents in process

**Competency B: Incorporate appropriate resources and materials**

**Sub-Competencies:**

1. Select valid and reliable sources of information about health appropriate for K-6
2. Utilize school and community resources
3. Refer students to valid sources of health information and services

**Competency C: Employ appropriate strategies for dealing with sensitive health issues**

**Competency D. Adapt existing HE curricular models to community and student needs and interests**

Garvin	Kirk	Pottebaum
360 Obj #2,3,4,5	360 Obj #1,2,3,4,5,6	340 Obj #1,2,3,4,5,6
362 Obj #2,4,5	362 Obj # 1,2,3,4,5,6	445 Obj #,7
391 Obj #1,2,3,4,6,9		382 Obj #,1,2,5
181 Obj#1,2,3		

**Responsibility V - Evaluating effectiveness**

*Responsibility V - Participate in evaluating the effectiveness of health education for young adolesc.*

**Competency A: Utilize appropriate criteria and methods unique to HE for evaluating student outcomes**

*Competency A: Assess health behav formal and informally.*

*Competency B; Assess health literacy*

*Competency C; Utilize a variety of assessment for evaluation of program effectiveness*

**Competency B: Interpret and apply student evaluation results to improve health.**

*Responsibility 6: Work collaboratively with all professionals...*

*Competency A: Nurturing a health-promoting environment that supports learning,*

*Competency B: Define role of middle level teachers*

*Competency C: role model*

*Competency D: Collaborate with family, school and community health professionals.*

*Competency E: Advocate school policies that foster health, wellness, and safety.*

*Responsibility 7: Serve as a resource person.*

*Competency A: Collaborate with HE specialists for HE resources.*

*Competency B: Help students locate reliable information*

*Competency C: Refer*

*Competency D: Communicate with Family*

*Responsibility 8 Advocate for HE and well being of adolescents.*

*Competency A: Advocate for health literacy that enhances healthy dev.*

*Competency B: Work collaboratively to improve relationships with health literacy...*

National Health Education Standards [in BOLD]

*Wisconsin's Model Academic Standards [in ITALICS]*

**1. Students will comprehend concepts related to health promotion and disease prevention.**

*A. Students in Wisconsin will understand concepts related to personal health promotion and disease prevention.*

Garvin	Kirk	Pottebaum
360 Obj #2	360 Obj #1,2,3,4,5,6	340 Obj #1,3,4,5,6
391 Obj #2, #5	362 Obj # 2,4,	445 Obj #1
362 Obj #2		382 Obj #5

**2. Students will demonstrate the ability to access valid health information and health-promoting products and services.**

*D. Students in Wisconsin will demonstrate the ability to access valid health information and services.*

Garvin	Kirk	Pottebaum
360 Obj #2	360 Obj #3,4,5	340 Obj #5,6
391 Obj #7,8	362 Obj # 3	445 Obj #1,2,6

362 Obj #1	382 Obj #3,4
181 Obj #1	

**3. Student will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.**

*B. Students in Wisconsin will practice behaviors to promote health, prevent disease, and reduce health risks.*

Garvin	Kirk	Pottebaum
360 Obj #4,6,8	360 Obj #1,2,3,4,5,6	340 Obj #3,4
362 Obj #2,3,4,5	362 Obj #1,2,3,4,5,6,7	445 Obj # 5,6,7
181 Obj #1,2,3		382 Obj # 3,4,5

**4. Students will analyze the influence of culture, media, technology and other factors on health.**

*E. Students in Wisconsin will analyze the impact of culture, media, technology, and other factors on health.*

Garvin	Kirk	Pottebaum
360 Obj #3	360 Obj #,5,6	340 Obj #2,3,
391 Obj #2, #5	362 Obj # 7	445 Obj #1
362 Obj #4		382 Obj #3,5

**5. Students will demonstrate the ability to use interpersonal communication skills to enhance health.**

*F. Students in Wisconsin will demonstrate the ability to use effective interpersonal communication skills to enhance health.*

Garvin	Kirk	Pottebaum
360 Obj #2,3	360 Obj #1,5,	340 Obj #6
362 Obj #2	362 Obj # 2,5	445 Obj #,7
		382 Obj #,5

**6. Student will demonstrate the ability to use goal-setting and decision-making skills to enhance health.**

*C: Students in Wisconsin will demonstrate the ability to use goal-setting and decision-making skills to enhance health.*

Garvin	Kirk	Pottebaum
360 Obj #2	360 Obj #1,3,6	340 Obj #,5,6
391 Obj #2, #6	362 Obj # ,4,5,6,7	445 Obj #1,6
362 Obj #4		382 Obj #5

181 Obj#1,3,
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**7. Students will demonstrate the ability to advocate for personal, family and community health.**

*G. Students in Wisconsin will demonstrate the ability to advocate for personal, family, school, and community health.*

Garvin	Kirk	Pottebaum
360 Obj #2	360 Obj #6	340 Obj #1,6
391 Obj #8	362 Obj # 6,7	445 Obj #1,7
362 Obj #2		382 Obj #1,4

National Council for the Accreditation of Teacher Education  
Interstate New Teacher Assessment and Support Consortium (INTASC) Standards

Standard A: The student teacher understands the organizational structure and climate of educational institutions and their relationship with the community from historical, sociological, and psychological perspectives (as a basis for building supportive relationships for student learning and well-being).

