

COMMITTEE REPORT

SENATE

4/20/78

Mr. President:

Date 5/1/78

The Committee on Finance has had HR 119

under consideration. A Majority of the members of the Committee

- recommends it DO PASS
- recommends it DO NOT PASS
- recommends it DO PASS WITH ATTACHED AMENDMENT(S)
- recommends it BE REPLACED WITH CS FOR _____ AND THAT
CS FOR _____ DO PASS
- "and" recommends it BE REFERRED TO THE _____
COMMITTEE
- reports it back WITHOUT RECOMMENDATION
- "other"

Members signing the Majority report:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Members NO concurring in the Majority report:

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

Bob Kay Chairman

THE LEGISLATURE OF THE STATE OF ALASKA
FISCAL NOTE

Second Session - Ninth Legislature

I. REQUEST

Bill No. HB 419
 Title: An Act relating to Health Education
 Requested by House HESS Committee Date: 2/20/76
 Return Date Requested: ASAP
 Agency: Education Program: Preelementary and Secondary

II. FISCAL DETAIL

Budget Request Unit(s) Affected: Educational Program Support/Learner Assist.

A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
100 PERSONAL SERVICES		47.9				
200 TRAVEL		5.				
300 CONTRACTUAL		28.				
400 COMMODITIES		.8				
500 EQUIPMENT		.3				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		82.0	90.2	99.2	109.1	120.0

B. FUNDING: (Thousands of dollars)

GENERAL FUND	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
GENERAL FUND		82.0	90.2	99.2	109.1	120.0
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
MAN MONTHS (P./T.)	/	2 / 0 24 / 0	2 / 0 24 / 0	2 / 0 24 / 0	2 / 0 24 / 0	2 / 0 24 / 0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Education Specialist II	33.6	Development of Multi-Media	
Clerk Typist III	14.3	Health Education Learning	
Travel		Packages	12.
In-state to Districts	5.	Commodities	.8
Contractual Services		Equipment	.3
Teacher & School Nurse			
In-Service Workshops	12.	Total	82.0
School Administrators			
Health Education Planning			
& Curriculum Development			
Conferences	4.		

IV. ATTACHMENTS

Assume 10% inflation in succeeding fiscal years.

V. DATE: 2/23/76 PREPARED BY: William D. Thomas

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

THE LEGISLATURE OF THE STATE OF ALASKA
FISCAL NOTE

Second Session - Ninth Legislature

I. REQUEST

Bill No. SB 51 and HB 419

Title: _____

Requested by: _____

Date: _____

Return Date Requested: _____

Agency: _____

Program: _____

II. FISCAL DETAIL

Budget Request Unit(s) Affected: _____

A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
100 PERSONAL SERVICES		47.9				
200 TRAVEL		5.				
300 CONTRACTUAL		28.				
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700 GRANTS, CLAIMS, ETC.						
TOTAL		82.0				

B. FUNDING: (Thousands of dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	/	/	/	/	/
MAN MONTHS (P.M.)	/	/	/	/	/	/

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& Curriculum Development			
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IV. ATTACHMENTS

V. DATE: _____ PREPARED BY: _____

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

JAY S. HAMMOND
GOVERNOR

STATE OF ALASKA
DEPARTMENT OF EDUCATION

OFFICE OF THE COMMISSIONER

POUCH F--ALASKA OFFICE BUILDING
JUNEAU 99811

March 30, 1976

Honorable Bill Ray, Chairman
Senate Finance Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Ray:

It's common knowledge that alcoholism, drug abuse, VD, respiratory diseases, accidents, dental health, chronic ear infections and sanitation, are some of the major Alaskan problems. I believe that in great part, these do not represent medical failures, but are a result of educational failures, i.e., the failure to recognize that preventive education is a necessary instrument and the failure to learn to initiate health education programs before there are full-fledged epidemics in our midst. The trend has been, and actually still is, to be concerned about our well-being only when we reach the point of noticing we aren't as healthy as we once were. We've waited for disease to occur--only then to act, and often too late.

Health Education is less expensive and less traumatic than the treatment of health problems later. Even though medical care is improving, death and disability are preventable primarily by changes in individual behavior and by teaching skills (for example, first aid). The overall purpose of health education is to teach self-responsibility for the prevention of health problems and for coping with health problems.

I assume you believe in the need for sound health education programs in the schools, and if you have any questions at all about S.B. 51, they may center around the issue of whether it's a state responsibility or a local community responsibility. In my opinion it is definitely both. Evidence exists that shows that neither the local schools nor the state is meeting its responsibility in this area. It's also evident that local districts need assistance in doing their part. The state can do its part in helping the local districts by taking the leadership role in this area. The needs of the local districts vary around the state--some schools need to be motivated to even think about teaching health education to all students, some schools are interested and are ready for help in knowing how to develop an exciting, thorough and competent

program, some schools want to update their instructional materials and their teachers skills and they don't know what's available. There are many other needs, too.

Actually, there are extremely few teachers in the state who are teaching health education. Those who are, are doing so only sporadically (even in Anchorage, which is the only district in the state that has a health educational curriculum guide). There are no teacher education programs in Alaska which include health education as a part of their program. No one can major in health education at any college or university in the state. Teachers at all grade levels have been asking for materials and guidelines for teaching all health topics (nutrition, consumer health, environmental health, dental health, human growth and development, vision and hearing, personal health habits, substance use and abuse (tobacco, alcohol and other drugs), safety education, diseases and disorders, etc.) Professional health personnel are not actively involved in any consistent way in the education programs in the schools. They do not have the time, training nor resources to teach. Teachers are often reluctant to teach health education because they feel ill-prepared, the subject is so broad in scope, it's difficult to keep up with the new scientific information, and it isn't easy to try to change children or help them develop sound health habits. The teachers are in need of support of their administrators: support in terms of budgets for instructional materials, curriculum guidelines, etc. Extremely few administrators in Alaska are professionally prepared in the knowledge of what comprehensive health education programs are all about, although there is an interest and concern for this area on their part.

The Department of Education has had requests from 92 different schools (and many times from more than one person in each school and more than 1 request per person) since the beginning of this school year. There are 440 schools in the state. That means that 20% of the schools have asked for health education assistance so far just this school year.

The need for help, for direction, for some structure has been great. The number of requests is evidence that there's a need for assistance from the state level. The results of the attached survey of health education in Alaska's schools also shows the need for developing state guidelines, providing in-service workshops for teachers and administrators, and developing materials relevant to Alaska's needs. We can let the local school districts fumble and struggle and maybe do nothing about health

Honorable Bill Ray

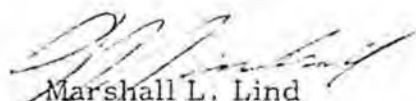
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March 30, 1976

education, or we can help them develop comprehensive and sequential kindergarten through twelfth grade programs which will be effective in reaching Alaska's children and future adults.

As I have always understood it, the goals of education are twofold: to prepare students to earn a living and to prepare them to live a life--a creative, humane and sensitive life. Health education is vital for ensuring that this and future generations of young people are enabled to live that life in their fullest capacities. You are in a position to take steps to make this happen. I certainly hope you will act positively on S.B. 51!

