

Professional Standards for Health Education Teacher Preparation

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Standards-Based Education

One of the most recent waves of reform in public education began in 1989 when the governors and legislators identified eight goals for the *Goals 2000: Educate America Act* (U. S. Department of Education, 1994). This legislation promulgated the need for standards-based education and impacted health education in several ways. First, it urged the establishment of “safe, disciplined, and alcohol and drug-free schools” that would provide students with the environment conducive to learning and required that schools provide drug and alcohol education as part of a comprehensive health education curriculum (U. S. Department of Education, 1994, p. 3). Secondly, this legislation encouraged the development of “outcomes” or standards that defined what K-12 students should know and be able to do. In fact, one objective of goal three specified that “all students have access to physical education and health education to ensure they are healthy and fit” (p. 1). Student standards for health education were published in 1995 in the *National Health Education Standards* (Joint Committee on National Health Education Standards, 1995). These seven standards provide performance-based criteria required for meeting specific levels of health education knowledge and skills in elementary, middle-level, and secondary grades. Thirdly, *Goals 2000* specifically addressed teacher education and professional development, so that teachers could “acquire the knowledge and skills needed to prepare students for the next century” (U. S. Department of Education, 1994, p. 2). In other words, standards for teachers in all subject areas including health education were needed to specifically determine the competencies for professional development to be demonstrated.

Background of Professional Standards for Health Education Teachers

In the late 1970s, a joint effort among health education professional organizations identified the 7 “generic” responsibilities, 27 competencies, and 79 sub-competencies of health educators, regardless of the setting in which they practiced (American Association for Health Education [AAHE], 2001). Settings for health education included communities, schools, worksites, medical clinics, and colleges/universities. These professional responsibilities

were published in 1985 as *A Framework for the Development of Competency-Based Curricula for Entry-Level Health Educators*, and became the basis for many health education professional preparation programs (AAHE, 2001).

During this same period, the National Council for the Accreditation of Teacher Education (NCATE) invited the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD) to be the “learned society” for the subject matter of health education and physical education. In 1986, NCATE approved the generic responsibilities and competencies as the standards for programs preparing health education teachers, and designated AAHPERD/AAHE as the organization identified to oversee the process for approving university and college health education teacher preparation programs (AAHE, 2001).

In response to the continued 21st century reforms in education and teacher preparation and the federal mandates of *No Child Left Behind* that require highly qualified teachers, NCATE (2001) revised the standards and process of assessment in the *Professional Standards for the Accreditation of Schools, Colleges, and Departments of Education*. As a result, AAHE established a Teacher Education Standards Task Force to review and revise the generic health education responsibilities for *teachers* (AAHE, 2001). While these revisions remain consistent with the original 7 generic responsibilities and 27 competencies in that they are stated in performance-based terms, the new standards use language that describe what health education *teachers* are required to do. These new standards also are based on current research that supports best health education *and* education practices. Other skills related to coordinating and collaborating within school health programs, teaching content and skills based on the National Health Education Standards for students, and applying the six priority health areas identified by the Centers for Disease Control to curriculum development are included in the new standards (AAHE, 2001).

The professional standards for health education teachers have been developed based on the “necessary content, pedagogical, and professional knowledge and skills to teach both independently and collaboratively” (NCATE, 2001, p. 3). The *Program Standards for Health Education Teacher Preparation* presented in this issue were revised to enhance and support the training of pre-service health educators that will be certified to teach health education in public schools. These revised “standards” and “key elements” originally were published in the *2001 Guidelines for AAHE/NCATE Review of Initial-Level Programs for*

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Health Education Teacher Preparation (AAHE, 2001), and AAHE is still considered by NCATE to be the Specialized Professional Association (SPA) for health education. Because of this process, 30 health education programs currently are AAHE/NCATE approved at the national level (AAHE, 2005).

References

American Association for Health Education (AAHE). (2001). *Guidelines for AAHE/NCATE review of initial-level programs for health education teacher preparation*. Reston, VA: American Association for Health Education.

American Association for Health Education (AAHE). (2005). *Approved health education programs*. Retrieved July 28, 2005, from <http://www.aahperd.org/aahe/template.cfm?template=programs-ncate.html>

Joint Committee on National Health Education Standards. (1995). *National Health Education Standards: Achieving health literacy*. Atlanta, GA: American Cancer Society.

National Council for the Accreditation of Teacher Education (NCATE). (2001). *Professional standards for the accreditation of schools, colleges, and departments of education*. Washington, D. C.: National Council for the Accreditation of Teacher Education.

U. S. Department of Education. (1994). *H.R. 1804: Goals 2000: Educate America Act*. Retrieved August 1, 2005, from <http://www.ed.gov/legislation/GOALS2000/TheAct/intro.html>

AAHE/NCATE Health Education Standards and Key Elements

Standard I: Candidates assess individual and community needs for health education.

Key Element A: Candidates obtain health-related data about social and cultural environments, growth and development factors, needs, and interests of students.

Key Element B: Candidates distinguish between behaviors that foster and those that hinder well-being.

Key Element C: Candidates determine health education needs based on observed and obtained data.

Standard II: Candidates plan effective health education programs.

Key Element A: Candidates recruit school and community representatives to support and assist in program planning.

Key Element B: Candidates develop a logical scope and sequence plan for a health education program.

Key Element C: Candidates formulate appropriate and measurable learner objectives.

Key Element D: Candidates design educational strategies consistent with specified learner objectives.

Standard III: Candidates implement health education programs.

Key Element A: Candidates analyze factors affecting the successful implementation of health education and Coordinated School Health Programs (CSHPs).

Key Element B: Candidates select resources and media best suited to implement program plans for diverse learners.

Key Element C: Candidates exhibit competence in carrying out planned programs.

Key Element D: Candidates monitor educational programs, adjusting objectives and instructional strategies as necessary

Standard IV: Candidates evaluate the effectiveness of coordinated school health programs.

Key Element A: Candidates develop plans to assess student achievement of program objectives.

Key Element B: Candidates carry out evaluation plans.

Key Element C: Candidates interpret results of program evaluation.

Key Element D: Candidates infer implications of evaluation findings for future program planning.

Standard V: Candidates coordinate provision of health education programs and services.

Key Element A: Candidates develop a plan for coordinating health education with other components of a school health program.

Key Element B: Candidates demonstrate the dispositions and skills to facilitate cooperation among health educators, other teachers, and appropriate school staff.

Key Element C: Candidates formulate practical modes of collaboration among health educators in all settings and other school and community health professionals.

Key Element D: Candidates organize professional development programs for teachers, other school personnel, community members, and other interested individuals.

Standard VI: Candidates act as a resource person in health education.

Key Element A: Candidates utilize computerized health information retrieval systems effectively.

Key Element B: Candidates establish effective consultative relationships with those requesting assistance in solving health-related problems.

Key Element C: Candidates interpret and respond to requests for health information.

Key Element D: Candidates select effective educational resource materials for dissemination.

Standard VII: Candidates communicate health and health education needs, concerns, and resources.

Key Element A: Candidates interpret concepts, purposes, and theories of health education.

Key Element B: Candidates predict the impact of societal value systems on health education programs.

Key Element C: Candidates select a variety of communication methods and techniques in providing health information.

Key Element D: Candidates foster communication between health care providers and consumers.