Garvin	Kirk	Pottebaum
360 Obj #1		340 Obj #1,4,6
362 Obj #3	362 Obj # 1	445 Obj #1,2,3
		382 Obj #4,5

Standard B: The student teacher is a reflective practitioner who continually evaluates the effects of his or her choices and actions on others (students, parents, and other professionals in the learning community) and actively seeks out opportunities to grow professionally

Garvin	Kirk	Pottebaum
360 Obj #2,3	360 Obj #1,2,3,4	340 Obj #3,6
362 Obj #5	362 Obj # 1,2,3,4,5,6,7	445 Obj #1,7
181 Obj #1		382 Obj #1,2,3
391 Obj #3		

Standard C: Teacher understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.

Garvin	Kirk	Pottebaum
360 Obj #5	360 Obj #5,6	340 Obj #3,5,6
362 Obj #5,3	362 Obj #4,7	445 Obj #6,7,2
		382 Obj #5

Standard D: The student teacher plans instruction based upon knowledge of subject matter, students, the community, and curriculum goals.

Garvin	Kirk	Pottebaum
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360 Obj #1	360 Obj #1,2,3,4	340 Obj #3,4,5,6
362 Obj #1	362 Obj # 1,2,3	445 Obj #3,5,6,7
181 Obj #1,2		382 Obj #3,4,5

**Standard E:** The student teacher uses knowledge of effective verbal, nonverbal, and media communication interaction in the classroom.

Garvin	Kirk	Pottebaum
360 Obj #5	360 Obj #6	340 Obj #1,6
362 Obj #6	362 Obj # 7	445 Obj #1,5,6,7
		382 Obj #1,4,5

**Standard F:** The student teacher uses an understanding of individual and group motivation and behavior to create a learning environment that encourages positive social interaction, active engagement in learning, and self-motivation.

Garvin	Kirk	Trudell
181 Obj #3	360 Obj #4,5	340 Obj #3,5,6
	362 Obj #6,7	445 Obj #6,7,2
		382 Obj #5

**Standard G:** The student teacher understands and uses a variety of instructional strategies to encourage students' development of critical thinking, problem solving, and performance skills.

Garvin	Kirk	Pottebaum
360 Obj #4,5	360 Obj 6	340 Obj #3,4,5,6
362 Obj #4,5	362 Obj #6	445 Obj #3,5,6,7
391 Obj #7,8		382 Obj #3,4,5

**Standard H:** The student teacher understands how students differ in their approaches to learning and creates instructional opportunities that are adapted to diverse learners.

Garvin	Kirk	Pottebaum
360 Obj #4,5	360 Obj #6	340 Obj #3,4,5,6
362 Obj #6		445 Obj #3,5,6,7
		382 Obj #3,4,5

**Standard I:** The student teacher understands how children learn and develop, and can provide learning opportunities that support their intellectual, social and personal development.

Garvin	Kirk	Pottebaum
		340 Obj #3,6
		445 Obj #1,7
		382 Obj #1,2,3

**Standard J** The student teacher understands the central concepts, tools of inquiry, and structures of the discipline (s) he or she teaches and can create learning experiences that make these aspects of subject matter meaningful for the students.

Garvin	Kirk	Pottebaum
		340 Obj #1,4,6

445 Obj #1,2,3
382 Obj #4,5

A list of dual-level courses with copies of the syllabi that reflect different educational experiences for graduate/undergraduate students are in Appendix D. Graduate students in dual-level courses typically have a great deal of flexibility in identifying content, areas of research, and assignments/projects. Graduate students are expected to do in-depth research in areas related to their interest areas within the course they are taking. The projects and assignments involve practical application, problem solving, and program design of the research area identified. Frequently, this work is related to the integrated project or Master's thesis. Undergraduate work does not require this in-depth involvement in research; research is generally much more limited.

Assessment of objectives is executed through a variety of methods including reflective journals, research projects, contribution to discussion, brief and thorough written assignments, graded and un-graded (or class preparation) assignments, individual conferences, oral presentations, learning logs, teaching plans, lifestyle research and/or self-discovery projects, and traditional objective/essay examinations. With the requirement of artifacts and rubrics that delineate assessment of outcomes related to standards and competencies, we will be able to compare assessment data over time. Since there has not been a consistent collection of assessment data, comparison from one year to the next is not possible at this time. It is also evident that comparing data from gateway to capstone will take considerable time to accomplish since the gateway course will not be offered until Fall 2003, assuming the course gets curricular approval.

### **Assessment Data**

At this point, we are just beginning to collect assessment data based on the initiatives described in this document. As part of NCATE review, examples of completed student projects, tests, etc. have been collected that provide evidence of the quality of work health minor students produce. There are many tools used for assessment within each class. There include: reflective journals, life style research projects, student/faculty conferences, process evaluations, oral and written presentation, peer evaluations (formal and informal), self-discovery projects. The use of advising questionnaires for health needs to be coordinated so that all advisors follow-through on their completion.