Sincerely,



Marshall L. Lind

Commissioner of Education

JAY S. HAMMOND
GOVERNOR

DEPARTMENT OF EDUCATION

OFFICE OF THE COMMISSIONER

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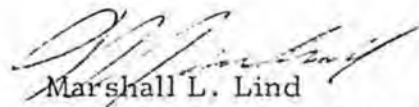
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Sincerely,


Marshall L. Lind
Commissioner of Education

FALL 1973 ALASKA SCHOOL HEALTH EDUCATION SURVEY

CONTENTS:

A. Background and Purpose	1
B. Survey Components	2
C. Scope and Limitations of Information Provided by the Survey Questionnaire	4
D. Data Summaries and Notes	7
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A. BACKGROUND & PURPOSE

In anticipation of authorization to employ a School Health Education Specialist to provide guidance, coordination and technical expertise in development of a statewide approach to school health education, the Alaska Department of Education conducted a statewide survey of schools in the Fall of 1973. Its purpose was to document current health education activities and to record perceptions of school principals and health personnel regarding current health problems and priority areas for emphasis. The Division of Public Health, Alaska Department of Health & Social Services, provided funds for an educator to conduct some preliminary investigations and to develop the survey questionnaire. The Department of Education programmed two questionnaire response categories for computerized summarization in the Spring and Summer of 1974, but lacked personnel to summarize other data and the many comments included in the responses. Finally, the Division of Public Health has completed this summarization of questionnaire responses in the Summer of 1975.

B. SURVEY COMPONENTS

1. The preliminary survey included visits and interviews to six school districts; an analysis of a representative sample of teacher certification records to look at extent of preparation in health education; and a survey of trends in health education in other states.

A synopsis of the preliminary survey findings and recommendations is attached in Appendix I.

A more detailed account of the teacher certification sample survey is attached in Appendix II.

2. Two Questionnaires were developed to be mailed to all schools in the state. Questionnaire A was to be completed by school principals. Questionnaire B was to be given by the principal to the person who he considered to be the primary medical resource person serving the school -- in most cases this was a school nurse, a health aide, or a public health nurse.

The rationale for the questionnaire format employed and for the information solicited is adequately discussed in the attached Appendix III, the memorandum from the person who developed the format.

Copies of the two questionnaires are attached as Appendices IV & V.

Despite original intentions for the questionnaires, certain information wasn't adequately forthcoming. Some survey limitations are discussed in Section C.

In actuality the questionnaires yielded the following categories of information:

1. Current Status of School Health Services Page 8
 - a. School Health Services Reported by Principals
 - b. School Health Services Reported by Health Workers
 - c. Comments of Health Workers Regarding General Status of Health and Health Care in their Communities

2. Current Status of Health Teaching* Page 30
 - a. Personnel Designated by Principals as Health Teachers, Health Coordinators, or has having Special Training in areas of Health Education
 - b. Comments by Health Workers or Principals regarding School Personnel Currently Teaching Health
 - c. Current Educational Activities of Health Workers, as reported by themselves

* Review Appendix II, Survey of Teacher Preparation in Health

3. Status of Current Health Curriculum
 - a. Health Topics Currently Being Taught as reported by Principals and Health Workers, in order of frequency
 - b. Comments by Health Workers Regarding Current Health Curriculum

4. Recommendations for Health Education Planning & Assistance
 - a. Specific Health Problems in their Schools or Communities mentioned by Health Workers
 - b. Priorities for Curriculum emphasis, as Rated by Principals and Health Workers
 - c. Other recommendations by Health Workers Regarding Curriculum
 - d. Comments of Health Workers Regarding Problems and Needs Related to Health Education
 - e. Recommendations of Health Workers Regarding State-wide Planning or Assistance in Health Education

5. Community Resources for Local Planning and Implementation of Health Education Guidelines

discussed on page 77 .

C. SCOPE AND LIMITATIONS OF INFORMATION PROVIDED BY THE SURVEY QUESTIONNAIRES

1. Representativeness

The questionnaire was intended to be sent to all schools in the state. Through an oversight, questionnaires were not sent to the 53 elementary and two secondary schools under BIA, nor to the 26 small private schools in Alaska. Questionnaires were not sent to special education schools, youth facilities, or adult education schools, apparently because it was thought that conditions would not be comparable. The BIA elementary schools in Alaska can be assumed to parallel many of the SOS schools, and generalizations about the latter can probably be made about both. It is unfortunate, however, that data is not available from the BIA secondary schools nor from the youth facilities, where students are known to have so many health related problems. These facilities warrant at least a comparable study.

The following table depicts response rates for those schools mailed questionnaires -- amazingly high. It can be safely generalized that the data gathered represents the opinions and perceptions of most of the principals and school health workers in the state.

<u>NO. SCHOOLS SENT QUESTIONNAIRES</u>	<u>NO. SCHOOLS RESPONDING</u>	<u>% RESPONDING</u>	
<u>Independent School Districts</u>			
Elementary schools	117	103	88%
Secondary schools	51	48	94%
<u>State Operated Schools</u>			
Rural Elementary Schools	120	111	93%
Rural Secondary Schools	9	6	67%
On-Base Elementary Schools	17	15	88%
On-Base Secondary Schools	4	3	75%

* TOTALS:	318	286	89%

Elementary Schools	254	229	90%
Secondary Schools	64	57	89%

* RESPONSE TO INDIVIDUAL SECTIONS OF THE QUESTIONNAIRES

The above percentages reflect the total amount of participation, that is, the number of schools that acknowledged the survey by sending back the questionnaires. However, many questionnaires were only partially completed, and a few health worker questionnaires were totally blank, except for information identifying the school. So numbers of respondents vary from question to question.

2. Specificity

While questionnaire responses from all schools will remain on file for staff use, and provide valuable information for anyone providing assistance to specific local areas, the data summaries can only provide general information about general categories of schools.

Some Specific Limitations

1. CATEGORIZING SCHOOLS

Schools provided extensive data regarding school size, geographic area served, type of school, etc., which was programmed for the computer in hopes that various categories of schools could be compared or spotlighted for attention. Unfortunately, State Department of Education computer personnel were extremely limited in time available for this survey; therefore, most of the categories requested for analysis were not run through the computer. For example, it would be extremely useful in assisting the new independent school districts evolving from the old SOS system, to know what the schools in each geographic region (Native Corporation areas) indicated to be key health problems and priorities of health education. This type of information can be run through the computer at a later date, but was not available for this summary.

In summarizing written comments, an attempt was made to categorize responses according to type of school system--urban vs. rural; and elementary vs. secondary. In many cases Anchorage schools were also treated as a separate category, since their health education program is so much more developed than those in other areas of Alaska.

School categories fluctuated somewhat depending on the question under consideration. The few "combination" schools comprised of varying elementary and secondary grades were categorized with elementary schools. And for some information the few SOS secondary schools were included with SOS elementary schools. Finally, Independent District secondary schools outside of Anchorage, serving both rural and urban areas were usually categorized together since they all tended to be in 'towns' and drew in comparatively large groups of children.

2. CURRICULUM AREAS

Questions to principals concerning current curriculum and priorities were presented in check-list form for ease of answering and recording on computer; however, certain sub-units of those forms yielded unuseable responses*. Most respondents did not fill in the blanks indicating grade levels where health

* The questionnaires were pre-tested in the Kodiak school district, but apparently this problem wasn't picked up.

topics were taught-either because it was too involved or because they weren't sure. It was therefore impossible to add this information to the computer program.