Health Education Program Goals: [*Italics indicates efforts to accomplish stated goal*]

1. To meet Southeastern Wisconsin's need for supplying opportunities for licensure in health education through the University of Wisconsin Whitewater. *Courses are offered in varying times, dates, and formats, which allow for full-time teachers and coaches to take required courses: E.g., through 1) the use of a rotation schedule, 2) summer offerings, 3) offering evening and weekend classes, and 4) offering classes in intensified formats, e.g. 8-5, 3 days a week.*
2. To update the Health Education program to reflect current course offerings. *The entire Health Education program has been revised and is currently moving through the curricular approval process.*
3. To improve students' skills and knowledge of research. *A new course, HEALTHED 471 Research in Health and Physical Activity, has been developed*
4. To improve student communication skills related to facilitation of health behavior change. *A new course, HEALTHED 470 Facilitating Health Behavior, has been developed*
5. To develop continuity and integrity within the program. *Additions of a gateway and a capstone course help establish continuity. The issue of establishing a spiraling*

*curriculum is problematic, since sequencing of courses in the program would severely and adversely affect SCH.*

6. To clarify program requirements for students and their advisors. *This will be accomplished when course and program changes can be placed on-line and in the bulletin. Until then, it is accomplished through advising with the health coordinator.*
7. To administratively streamline program requirements, which will decrease or eliminate the need to personalize individual Academic Reports. *This will be accomplished when course and program changes have been approved.*

### **Program Improvement Resulting from Assessment Efforts**

As a result of the Health Education Committee review of the two existing health minors, feedback from students during advising, teaching evaluations, and student performance in health classes, the health minor has been revised. The following outlines each program.

#### THE THREE HEALTH EDUCATION PROGRAMS

- HEALTH PROMOTION MINOR (formerly: Health Education L & S Minor-non-licensure): that most often serves as a minor for physical education (non-licensure), social work, psychology, business students.
- HEALTH EDUCATION MINOR: that serves Elementary/Middle School licensure students.
- HEALTH EDUCATION ADD-ON LICENSURE PROGRAM: Serves as the existing structure for students wishing to acquire the Health Education add-on license.

#### **HEALTH PROMOTION MINOR**

22 UNITS *{non-licensure}*

Serves as a minor for physical education (non-licensure), social work, psychology, and business students.

1. HEALTHED 280, HEALTHED 360, HEALTHED 362 AND HEALTHED 470

2. SELECT 6 OR MORE UNITS FROM: PEPROF 271, PEPROF 415, PEPROF 416, PEPROF 471, HEALTHED 181, HEALTHED 341, HEALTHED 391, HEALTHED 440, HEALTHED 465, HEALTHED 471, HEALTHED 490, HEALTHED 492, HEALTHED 494, HEALTHED 498

3. SELECT 0 TO FIVE UNITS FROM: PSYCH 104, PSYCH 451, SFTYGEN 251, SFTYGEN 255, SFTYGEN 450, SOCWORK 341, SOCIOLGY 410, SPEECH 288

#### REQUIRED COURSES

11 CREDITS

Health Education

HEALTHED 280 Introduction to Health Promotion & Education (2) *[Gateway course]*

To be taken within the first 6 credits of declaring this minor

HEALTHED 360/562 High Level Wellness (3)

HEALTHED 362/562 Stress Management (3)

HEALTHED 470/670 Facilitating Health Behavior (3) *[Capstone course]*

*Prerequisites: HEALTHED 360 and successful completion of at least 15 credits in this minor.*

#### ELECTIVE COURSES

11 CREDITS

Physical Education

PEPROF 271	Structure & Function of the Human Body	4
PEPROF 415	Corporate & Community Fitness	3
PEPROF 416	Exercise Prescription & Leadership	3

Health

HEALTHED 181	Contemporary Health	2
HEALTHED 341	Yoga & Stress Reduction	2
HEALTHED 391	Nutrition for Health [Formerly: Nutri. & Wgt Contrl]	3
HEALTHED 440	Advanced Stress Management Prereq: 444-362	3
HEALTHED 465	Health Promotion Strategies	3
HEALTHED 471	Research in Health & Physical Activity	3
HEALTHED 490	Workshop: Health Repeatable for a maximum of 6 units	1-6
HEALTHED 494	Seminar Repeatable. Jr or sr st and consent	1-3
HEALTHED 496	Special Studies Repeatable	1-3
HEALTHED 498	Independent Study	1-3
Department consent. Restricted to students with a Health or Health Education minor and a 2.75 cumulative GPA.		
HEALTHED 492	Repeatable for max. of 3 units in major/minor degree Field Study: Health Prereq: Jr or sr st and consent of instructor	1-6

Psychology

PSYCH 104 (GS)	Psychology of Human Adjustment	3
PSYCH 451	Interpersonal Relations and Social Interactions (Jr./Sr.Standing)	3

Safety

SFTYGEN 251	Introduction to Safety	3
SFTYGEN 255	Alcohol and Other Drugs	3
SFTYGEN 450/650	Behavioral Aspects of Accident Prevention (soph standing or consent)	3

Social Work Courses

SOCWORK 341/541	Sexuality for Professional Growth	3
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Sociology Courses

SOCIOLGY 410	Sociology of Health and Illness Prereq: 6 cr. Socio & 880-140	3
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Speech

SPEECH 288	Interpersonal Communication	3
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**HEALTH EDUCATION MINOR**

22 Units

Serves Elementary/Middle School licensure students.

1. HEALTHED 280, HEALTHED 360, AND HEALTHED 445
2. HEALTHED 382 OR HEALTHED 340

3. SELECT 8 OR MORE UNITS FROM THE COURSES LISTED BELOW:

HEALTHED 181, HEALTHED 362, HEALTHED 391, HEALTHED 341, HEALTHED 440,  
HEALTHED 471, HEALTHED 490, HEALTH 498.

4. SELECT 0 OR MORE UNITS FROM THE COURSES LISTED BELOW

PEPROF 271, SFTYGEN251, SFTYGEN255, SOCIOLOGY 410, SOCWORK 301, SOCWORK 302,  
SOCWORK 303, SOCWORK 341, SPEECH 288

*REQUIRED COURSES*

10-11 UNITS

HEALTHED 280 Introduction to Health Promotion & Education (2) [*Gateway course*]

To be taken within the first 6 credits of declaring this minor

HEALTHED 360/562 High Level Wellness (3)

HEALTHED 445/645 Teaching Health Education (3) [*Capstone course*]

*Prerequisites: HEALTHED 360 and successful completion of at least 15 credits in this minor.*

HEALTHED 382 Elementary Health Education (2) OR HEALTHED 340 Secondary Health Topics

*SELECT 8 OR MORE CREDITS FROM THE FOLLOWING COURSES IN HEALTH*

HEALTHED 181	Contemporary Health	2
HEALTHED 341	Yoga & Stress Reduction	2
HEALTHED 391	Nutrition for Health [Formerly: Nutri. & Wgt Contrl]	3
HEALTHED 440	Advanced Stress Management	3
	Prereq: 444-362	
HEALTHED471	Research in Health & Physical Activity	3
HEALTHED 490	Workshop: Health	1-6
	Repeatable for a maximum of 6 units	
HEALTHED 494	Seminar	1-3
	Repeatable. Jr or sr st and consent	
HEALTHED 496	Special Studies Repeatable	1-3
HEALTHED 498	Independent Study	1-3
	Department consent. Restricted to students with a Health or Health Education minor and a 2.75 cumulative GP A.	
	Repeatable for max. of 3 units in major/minor degree	

SELECT 0 OR MORE UNITS FROM THE COURSES BELOW

Physical Education

PEPROF 271                      Structure & Function of the Human Body                      4

Safety

SFTYGEN 251                      Introduction to Safety                      3

SFTYGEN 255                      Alcohol and Other Drugs                      3

Sociology Courses

SOCIOLGY 410                      Sociology of Health and Illness                      3

Prereq: 6 cr. Socio & 880-140

Social Work Courses

SOCWORK 301/501                      Assertiveness Training in the Helping Professions                      1

SOCWORK 302/502                      Grief Management in the Helping Professions                      1

SOCWORK 303/503                      Managing Stress and Burnout in the Helping Professions                      1

SOCWORK 341/541                      Sexuality for Professional Growth                      3

Speech

SPEECH 288                      Interpersonal Communication                      3

**HEALTH EDUCATION ADD-ON LICENSURE PROGRAM**

Serves as the existing structure for students wishing to acquire the Health Education add-on license. Students seeking licensure in Health (e.g. Physical Education students) DO NOT declare a health minor. The health education licensure is usually applied for at the same time and on the same form as the physical education licensure. Unlike a minor, courses required or taken for the major may count toward health licensure. The requirements for this program do not show up as a specific program or area on a student's Academic Report [Note: Students should check with their academic advisors or with the Health Education Coordinator to ensure they are meeting the requirements of this program. Upon applying for health licensure, the College of Education will request that the Health Education Coordinator certify completion of the requirements. Applications for licensure are available through the College of Education, Winther Hall.]

*REQUIRED COURSES*

10-11 UNITS

HEALTHED 280 Introduction to Health Promotion & Education (2) (*Gateway course*)

To be taken within the first 6 credits of commitment to this licensure program

HEALTHED 360/562 High Level Wellness (3)

HEALTHED 445/645 Teaching Health Education (3) [*Capstone course*]

*Prerequisites: HEALTHED 360 and successful completion of at least 15 credits in this minor.*

HEALTHED 382 Elementary Health Education (2) OR HEALTHED 340 Secondary Health Topics

*SELECT 8 OR MORE CREDITS FROM THE FOLLOWING COURSES IN HEALTH*

HEALTHED 181	Contemporary Health	2
HEALTHED 341	Yoga & Stress Reduction	2
HEALTHED 391	Nutrition for Health [Formerly: Nutri. & Wgt Contrl]	3
HEALTHED 440	Advanced Stress Management	3
	Prereq: 444-362	
HEALTH ED 471	Research in Health & Physical Activity	3
HEALTHED 490	Workshop: Health	1-6
	Repeatable for a maximum of 6 units	
HEALTHED 494	Seminar	1-3
	Repeatable. Jr or sr st and consent	
HEALTHED 496	Special Studies Repeatable	1-3
HEALTHED 498	Independent Study	1-3
	Department consent. Restricted to students with a Health or Health Education minor and a 2.75 cumulative GPA.	
	Repeatable for max. of 3 units in major/minor degree	