Even if most forms had been totally filled in, the results would have had the following limitations: personnel indicated general topics they think are now being taught--not the extent or quality of the teaching. This limitation was recognized even as the questionnaire was being prepared; but it was thought that checklists would be more likely to be completed than "essay questions". The checklists also paralleled similar ones utilized in the National School Health Education Study and can be utilized for comparison with other states. Third, it was predicted that even when giving principals the benefit of the doubt--most would be likely to report more health education going on in their schools than less--overall results would show that many important areas are receiving little or no attention. This prediction was accurate.

3. COMMENTS

Comments were solicited in rather general fashion in order to pick up what health workers considered of importance. Much useful information was forthcoming and has been categorized. However, response to these questions was erratic--many were returned blank--others wrote volumes. As was predicted, health aides in villages were the least likely to write comments, probably because their skills in written English are not as developed as other health workers.

3. Validity

Some limitations regarding validity were discussed in the previous paragraphs. However, while most answers were completely subjective, patterns of answers appeared; they can be considered general opinions by the school personnel involved.

Obviously, an in-depth survey would seek opinions from a much wider range of respondents, including teachers, counselors, parents and students. Such a survey, prepared at state level, but conducted by local personnel, could provide a catalyst for meaningful local health curriculum planning with community involvement.

D. DATA SUMMARIES AND NOTES

An exhaustive analysis of each data summary would be redundant; the charts and lists are hopefully arranged in such a way that they can speak for themselves.

Notes have been limited to explaining how the data was gathered and pointing out which areas seem significant.

1. CURRENT STATUS OF SCHOOL HEALTH SERVICES

a. Health Services as Reported by Principals: Charts a.1-9
NOTES: This data was recorded from checklists.

- 1) It can be assumed that those few schools recording full-time services of a doctor or dentist and a few of the other professionals meant that one was available to the school at any time he was needed.
- 2) Types of nursing services available should be noted as significant; as reported by the nurses and aides themselves, only those schools which employ school nurses get much health education assistance.
- 3) Vision and hearing screening services seem to be the only universally offered services, and SOS elementary school principals report that only half the schools receive even that service. This may be inaccurate however, because screening services may be performed outside the school setting in certain villages.

HEALTH SERVICES AS REPORTED BY PRINCIPALS

1.a.1.

SCHOOL CATEGORY: Anchorage School District
(Elementary Schools)

TOTAL NUMBER: 40

HEALTH SERVICES REPORTED:

	Full Time	Part Time	Regular Visits
Doctor			
Dentist			
Psychiatrist		1 or 3%	1 or 3%
Psychologist		15 or 38%	12 or 30%
Audiologist		4 or 10%	3 or 8%
Psychiatric Social Worker			
Social Worker			1 or 3%
School Nurse		28 or 70%	11 or 28%
Public Health Nurse		1 or 3%	1 or 3%
Nurse's Aide		4 or 10%	2 or 5%
Dental Aide			
Health Aide		2 or 5%	
Other (Specify)			1 or 3% (Speech Pathologist)

SERVICES OFFERED BY THE SCHOOL:

	Yes	No	To Some Students Only
Physical Examination		38 or 95%	2 or 5%
Dental Examination	4 or 10%	31 or 78%	5 or 13%
Vision Screening	36 or 90%	2 or 5%	2 or 5%
Hearing Test	36 or 90%	1 or 3%	3 or 8%
Psychological Testing	26 or 65%	1 or 3%	13 or 33%

1.a.2

SCHOOL CATEGORY: Anchorage Borough Schools
(Secondary)

TOTAL NUMBER: 9

HEALTH SERVICES REPORTED:

	Full Time	Part Time	Regular Visits
Doctor			
Dentist			
Psychiatrist			
Psychologist	2 or 22%	2 or 22%	1 or 11%
Audiologist		1 or 11%	
Psychiatric Social Worker			
Social Worker		2 or 22%	
School Nurse	7 or 77%	2 or 22%	
Public Health Nurse		1 or 11%	
Nurse's Aide	4 or 44%	2 or 22%	
Dental Aide			
Health Aide			
Other (Specify)			

SERVICES OFFERED BY THE SCHOOL:

	Yes	No	To Some Students Only
Physical Examination		6 or 66%	3 or 33%
Dental Examination		8 or 88%	1 or 11%
Vision Screening	9 or 100%		
Hearing Test	9 or 100%		
Psychological Testing	4 or 44%		5 or 55%

1.a.3.

SCHOOL CATEGORY: Independent School District TOTAL NUMBER: 30
 (Outside Anchorage - Urban Elementary)

HEALTH SERVICES REPORTED:

	Full Time	Part Time	Regular Visits
Doctor	4 or 13%	4 or 13%	1 or 3%
Dentist	3 or 10%	4 or 13%	2 or 7%
Psychiatrist		5 or 17%	1 or 3%
Psychologist	2 or 7%	11 or 37%	6 or 20%
Audiologist	1 or 3%	9 or 30%	2 or 7%
Psychiatric Social Worker		5 or 17%	3 or 10%
Social Worker	2 or 7%	3 or 10%	1 or 3%
School Nurse	14 or 47%	7 or 23%	2 or 7%
Public Health Nurse	1 or 3%	8 or 27%	1 or 3%
Nurse's Aide	1 or 3%	3 or 10%	1 or 3%
Dental Aide		1 or 3%	1 or 3%
Health Aide	1 or 3%	2 or 7%	1 or 3%
Other (Specify)			

SERVICES OFFERED BY THE SCHOOL:

	Yes	No	To Some Students Only
Physical Examination	7 or 23%	20 or 67%	3 or 10%
Dental Examination	4 or 13%	20 or 67%	6 or 20%
Vision Screening	28 or 93%	1 or 3%	1 or 3%
Hearing Test	28 or 93%	1 or 3%	1 or 3%
Psychological Testing	10 or 33%	4 or 13%	16 or 53%

1.a.4.

SCHOOL CATEGORY: Independent School District TOTAL NUMBER 18
 (Outside Anchorage - Urban Secondary)

HEALTH SERVICES REPORTED:

	Full Time	Part Time	Regular Visits
Doctor	3 or 17%	3 or 17%	
Dentist	2 or 11%		2 or 11%
Psychiatrist		2 or 11%	2 or 11%
Psychologist	1 or 6%	6 or 34%	5 or 28%
Audiologist	1 or 6%	1 or 6%	1 or 6%
Psychiatric Social Worker		1 or 6%	3 or 17%
Social Worker	5 or 28%	1 or 6%	
School Nurse	8 or 45%	5 or 28%	1 or 6%
Public Health Nurse	3 or 17%		1 or 6%
Nurse's Aide	1 or 6%	1 or 6%	
Dental Aide			
Health Aide			
Other (Specify)			

SERVICES OFFERED BY THE SCHOOL:

	Yes	No	To Some Students Only
Physical Examination	2 or 11%	8 or 45%	8 or 45%
Dental Examination	1 or 6%	13 or 72%	4 or 22%
Vision Screening	12 or 67%	2 or 11%	4 or 22%
Hearing Test	13 or 72%	2 or 11%	3 or 17%
Psychological Testing	3 or 17%	3 or 17%	12 or 67%

1.a.5.