Physical Education		
PEPROF 271	Structure & Function of the Human Body	4

*SELECT 0 OR MORE UNITS FROM THE COURSES BELOW*

Safety		
SFTYGEN 251	Introduction to Safety	3
SFTYGEN 255	Alcohol and Other Drugs	3
Sociology Courses		
SOCIOLGY 410	Sociology of Health and Illness	3
	Prereq: 6 cr. Socio & 880-140	

Social Work Courses		
SOCWORK 301/501	Assertiveness Training in the Helping Professions	1
SOCWORK 302/502	Grief Management in the Helping Professions	1
SOCWORK 303/503	Managing Stress and Burnout in the Helping Professions	1
SOCWORK 341/541	Sexuality for Professional Growth	3
Speech		
SPEECH 288	Interpersonal Communication	3

The goals and objectives for the students involved in the health education programs remain the same as the last audit.

The most pressing objective is to move the health program revisions through the curricular process.

### Information Shared with Constituencies

Information has been shared with Jon Hisgen, Health Coordinator of DPI, and the HPRC Curriculum committee. Of course, other departments and programs that are affected by curricular changes will be shared as the revision of health minors go through the curricular proposal process.

### Strategic Purposes and Performance

#### Centrality- The program mission and strategic plan of the UWW

1. The mission of the Health Education Minor is to enable students to integrate the concepts of empowerment and wellness in ways that maximize the development of complexity in students and student ability to foster complexity in the people, schools, communities and work sites they will serve. Complexity includes two concepts: differentiation and integration. Differentiation pertains to the development and expression of individual uniqueness; integration pertains to the expression of care and high regard for global interdependency. This mission embraces and appreciates the Whole Person Model that recognizes and articulates the dynamic interrelationship of all dimensions of wellness: physical, mental, emotional, spiritual within environment/social/cultural context.

Clearly, this program mission compliments the UWW strategic plan, particularly:

Goal 1.3: *Student mastery of their disciplines that prepares them to flourish in a global environment;*

Goal 1.4: *Graduates who are broadly educated; life-long learners with strategies:*

- a. Integrate critical thinking, problem solving, collaborative learning, and creativity skills throughout the academic...programs;
- d. integrate extra-curricular activities, e.g., cultural events and lecture series, routinely with course requirements.

Priority 3: *UW-Whitewater faculty and staff will be exemplars in their fields:* All the faculty/staff involved are deeply committed to the mission of health education as evidenced in their respective vitas.

Priority 4: *UW- Whitewater will foster a sense of community, a respect for diversity, and an appreciation of global perspectives.* Health/wellness cannot flourish without this priority as one of its own.

### Goals and Objectives

1. The goal of the licensure health education minor is to prepare teachers to be competent health/wellness facilitators who are able to thrive and contribute in their respective school environments.

Objectives include: The student will -

1. Understand key concepts in comprehensive school health curriculum, instruction, and assessment (including risk behaviors, health literacy, national/state academic standards, major content areas, and most promising teaching practices for changing health behaviors).
2. Identify and critically evaluate curricular materials and resources in health education.
3. Experience and understand constructivist approaches to learning and apply them to health curriculum and lesson plan development.
4. Demonstrate the ability to write and implement lesson plans in health education (including goals, objectives, teaching strategies, and evaluation) that utilize course concepts, materials and approaches.
5. Demonstrate sensitivity to issues of difference in classroom interaction and lesson planning.
6. Engage in ongoing reflection about their teaching philosophy as well as practice.
7. Summarize in writing the assumption, beliefs, and values that provide the foundation for their teaching practice in health.

The goal of the non-licensure health education minor is to prepare student to be competent health/wellness facilitators who are able to thrive and contribute in their respective work site environments.

Objectives include: The student will -

8. Understand key concepts in training/instruction, and assessment.
9. Identify and critically evaluate materials and resources in health education/training.
10. Demonstrate the ability to write and implement missions, goals, objectives, health promotion and disease prevention strategies, and evaluation.
11. Demonstrate sensitivity to issues of difference in work environment interaction and reflect that sensitivity in planning and implementing training/promotion/prevention.
12. Engage in ongoing reflection about their health/wellness philosophy as well as facilitation practice. Summarize in writing the assumption, beliefs, and values that provide the foundation for their practice in health.

### **Trend Data**

Number of students enrolled each fall for each of the past five years. (Data provided from University's fact book and attached in Appendix D.)

Number of degrees granted each year for the past five years. (Data provided from University's fact book and attached in Appendix D.)