SCHOOL CATEGORY: Independent School Districts TOTAL NUMBER: 38
 (Outside Anchorage - Rural Elementary)

HEALTH SERVICES REPORTED:

	Full Time	Part Time	Regular Visits
Doctor	1 or 3%	4 or 11%	16 or 42%
Dentist	1 or 3%	3 or 8%	16 or 42%
Psychiatrist		2 or 5%	1 or 3%
Psychologist		3 or 8%	2 or 5%
Audiologist		4 or 11%	6 or 16%
Psychiatric Social Worker		2 or 5%	2 or 5%
Social Worker	1 or 3%	4 or 11%	3 or 8%
School Nurse	1 or 3%	8 or 21%	3 or 8%
Public Health Nurse	4 or 11%	6 or 16%	22 or 58%
Nurse's Aide	2 or 5%		
Dental Aide			
Health Aide	9 or 24%	2 or 5%	
Other (Specify)			1 or 3% (Physical Therapist)

SERVICES OFFERED BY THE SCHOOL:

	Yes	No	To Some Students Only
Physical Examination	12 or 32%	20 or 53%	6 or 16%
Dental Examination	12 or 32%	24 or 63%	2 or 5%
Vision Screening	28 or 74%	8 or 21%	2 or 5%
Hearing Test	28 or 74%	5 or 13%	5 or 13%
Psychological Testing	5 or 13%	12 or 32%	21 or 55%

1.a.6.

SCHOOL CATEGORY: Independent School Districts TOTAL NUMBER: 16
 (Rural Secondary)

HEALTH SERVICES REPORTED:

	Full Time	Part Time	Regular Visits
Doctor	1 or 6%		2 or 13%
Dentist	1 or 6%		2 or 13%
Psychiatrist		1 or 6%	2 or 13%
Psychologist		2 or 13%	3 or 19%
Audiologist			3 or 19%
Psychiatric Social Worker			3 or 19%
Social Worker		1 or 6%	2 or 13%
School Nurse	2 or 13%	4 or 25%	
Public Health Nurse		1 or 6%	8 or 50%
Nurse's Aide		1 or 6%	
Dental Aide			
Health Aide			
Other (Specify)			1 or 6% (Speech Therapist)

SERVICES OFFERED BY THE SCHOOL:

	Yes	No	To Some Students Only
Physical Examination	7 or 44%	4 or 25%	5 or 31%
Dental Examination	4 or 25%	12 or 75%	
Vision Screening	14 or 88%	2 or 13%	
Hearing Test	14 or 88%	1 or 6%	1 or 6%
Psychological Testing	2 or 13%	4 or 25%	10 or 63%

1.a.7

SCHOOL CATEGORY: SOS - Elementary

TOTAL NUMBER: 103

HEALTH SERVICES REPORTED:

	Full Time	Part Time	Regular Visits
Doctor	4 or 4%	1 or 1%	61 or 59%
Dentist	2 or 1%	3 or 3%	66 or 64%
Psychiatrist			
Psychologist			2 or 2%
Audiologist		1 or 1%	17 or 17%
Psychiatric Social Worker			
Social Worker	1 or 1%	1 or 1%	12 or 12%
School Nurse	1 or 1%		2 or 2%
Public Health Nurse	2 or 2%	3 or 3%	80 or 77%
Nurse's Aide	5 or 5%		5 or 5%
Dental Aide			8 or 8%
Health Aide	28 or 27%	8 or 8%	20 or 19%
Other (Specify)		1 or 1% (Itinerant Nurse)	
		1 or 1% (Child Psychiatric Nurse)	

SERVICES OFFERED BY THE SCHOOL:

	Yes	No	To Some Students Only
Physical Examination	33 or 32%	64 or 62%	6 or 6%
Dental Examination	38 or 37%	60 or 58%	5 or 5%
Vision Screening	60 or 58%	39 or 38%	4 or 4%
Hearing Test	56 or 54%	43 or 42%	4 or 4%
Psychological Testing	6 or 6%	79 or 77%	18 or 17%

1.a.8.

SCHOOL CATEGORY: SOS - Secondary

TOTAL NUMBER: 4

HEALTH SERVICES REPORTED:

	Full Time	Part Time	Regular Visits
Doctor		1 or 25%	2 or 50%
Dentist		1 or 25%	2 or 50%
Psychiatrist		1 or 25%	
Psychologist			1 or 25%
Audiologist		1 or 25%	2 or 50%
- Psychiatric Social Worker			
Social Worker			
School Nurse			1 or 25%
Public Health Nurse	1 or 25%		2 or 50%
Nurse's Aide			1 or 25%
Dental Aide			
Health Aide	1 or 25%		
Other (Specify)			1 or 25% (Village Nurse Trainee)

SERVICES OFFERED BY THE SCHOOL:

	Yes	No	To Some Students Only
Physical Examination	1 or 25%	1 or 25%	2 or 50%
Dental Examination	3 or 75%	1 or 25%	
Vision Screening	3 or 75%	1 or 25%	
Hearing Test	3 or 75%	1 or 25%	
Psychological Testing		3 or 75%	1 or 25%

1.a.9.

SCHOOL CATEGORY: SOS On-Base Schools
(both Elementary and Secondary)

TOTAL NUMBER: 18

HEALTH SERVICES REPORTED:

	Full Time	Part Time	Regular Visits
Doctor	3 or 17%	3 or 17%	2 or 11%
Dentist	3 or 17%	3 or 17%	1 or 6%
Psychiatrist	2 or 11%	1 or 6%	1 or 6%
Psychologist	3 or 17%	2 or 11%	1 or 6%
Audiologist	2 or 11%	2 or 11%	
Psychiatric Social Worker	1 or 6%	2 or 11%	
Social Worker	1 or 6%	1 or 6%	1 or 6%
School Nurse	1 or 6%	7 or 39%	2 or 11%
Public Health Nurse	1 or 6%		
Nurse's Aide		1 or 6%	
Dental Aide			
Health Aide			
Other (Specify)			

SERVICES OFFERED BY THE SCHOOL:

	Yes	No	To Some Students Only
Physical Examination	6 or 33%	12 or 67%	
Dental Examination	8 or 44%	10 or 56%	
Vision Screening	13 or 72%	4 or 22%	1 or 6%
Hearing Test	14 or 78%	3 or 17%	1 or 6%
Psychological Testing	11 or 61%	6 or 33%	1 or 6%

b. Health Services Reported by Health Workers: Charts 1.b.1-7

NOTES:

- 1) Health workers were asked a general question regarding the health services they provided to the schools, in order to see what they considered to be significant, and especially to see if they considered health education activities to be part of their duties.
- 2) Health education activities recorded by nurses have been summarized separately in Section 2.c., including such standard activities as home visits or teacher/nurse conferences.
- 3) The following lists were compiled from those services mentioned by the health workers.
- 4) Screening services again are almost universally offered, at least at elementary level, as is first aid. For SOS schools, health aides didn't tend to report screening activities, because most of them usually assist the itinerant doctors, nurses and dentists who perform those services. In fact, health aides are at varying stages of independence or responsibility, so their services vary widely. Most Itinerant Public Health Nurses serving those areas tend to visit so seldom that their services cannot be considered on-going service. While only one or the other was asked to complete a questionnaire, health aides and PHN's should be considered a team and kinds of services given by each can be assumed to be provided for SOS or rural schools.

HEALTH SERVICES REPORTED BY HEALTH WORKERS

1.b.1.

SCHOOL CATEGORY: Anchorage Elementary Schools NUMBER: 40

WORKER CATEGORY: School Nurses NUMBER: 14

SERVICES

Screening; Referrals; Follow-up:	Schools: (two Schools "no nurse")
vision	37
hearing	36
growth & development	27
TB (Tine)	33
dental	5
hemoglobin	
skin	
Health evaluations & Referrals	
Mental Health Referrals	
First Aid/Illness Care	35
Immunizations or Immunization Check	22
Fluoride Distribution	
Communicable Disease Surveillance	4
Health Records	15
Throat Cultures	
Urine Testing	
Head Lice Check	
Assist PHN, Dr., Dentist During Visit	
Recommend Children for Free Lunch Program	
Liaison with Health Agencies; Specialists	16
Administer Prescribed Medicine	
Accident Reports	
Evaluate Health Problems of Those Referred for Psychological Testing	3

1.b.2.

SCHOOL CATEGORY: Anchorage Secondary Schools NUMBER: 10

WORKER CATEGORY: School Nurses NUMBER: 10

SERVICES

Schools:

Screening; Referrals; Follow-up:

vision	9
hearing	9
growth & development	5
TB (Tine)	9
dental	1
hemoglobin	
skin	

Health evaluations & Referrals 7

Mental Health Referrals

First Aid/Illness Care 10

Immunizations

Fluoride Distribution

Communicable Disease Surveillance 3

Health Records 1

Throat Cultures

Urine Testing

Head Lice Check

Assist PHN, Dr., Dentist during visits

Recommend Children for Free Lunch Program 3

Liaison with Health Agencies; Specialists 3

Administer Prescribed Medicine 3

Accident Reports

Evaluate Health Problems of Those
Referred for Psychological Testing

1.b.3.

SCHOOL CATEGORY: Independent School Districts NUMBER: 21
(Urban Elementary - Outside Anchorage)
WORKER CATEGORY: 17 School Nurses; 1 PHN NUMBER: 18

SERVICES

Screening; Referrals; Follow-up: (General)	Schools: (3 schools "no services presently" usually a PHN)
vision	3
hearing	16
growth & development	16
TB (Tine)	12
dental	16
hemoglobin	10
skin	2
posture	5
Health evaluations & Referrals	7
Mental Health Referrals & Follow-up	1
First Aid/Illness Care	15
Immunizations	3
Fluoride Distribution	
Communicable Disease Surveillance	
Health Records	7
Throat Cultures	
Urine Testing	
Head Lice Check	
Assist PHN, Dr., Dentist during visits	
Recommend Children for Free Lunch Program	1
Liaison with Health Agencies; Specialists	
Administer Prescribed Medicine	
Accident Reports	1
Evaluate Health Problems of Those Referred for Psychological Testing	

* 1 health coordinator
1 Athletic Director
3 principal-teachers

1.b.4.

SCHOOL CATEGORY: Independent School Districts NUMBER: 38+
(Rural Elementary)

WORKER CATEGORY: NUMBER: 38
12 PHNs 6 Home 5 Health 5 Other* 5 No Health 5 School
SERVICES Counselors Aides Worker Nurses

Screening; Referrals;
Follow-up:

vision	11	5			4
hearing	10	5			4
growth & devel- opment	8	5			3
TB (Tine)	10	1			4
dental	2	4			
hemoglobin					
skin					

Health Evaluations & Referrals	4		1		
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Mental Health Referrals			1		1
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First Aid/Illness Care	1	3	3	2	3
------------------------	---	---	---	---	---

Immunizations	5	1			3
---------------	---	---	--	--	---

Fluoride Distribution			1		
-----------------------	--	--	---	--	--

Communicable Disease Surveillance		1			
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Health Records

Throat Cultures

Urine Testing

Head Lice Check

Assist PHN, Dr., Dentist during visits	1		2		
---	---	--	---	--	--

Recommend Children for
Free Lunch Program

Liaison with Health Agencies;
Specialists

Administer Prescribed Medicine

Accident Reports

Evaluate Health Problems of
Those Referred for
Psychological Testing

1.b.5.

SCHOOL CATEGORY: Independent School Districts NUMBER: 17
(Secondary Schools - Outside Anchorage)

WORKER CATEGORY: 12 School Nurses: 1 PHN NUMBER: 13
3 "no health worker"
1 teacher responded

SERVICES

	Schools:
Screening; Referrals; Follow-up: General	2
vision	8
hearing	7
growth & development	6
TB (Tine)	8
dental	3
hemoglobin	
skin	1
Health Evaluations & Referrals	4
Mental Health Referrals	1
First Aid/Illness Care	11
Immunizations	3
Fluoride Distribution	
Communicable Disease Surveillance	1
Health Records	6
Throat Cultures	
Urine Testing	
Head Lice Check	
Assist PHN, Dr., Dentist During Visits	
Recommend Children for Free Lunch Program	1
Liaison with Health Agencies; Specialists	3
Administer Prescribed Medicine	
Accident Reports	1
Evaluate Health Problems of Those Referred for Psychological Testing	

1.b.6.

SCHOOL CATEGORY: SOS Schools

NUMBER: 78 (responding)

WORKER CATEGORY: 1 Principal Teacher

NUMBER: 78

10 "None Assigned" Blank

49 Health Aides

16 PHN's, 2 Nurses

SERVICES

Screening; Referrals; Follow-up:

vision	12	14
hearing	8	13
growth & development	10	10
iB (Tine)	6	13
dental		4
hemoglobin	4	5
skin		
Health Histories		7
Health evaluations & Referrals		7
First Aid/Illness Care	20	4
Immunizations	2	11
Fluoride Distribution	9	
Communicable Disease Surveillance		1
Health Records		
Nose & Throat Cultures	2	1
Urine Testing		2
Head Lice Check	1	
Assist PHN, Dr., Dentist during visits	39	2
Recommend children for Free Lunch Program		
Liaison with Health Agencies; Specialists		9
Administer Prescribed Medicine		
Accident Reports		
Evaluate Health Problems of Those Referred for Psychological Testing		

1.b.7.

SCHOOL CATEGORY: SOS On-Base Schools

NUMBER: 17

WORKER CATEGORY: 2 Nurses (10 schools
(2 bases: "no nurse"

NUMBER: 4
- all health care provided at
military facility)

SERVICES

Screening; Referrals; Follow-up:

vision	10
hearing	10
growth & development	10
TB(Tine)	10
dental	
hemoglobin	
skin	
Health evaluations & Referrals	10
Mental Health Referrals	
First Aid/Illness Care	10
Immunizations	
Fluoride Distribution	
Communicable Disease Surveillance	
Health Records	10
Throat Cultures	
Urine Testing	
Head Lice Check	
Assist PHN, Dr., Dentist during visits	
Recommend Children for Free Lunch Program	
Liaison with Health Agencies; Specialists	10
Administer Prescribed Medicine	10
Accident Reports	
Evaluate Health Problems of Those Referred for Psychological Testing	

c. Comments of Health Workers Regarding General Status of Health and Health Care in Their Communities: Charts 1.c.1-3

NOTES:

- 1) Comments varied considerably, as does access to health care in Alaska.
- 2) Most problem areas related to high cost and/or availability of care. Such problems tend to point up the need for a strong emphasis on positive health maintenance as a part of consumer education. It is interesting to note that only 36% of 'District' schools and 17% of SOS schools reported devoting any time to consumer education as a component of health education.
- 3) The urban workers voice need for access to mental health counseling.
- 4) Rural workers seem grateful for any help they get.