### **Undergraduate Enrollment & Degree Trend by Minor**

	(5-Year Trend)				
	Fall Enrollment Headcount				
	1997	1998	1999	2000	2001
<b>Minors/Emphases</b>					
<b>Health</b>	86	95	99	107	78
	<u>Annual Number of Degrees</u>				
	97-98	98-99	99-00	00-01	01-02
	36	37	28	33	30

### **Demand for Graduates**

The health minor is primarily available for students with majors leading to secondary certification in English, Family and Consumer Science, Physical Education, Science, Social Studies, or school nurse certification. This minor prepares teachers to: (1) teach health as a separate course or as a

planned integral part of other areas of instruction and (2) assist the school administration and teaching staff in developing a broad school health program. Note: Certification in a major area of interest must accompany the completion of this minor; students cannot be certified to teach only in a minor area. Certification is also available to practicing teachers.

Promote, maintain, and improve individual and community health by assisting individuals and communities to adopt healthy behaviors. Collect and analyze data to identify community needs prior to planning, implementing, monitoring, and evaluating programs designed to encourage healthy lifestyles, policies and environments. May also serve as a resource to assist individuals, other professionals, or the community, and may administer fiscal resources for health education programs.

With additional preparation, such as health minor or certification teachers may move into positions as school librarians, reading specialists, curriculum specialists, or guidance counselors and health educators. Teachers in kindergarten through grade 12 may become administrators or supervisors, although the number of these positions is limited and competition can be intense. In some systems, highly qualified, experienced teachers can become senior or mentor teachers, with higher pay and additional responsibilities. They guide and assist less experienced teachers while keeping most of their own teaching responsibilities. Preschool teachers usually work their way up from assistant teacher, to teacher, then to lead teacher-who may be responsible for instruction of several classes-and finally to director of the center. A master's degree is often required to become a director. Preschool teachers with a bachelor's degree often are also qualified to teach kindergarten through grade 3. Teaching at these higher grades often results in higher pay.

### **Job Outlook**

Job opportunities for teachers over the next 10 years should be excellent, attributable mostly to the large number of teachers expected to retire. Although employment of preschool, kindergarten, elementary, middle, and secondary school teachers is expected to increase about as fast as the average for all occupations, a large proportion will be eligible to retire by 2010, creating many vacancies, particularly at the secondary school level. Intense competition for good teachers is already under way among employers in many locations, with schools luring teachers from other States and districts with bonuses and higher pay.

Overall enrollments through 2010, a key factor in the demand for teachers, are projected to rise slowly, resulting in average employment growth for all teachers from preschool to secondary grades. However, projected enrollments vary by region. States in the South and West-particularly California, Texas, Arizona, and Georgia-will experience large enrollment increases, while States in the Northeast and Midwest may experience declines. Projected enrollments also differ by grade, with enrollments rising moderately in grades 9 through 12, while remaining fairly steady for all other grades over the 2000-10 period.

<http://www.bls.aov/oco/ocos069.htm> U.S. Department of Labor

### **Accreditation**

Health minors and the licensure program do not have separate accreditation standards. The College of Education is accredited through NCATE.

### **Location Advantage/Comparative Advantage**

Comparative Advantage related to Sister Institutions: UW-Madison, UW-Oshkosh, and Carroll offer 25 credit Health Education minors leading to public school health licensure.

UW-Oshkosh also offers a 25 credit Wellness Promotion minor that has a public health component. UW-Milwaukee, Cardinal Stritch, Beloit, and Carthage do not offer minor programs in health education. Students who enroll in the UW-Whitewater Health Education minor programs generally come from Southeastern Wisconsin and Northern Illinois, however, some have come from as far away as Monroe, WI. Special Emphasis areas combining licensure and non licensure areas coupled with coaching minor, adaptive experience, and campus sensitivity to disability. Faculty expertise that is specific to UWW is related to holistic foci and intervention as well as, research experience and clinical licensure in Nursing.

Goals and objectives appear to be met as reflected in "Trend Data." The greatest failure is in practical application of health practices, i.e. integration of and modeling of positive health/wellness characteristics and behaviors. For example, approximately 90% of students in a 400 level health class reported that they drive or have recently driven drunk. This failure is the greatest challenge of health/wellness programs worldwide.

The need for positive health/wellness outcomes appears self-evident and certainly transcends "societal need" for it is the entire planet that needs "wellness." Health care eats up nearly 13% of the Gross National Product, and continues to increase. The majority of the health goals and objectives of Healthy People 2000 were not met. There are major limitations and restrictions of managed care. The United States has high rates of alcohol, drug and substance abuse and misuse, teen pregnancy, risk behaviors, and one of the world's highest incidence and prevalence rates of homicide, suicide, and depression. Stress alone costs this country \$100 billion per year. United States citizens still demonstrate an appalling lack of understanding of major health concerns. For example, 40% of those people surveyed still believe one can "catch" AIDS by drinking from the same glass as a person with AIDS. This ignorance prevails despite major public service and educational efforts.

### **Community Impact**

Health students have participated in health fairs, served as health/physical trainers, and worked with the University Health Center. Faculty have offered workshops in nutrition and sport performance, "solar powered health and fitness," and have developed a Strong Hearts Program for overweight/obese teenage girls.