COMMENTS OF HEALTH WORKERS REGARDING GENERAL STATUS OF HEALTH
& HEALTH CARE IN THEIR COMMUNITIES

1.c.1.

Anchorage Area:

Positive Comments

- 1 - excellent health care
- 1 - above average
- 7 - good
- 3 - average
- 2 - Borough Health Department is excellent
- 1 - good ambulance service
- 2 - most parents are concerned about children's health and follow up on recommendations
- 1 - Fairview and Open Door Clinic serve a real need

Negative Comments; Problems Cited

- 2 - below average care
- 3 - care expensive, inadequate for non-military, non-native, low-income families
- 3 - high cost of health care
- 2 - need a sliding pay scale medical facility for non-native population
- 4 - cost, availability of mental health counseling
- 1 - need neighborhood Mental Health Centers on slide fee scale
- 4 - fragmentation, uncoordination, duplications and gaps
- 6 - inadequate or costly dental care
- 1 - crisis oriented health care
- 1 - apathy about effects of health problems on community as a whole
- 2 - apathy about positive health practices
- 1 - loss of personal initiative and concern for own well-being

1.c.2.

Rural Areas (S.O.S. & Rural Independent School Districts)

Positive Comments

- 3 - adequate health care
- 7 - health status good; considering there are no medical personnel
- 1 - good response to screening, immunization clinics
- 1 - the "dental boat" is a big help
- 4 - no major health problems
- 2 - health care good

Negative Comments; Problems Cited

- 1 - health status poor to fair
- 1 - need full-time nurse in town who could visit homes
- 1 - need a full-time school nurse
- 1 - problem keeping the local hospital operating
- 1 - high cost of medical and dental care
- 2 - no local access to mental health care
- 1 - community far from medical help; itinerant nurse
- 2 - once a month only
- 1 - need a health center
- 1 - need a better radio system between health aide and doctor
- 2 - agencies foster dependence rather than individual responsibility for health
- 1 - parents lack awareness of what constitutes a health problem
- 1 - community problems are kept under the surface
- 1 - transportation problems to medical facilities (weather)
- 1 - PHN comes once a year, other than that we have nothing

1.c.3.

"Urban" Areas Outside Anchorage

Positive Comments

- 4 - health care good
- 2 - health care fair

Negative Comments; Problems Cited

- 1 - lack of education regarding community health resources
- 2 - mental health care inadequate
- 3 - high cost or availability of dental care
- 1 - lack of preventive dentistry
- 1 - high cost of medical care
- 1 - high cost of prescription drugs
- 2 - need for more coordination between health agencies, especially between ANHS and others
- 2 - lack of feedback from screening referrals, especially from ANHS
- 1 - eye care not available
- 2 - lack of specialized medical personnel
- 1 - inadequate coverage for non-native, non-military families
- 1 - health facilities lack good organization
- 1 - physicals required only of school enterers

2. CURRENT STATUS OF HEALTH TEACHING

- a. Personnel Designated by Principals as Health Teachers, or Coordinators for Health Curriculum, or having Special Training in Areas of Health Education: Charts 2.a.1-2

NOTES:

1. Principals were requested to list literally any teacher who had any responsibility and/or training in the health area. These lists were developed from their responses, which in most cases didn't indicate if training or responsibility was the reason for a person's inclusion.
2. Practically half the elementary schools reporting on this question indicated that no one was designated to coordinate the health curriculum, indicating that teachers are pretty much on their own; a quarter of the total indicated classroom teachers - in some cases, "all teachers"; and the rest indicated some health specialist. Those schools employing school nurses tend to rely on them to coordinate or provide guidance in health.
3. Secondary school resource people tend to be evenly divided among P.E. teachers, "unspecified subject matter teachers", home economics teachers, health teachers, science teachers, school nurses, and others. Only 7 schools reported no one with responsibility for some area of health instruction.
4. More than one category of worker was often designated for one school, particularly at secondary level.
5. Appendix II should be reviewed to get a better idea of actual preparation in health education that these teachers have.

PERSONNEL DESIGNATED BY PRINCIPALS AS HEALTH TEACHERS,
OR COORDINATORS FOR HEALTH CURRICULUM, OR HAVING
SPECIAL TRAINING IN AREAS OF HEALTH EDUCATION

2.a.1.

ELEMENTARY SCHOOLS REPORTING

Personnel Listed	Total	Independent School Districts		SOS Schools	
		Rural 36 schools	Urban 67 schools	Rural 117 schools	On-Base 15 schools
"No. One Designated	108	19	17	63	9
Teacher(s)-General	59				
One Teacher		5	5	8	
Two Teachers		1	3	11	1
Three Teachers		3	2	6	
Four Teachers				1	1
Six Teachers			1		
"All" Teachers			10		1
School Nurse	37	3	34		
Principal-Teacher	22	2	8	12	
Health Aide	9	1		8	
P.E. Teacher(s)	8				
One Teacher			5		1
Two Teachers			1		1
Public Health Nurse	6	4		2	
Counselor	2		1		1
Doctor	2		1	1	
Health Educator	1	1			
District Coordinator		1		1	
Special Ed. Teachers		1		1	
Nurse's Aide	1		1		
Housewife	1			1	
Safety Committee	1		1		
Secretary (First aid)	1		1		

2.a.2.

SECONDARY SCHOOLS REPORTING

Personnel Listed	Total	Independent School Districts		SOS Schools	
		Rural	Urban	Rural or District	On-Base
	57	23 schools	25 schools	6 schools	3 schools
P.E. Teacher(s)	18				
One Teacher		4			
Two Teachers		4	7		2
Three Teachers		1			
Teacher(s)					
Unspecified	16				
One Teacher		1			
Two Teachers		1	3	1	1
Three Teachers		3	1	2	
Four Teachers		1		1	
Five Teachers		1			
Home Economics Teacher(s)	15				
One Teacher		5	6	1	1
Two Teachers			2		
Health Teacher(s)	14				
One Teacher		2	6		
Two Teachers			2		
Three Teachers			1		
Four Teachers			2		
Science Teacher(s)	14				
One Teacher		6	2		
Two Teachers		1	1		
Three Teachers		1	2		
Four Teachers			1		
School Nurse	13	4	9		
No One Designated	7	4	2	1	
Principal-Teacher	3	1	2		
Counselor	2	1		1	
Public Health Nurse	3	1		2	
Social Studies Teacher	2		2		

Continued

2.a.2. (continued)

Personnel Listed	Total	Independent School Districts		SOS Schools		On-Base
		Rural	Urban	Rural	or District	
Community Resource	2	2				
Health Educator	2	1		1		
Health Aide	1	1				
Nutrition Teacher	1		1			
Speech & Hearing Specialist	1		1			
Industrial Arts Teacher	1					1
Doctor	1			1		

b. Comments by Health Workers or Principals Regarding School Personnel Currently Teaching Health: Charts 2.b.1-2

NOTES:

1. These are comments gleaned from the wide range of responses to the general solicitation for comments asked of health workers.
2. While a number of health workers commented that they thought teachers were doing a good job in health education, a significant number commented on lack of teachers' preparation in health education, or lack of motivation, or inappropriate use of staff for health education.

COMMENTS BY HEALTH WORKERS OR PRINCIPALS REGARDING SCHOOL
PERSONNEL CURRENTLY TEACHING HEALTH

2.b.1.

ELEMENTARY SCHOOLS

Anchorage

Positive Comments

- 4 - teachers are well-qualified
- 2 - teachers present health subjects well

Negative Comments or Problems

- 4 - need full-time health coordinator at each school
- 2 - some teachers not interested or knowledgeable
- 2 - teachers lack preparation so don't feel comfortable teaching health education
- 1 - teachers aren't health oriented; consider it a dull subject, so only touch on it lightly
- 1 - need more qualified health educators
- 1 - school nurses need more time at each school for education role
- 1 - no trained health educators at elementary level, only one at secondary level in district

- 4 - inadequate personnel for counseling
- 2 - teachers need more preparation in counseling

Other Independent School Districts: "Urban"

Positive Comments

- 4 - teachers do a lot of health teaching
- 2 - teachers are very interested in health care and education
- 2 - general response of school system to health education is good
- 1 - many resource people from community are used

Negative Comments

- 1 - no way to know real extent of health teaching in the school
- 1 - each teacher teaches what he wants
- 1 - need resource personnel

(continued)

2.b.1. (continued)

ELEMENTARY SCHOOLS (continued)

Other Independent School Districts: "Urban"

Negative Comments (continued)

- 1 - nurse can only teach if requested
- 1 - Fairbanks nurses work at discretion of principal; some limited to screening; others are active in education
- 2 - teachers need training in how to integrate health education into curriculum
- 1 - district needs a health education coordinator

Rural Elementary Schools, Independent School Districts

Positive Comments

- 3 - personnel qualifications adequate
- 3 - teachers make real effort to integrate health into other subjects
- 1 - excellent staff
- 1 - teachers very cooperative with health programs
- 1 - teachers are formally teaching health education
- 1 - teachers are aware of health problems; try to help community solve them

Negative Comments or Problems

- 3 - teacher preparation in health varies widely; district school nurse is only one certified to teach health
- 2 - teachers have had no special preparation in health education
- 1 - inadequate health teaching
- 1 - impossible for itinerant PHN's to devote much time to health education

(continued)

2.b.1. (continued)

ELEMENTARY SCHOOLS (continued)

SOS Schools

Positive Comments

- 4 - teachers are competent
- 1 - school active in health education; receptive, concerned
- 1 - teachers encourage health aide, PHN to teach
- 1 - all teachers qualified to teach some health
- 1 - Yukon-Kuskokwim Health Corporation personnel can teach anything!
- 1 - health education left to individual teacher -- often good
- 1 - response to innovative health programs is excellent
- 1 - staff incorporates most aspects of healthful living into day's course
- 1 - nurse, hospital staff utilized as resource people

Negative Comments or Problems

- 5 - Itinerant PHN's have too much to do; don't get to schools often enough to lend health education assistance
- 3 - no health teaching going on
- 1 - teacher has no health training
- 1 - need a high school teacher for health
- 1 - difficult to set aside time for much health education
- 1 - shouldn't rely on health aides for health teaching
- 1 - need advice on training program for health teaching
- 1 - one teacher qualified (pre-med) but no material to work with
- 1 - nurses don't feel qualified to teach
- 1 - teachers don't understand how to use PHN as a resource
- 1 - no one on staff has more than three hours college credit in health
- 1 - school staff hasn't time to develop materials without considerable outside help

2.b.2.

SECONDARY SCHOOLS

Anchorage Schools

Positive Comments

- 1 - school has two well-qualified teachers
- 1 - much activity in health education
- 1 - nurse able to teach free-lance health classes in sex education; VD; birth control; drugs; alcohol

Negative Comments

- 3 - most are teaching health education not by choice or by training (P.E. orientation)
- 3 - we need to have trained health teachers
- 1 - constant re-shuffling of teachers assigned to health education
- 1 - faculty has a person with a Masters in health education who is not teaching one health class

Independent School Districts

Positive Comments

- 3 - health instructors are well-qualified

Negative Comments

- 2 - health is taught by those with no training
- 1 - health taught by geography-home economics teacher
- 1 - shouldn't use P.E. teachers as they do now
- 1 - district needs full-time health coordinator

c. Current Educational Activities of Health Workers, as Reported by Themselves: Charts 2.c.1-7

NOTES:

1. Health workers were asked to list services they provided for their schools; no particular request was made to list educational activities, in order to see how many health workers considered them an important part of their job.
2. Of a total of 154 health workers listing their services, 74 mentioned some kind of health education activity--only about half. Village health aides and Public Health Nurses were the two categories of workers reporting little or no educational activities--the former, probably because of limited training, role assignments and verbal skills; the itinerant PHN's, because they don't have enough time. A number of the latter reported that they are spread too thin, and that visits to communities are too seldom and too short. Schools employing school nurses tend to enjoy a high level and wide range of health education assistance. However, many of these nurses expressed frustration that they couldn't be utilized even more by the teaching staff.
3. Obviously all health workers engage in educational activities--at least on a one to one basis; many take these activities for granted and didn't bother to record them. However, if the number of workers who reported only "health counseling", "home visits", or "teacher conferences" were eliminated from the total, the percentage of workers who could be said to be providing formal educational services would drop considerably.

CURRENT EDUCATIONAL ACTIVITIES REPORTED BY HEALTH WORKERS

2.c.1.

FORTY ANCHORAGE ELEMENTARY SCHOOLS

14 School Nurses Reporting (Average 3-4 schools per nurse)

All Nurses Reported Extensive Health Education Activities

2 Schools Reported 'No Nurse'

Schools*

- 27 - provide health education resources: materials, films, speakers, etc.
- 28 - student health counseling
- 37 - home visits; parent conferences
- 19 - teacher/nurse conferences

- 30 - classroom instruction upon request

Specifically Mentioned

- 9 - growth and development
- 6 - dental health
- 4 - first aid
- 3 - safety
- 3 - ear, eye care
- 3 - cold weather safety
- 3 - communicable disease
- 2 - sex education

- 3 - community education

*These workers wrote individual reports for each school, and often the services provided by one person varied from school to school.

2.c.2.

TEN ANCHORAGE SECONDARY SCHOOLS

10 School Nurses Reporting

A-1 Nurses Reported Some Health Education Activities

10 - health and mental health student counseling

Specifically Mentioned:

- 3 - pregnancy counseling
- 2 - drug counseling
- 2 - food abuse, weight watchers
- 1 - family conflicts

- 4 - teacher/nurse conferences
- 4 - parent; family counseling
- 2 - peer counselor group

- 8 - provide health education resources: materials, films, speakers, etc.
- 7 - classroom instruction upon request

Specifically Mentioned:

- 1 - human growth and development
- 1 - VD; sex education
- 1 - health careers
- 1 - grooming and hygiene

- 3 - teacher 8th grade class
- 1 - teach weight reduction class
- 1 - teach first aid

- 3 - sponsor medical careers club
- 1 - community education
- *1 - "a friend to the students"

2.c.3.