### **Strategic Planning**

The overall curricular changes have already been presented. However as a review, the following new courses have been proposed:

- HEALTHED 280 Introduction to Health Promotion & Education (2) [*Gateway course*]
- HEALTHED 470/670 Facilitating Health Behavior (3) [*Capstone course*]
- HEALTHED 470/670 Facilitating Health Behavior (3) [*Capstone course*]
- HEALTHED 440 Advanced Stress Management (3)
- HEALTHED 471 Research in Health & Physical Activity (3)

Note that since add-on licensure students do not show up in the trend data as "minors," the number of minors do not accurately reflect the number of students in our program. We expect that the number of students in the health programs, especially the newly named Health Promotion Minor, will increase. There are two reasons for this. One: the name adds identity and visibility to the minor. Two: Students majoring in the non-licensure track of Physical Education lacked identity as well. When the name and program are changed to Health, Human Performance, and Recreation, visibility is enhanced for the students and also for potential employers. It will be much easier to recruit students to a program that has a title that describes what it is, rather than what it is not.

## **Resource Availability and Development**

### **Faculty and Staff Characteristics**

The three primary faculty/staff with primary responsibility for health education are: 1) Dr. Kirk a M.S. (1976) in Physical Education and Ed.D. (1980) in Health Education; 2) Dr. Garvin a M.S. in Physical Education (1990) and a Ph.D. (1997) in Kinesiology; 3) Sharon Pottebaum, a M.S. (1978) in Health Education. Dr. Kirk's major expertise is in high level wellness, weight control, and stress management; Dr. Garvin's is in kinesiology, fitness, and stress management; Mrs. Pottebaum's is in health education pedagogy.

Each faculty/staff is responsible for her area of expertise. Dr. Garvin teaches Stress Management, Research in Health & Physical Activity, High Level Wellness, and Nutrition and Weight Control. Dr. Kirk teaches Facilitating Health Behavior, Yoga and Stress Reduction, Effective Teaching for Changing Health Behavior, and Facilitating Health Behavior. Mrs. Pottebaum teaches all the undergraduate pedagogy courses, Elementary Health Education, Introduction to Health Issues and Secondary Health Topics, and Teaching Health Education.

Anticipated staff changes: Sharon Pottebaum, an academic staff member, was hired under an emergency search (regional) to replace tenured faculty member Bonnie Trudell, Ph.D. when Dr. Trudell chose to leave UWW for another position. It was anticipated that HPRC would be allowed to do a national search for this critical pedagogy position last year. However, this search was denied by Dean Barnett. The request for a national search for this position was denied again this year. Whether through necessity [i.e., if Mrs. Pottebaum chooses to leave] or the desire to improve the quality and continuity of the health education programs, we strongly recommend a tenured or tenure-track individual to engage this position. If we wish to strengthen the health emphasis in graduate education, we need this position to be filled with an individual with a doctoral degree.

### **Teaching and Learning Enhancement**

Health education faculty/staff participate regularly in a variety of on-campus and off-campus enhancement activities. For example, Dr. Kirk completed yoga teacher training for certification, which allows for the resurrection yoga class offerings that are part of the health program class options [Note: Yoga courses have not been offered for two years due to injuries of the yoga instructor and the inability to find a suitable/affordable replacement]. Dr. Kirk has also completed Levels 1 and 2 of Insight & Intuition training through the Association of Behavioral Medicine. Faculty have continued to update skills in assessment through attendance in workshops, retreats, and Blackboard training/experience. Garvin, Kirk, and Pottebaum have participated in the workshops offered during the College of Education retreats, contributed to revisions in the curriculum including proposals for new courses, and DPI and NCATE requirements and documentation. Garvin, Kirk, and Pottebaum have all participated in advising undergraduate students. Kirk and Garvin also advise graduate students, including serving as major advisors/chairs for theses and integrated projects. Garvin has worked closely with undergraduates in research.

### **Research and Other Scholarly Activity**

Garvin has published two research articles in prestigious referred journals, two on-line journals, and one non-refereed journal. She has presented at five national conferences. Dr. Kirk has published a book, has presented a workshop to professionals in counseling, and is developing a wellness institute.

### **External Funding**

No external funding has been forthcoming during this audit and review period of two years.

**Professional and Public Service**

Garvin has seven professional affiliations and Kirk has three. Both Garvin and Kirk have served on departmental, college and university committees.

**Facilities, Equipment and Library Holdings**

Facilities and computers have improved since the completion of the Williams Center renovation and field house. The addition of tables and storage closets in classroom has helped with easier facilitation of instruction/learning. Dr. Garvin continues to act as the department's contact person for library requests, although instructors may submit requests directly to library acquisitions on-line. Currently, the library budget is ample.

**Resources for Students in the Program**

Health education classes tend to draw relatively high enrollments in both summer, winterim, and regular sessions. Required health courses are frequently offered at times assessable to full-time teachers and coaches who come back for licensure in health education. However, the required offerings are occasionally compromised because of the current emphasis on SCH. For example, graduate courses have often been cancelled due to low numbers. This leaves graduate students in C & I with a health emphasis without the 700 level courses needed for their program. Beyond the set amount for faculty/staff duplicating, there is no separate budget for health education supplies. Faculty/staff frequently purchase their own supplies. Students are now required to pickup much of duplicating costs through purchase of supplementary course packets available at the University Bookstore. However, the Blackboard program, which is used in several health courses, provides students a choice of printing their own copies or studying, etc. directly from on-line material.

## Appendix B

### Advising Questionnaire For Students Involved in Health Education Programs

The intent of this questionnaire is to gain information for you and other students involved in the health education program for the purpose of improving the health program overall. Please answer as honestly as possible. Your answers are confidential and will only be revealed to other health education faculty.

DATE: \_\_\_\_\_  
Current Status: Freshman      Sophomore      Junior      Senior      Graduate  
Expected Graduation Date: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Major: \_\_\_\_\_  
Minor(s) \_\_\_\_\_

Please check all of the following that apply to you:

I am...

- Seeking licensure in health education.
- A Physical Education major, teaching track.
- A Physical Education major, non-teaching track, with a Health minor.
- Graduate student with major interest in physical education, but take grad level health courses.
- Graduate student with major interest in health education.
- Graduate student seeking licensure in health education.
- Other ...Please explain:

Briefly describe your career goals (e.g., what do you want to do when you graduate; where do you want to work?):

In health, what is your primary area of interest? Check all those that apply, please.

- Physical Fitness
- Nutrition
- Weight Control/Management
- Eating Disorders
- Human Sexuality
- Alcohol and Other Drugs
- Public Health
- Health and Wellness Promotion
- Disease Prevention
- Health Psychology
- Stress Management and Coping Skills
- I don't know yet
- I don't have a preference. I enjoy them all.
- Other:

What population would you like to work with the most?

- Young Children
- Elementary age Children
- Middle School Children
- High School Children
- Young Adults
- Middle-aged Adults
- Older Adults
- Elderly Adults
- Don't care, I just want a job!

Class offerings. Please check all those that apply.

- Classes are usually offered at a time I can take them.
- Classes are usually offered in locations that are convenient.
- I have been able to take the classes I need for my health program.

I favor classes offered during:

- Regular daytime sessions.
- Evening hours.
- The weekend.

I want to, or have taken health classes during:

- Winterim
- Summer school
- Both

How far do you have to drive to get to classes offered at Whitewater?

- Not far. I live in Whitewater.
- Between 10-20 miles
- Between 21-35 miles
- Between 36-50 miles
- More than 50 miles

What skills and knowledge do you think you need in order to accomplish your career goals?

Generally, on a scale of 1 (lowest) to 10 (highest), to what degree do you feel your health classes have contributed to the knowledge and skills you will need to excel in your career?

Please circle: 1 2 3 4 5 6 7 8 9 10

Which of the following do you feel in need to develop most at this point in your health program?

- Interpersonal Communication Skills
- Delivery/Public Speaking Skills
- Ability to collect research relevant to a specific area of study
- Ability to analyze and report research, ideas, and findings.
- Ability to apply information from class and readings to the work I'll be doing.

- \_\_\_ Knowledge in specific areas, such as nutrition.
- \_\_\_ Specific teaching skills and methods.
- \_\_\_ Specific skills for helping others enhance health behavior.
- \_\_\_ Other:

What are the three things you like most, or have found most helpful in the health education program?

1.

2.

3.

What are three things you would like to see happen that you think would improve the health program, or the classes within the health program?

1.

2.

3.

Thank you!

**Appendix C**  
**Health Education Advisory Board Prospective Members**

John Hisgen	DPI
Mary Kleusch	DPI
Greg Prinz	Health Ed. Teacher, Elkhorn
Mary Kutz	Palmyra/Eagle
Jim Pavalo	Recent Graduate
Lisa Howard	Current Student
John Payne	CUNA Insurance, Madison
Kate Hess	Special Education, Janesville
Tony Magestro	Health Education Teacher Evansville Middle School 661 7 Raymond Rd. Madison, Wisconsin 53711 608.277.1668

## **APPENDIX D**

### **Field Study & Internships in Health**

Dr. Karen Barak supervises field study in the HPRC Department. Information related to requirements is available at:

<http://facstaff.uww.edu/barakk/Field/start.htm>

Generally, field study is completed under the 442 number (physical education) instead of 444 (health). However, health and wellness are certainly aspects within physical education internships.

**Undergraduate Headcount Distribution and Percentage Comparison by  
Minors  
(Fall 1996-2000)**

Health

Number of Minors					Percentages				
1996	1997	1998	1999	2000	1996	1997	1998	1999	2000
88	86	43	99	107	3.57	3.47	1.74	3.97	

## APPENDIX F

Garvin	Kirk	Pottebaum
Stress Management	Stress Management	Elementary Health Education
Nutrition & Weight Control	High Level Wellness	Teaching Health Education
High Level Wellness	Workshop: Facilitating Health Behavior	Intro to Health Issues & Secondary Health Topics
Workshop: Adolescent Health Issues	Health Promotion Strategies	Supervision of Directed Teaching
Contemporary Health Trends in Wellness for Children & Adolescents	Yoga and Stress Reduction	
	Effective Teaching for Changing Health Behavior	