TWENTY-ONE ELEMENTARY SCHOOLS - Urban Independent
(Outside Anchorage) School Districts

18 Nurses Reporting (17 school nurses; 1 PHN)
(3: "No Service Presently")

13 Nurses Reported Some Type of Health Education Activity

8 - provide health education resources: materials, films, speakers, etc.
8 - class instruction upon request

Specifically Mentioned:

3 - menstruation; personal hygiene
1 - community helpers (role of nurse)
1 - frostbite; cold weather education
1 - nutrition
1 - drugs
1 - ear care

8 - student health counseling
5 - home visits; parent conferences
5 - liaison with agencies
4 - teacher/nurse conference
4 - health education - general
3 - coordinates safety education/accident prevention program
2 - coordinates dental health week
2 - teaches first aid
1 - supervises weight control
1 - nurse's aide program
1 - special education resource team member
1 - community education, PTA

2.c.4.

SEVENTEEN SECONDARY SCHOOLS-Independent School
Districts

13 Workers Reporting: (11 School Nurses; 1 PHN; 1 teacher)
(3 schools: "No Health Worker")

6 Workers Reported Some Health Education Activities

Nurses

- 5 - provide health education resources; materials, films, speakers, etc.
- 5 - home visits; parent conferences
- 4 - student health counseling
- 2 - nurse/teacher conferences
- 2 - assist in classroom upon request
- 2 - 'general' health education
- 1 - assists with self-taught units on health
- 1 - assists regularly in 7th grade health and science classes
- 1 - teaches the Health Class (nurse)
- 2 - sponsor "Candy-Striper" program
- 1 - coordinates Dental Health Week

2.c.5.

THIRTY-NINE ELEMENTARY SCHOOLS*-Rural Independent School
*including combination schools Districts

30 Workers Reporting

8 Schools - Principals Reporting "No Health Worker"

13 Nurses Mentioned Some Health Education Activity	12 PHNs	6 Home Counselors	5 Health Aides	5 School Nurses	2 Other
	5	4	2	4	2

9 - provide health education resources, materials, films, speakers, etc.

4 4 1

9 - resource teachers in health classes upon request

4 4 1

Specific Areas Mentioned

1 - ear care

1

1 - teeth care

1

1 - family living

1

1 - kindergarten

1

1 - skin care and cleanliness

1

1 - posture & body mechanics

1

2 - teach health ed. class

2

2 - teach first aid class

1

1

1 - teach sex ed. class

1

1 - teach health careers class

1

1 - teach medical self-help class

1

1 - teach weight control classes

1

5 - individual student health counseling

1

4

4 - nurse/teacher conferences

1

1

2

4 - home visits/parent conferences

1

3

1 - supervise personal hygiene

1

1 - dental hygiene coordinator

1

1 - sponsor health newsletter

1

2.c.6.

SEVENTY-EIGHT STATE OPERATED SCHOOLS

67 Workers Reporting

11 Schools "No One Designated"

	49 Health Aides	16 PHN's 2 Nurses
<u>16 - reported some health education activity</u>	<u>8</u>	<u>8</u>
8 - 'general health education	4	4
3 - provide health education resources; movies, materials, etc.	2	1
<u>Assist with Classroom Instruction:</u>		
6 - dental care	5	1
1 - alcohol	1	
1 - first aid	1	
1 - exercise and relaxation	1	
1 - safety education		1
1 - personal hygiene		1
1 - V.D.		1
1 - teach nursing class		1
1 - teach 9th grade health classes 2/week		1
5 - teacher consultation		5
2 - home visits; parent conferences		2

2.c.7.

TWELVE SOS ON-BASE SCHOOLS

2 Health Workers Reporting for 10 Schools

(2 bases reported 'no school nurse')

<u>Ft. Richardson</u>	<u>Elmendorf</u>	<u>Adak</u>	<u>Wainwright</u>
(4 schools)	6 schools)	--	---

Services

resource person - health education	X		
assist in planning health curriculum, upon request	X		
counsel students	X		
Parent conferences	X		
nurse/teacher conferences	X		
instruct faculty in first aid	X		
liaison with medical, military	X		
teach health subjects upon request.		X	

3. STATUS OF CURRENT HEALTH CURRICULUM

a. Health Topics Currently Being Taught as Reported by Principals and Health Workers, in Order of Frequency: Charts 3.a.1-3.

NOTES:

1. Both principals and health workers were asked to indicate on checklists the health topics currently being taught in their schools. Although they were also directed to indicate grade levels where these are taught, too few respondents filled in that information appropriately for it to be utilized. Checked items were tabulated by computer, and later ranked in order of frequency.
2. The generalizations which can be made from this data are not as useful as they might be, because the only school categories run through the computer were "State Operated Schools", "District Schools" and Total Schools. Elementary and Secondary schools are lumped together in each category; and Anchorage schools -- which utilize fairly complete curriculum guidelines developed locally--have been lumped together with other 'district' schools, both urban and rural. An example of resulting difficulties: some subjects, appropriate only for secondary schools, may indeed be taught in most secondary schools, yet appear very low in the list, giving the appearance of a subject rarely taught. Generalizations must be limited to SOS schools--definitely rural, and district schools, which include all the urban schools and a lesser number of rural schools.
3. Discrepancies between numbers of items checked by principals and those by health workers are quite pronounced in the SOS category; but between 'district' respondents both sets of figures are very close.

This wide discrepancy in the SOS category is probably because of the large number of health aides requested to respond in this category. The computer print-out doesn't indicate how many of their charts were left blank, but the remaining pages of their questionnaires, tabulated by hand, included many blanks, indicating many health aides weren't sure how to answer.

The slightly lower reporting by health workers than by principals in District schools probably reflects their more critical eye toward extent of health education, as opposed to the principals' more generous application of the term. Health workers not in daily contact with the schools would also have perhaps an incomplete view of classroom activities.

Because of the SOS figures, however, it is more accurate to use the principals' lists in the "total" summary as well as in the "SOS" summary.

4. As discussed in the introductory statements, these lists indicate neither scope nor quality of education for topics reported. The lists do give some general idea of what topics now receive most emphasis, which receive least. These trends should be compared with the health problems and priorities listed elsewhere in this report:

- a. Health problems of particular concern to urban workers (see Section 4.a. page 57) included a wide range of problems symptomatic of poor mental health--alcohol and drug abuse, emotional and behavior problems, child neglect, divorce, teenage pregnancy, etc. Less than 50% of "District" schools, which include all the urban schools, deal with any of these problems, according to principals' reports. If secondary schools could be viewed separately, surely a much higher percentage would indicate attention to some of these; however, preventive aspects of all these problems--attitude and value setting, for example--should start early in elementary school, if formal education is to have any influence on these problems.
- b. In rural areas, five clusters of health problems appear: mental health problems, typified by alcohol abuse; communicable diseases; poor sanitation and its results; poor nutrition and dental health; and accidents. All of these must be dealt with starting at an early age. In SOS schools, these topics are taught this frequently:

	% Schools Teaching This Topic	% Schools <u>Not</u> Teaching
Accident prevention	57%	43%
Food & nutrition	57%	43%
Dental Health	55%	45%
Alcohol abuse	43%	47%
Communicable diseases	38%	62%
Environmental hazards	35%	65%
Mental health	27%	73%*

- c. Priorities for curriculum emphasis are summarized in Section 4.b.(pp 63) and are compared there to their place in the curriculum currently. Of course, one reason they were given priority is because they receive such little attention

now. Most of these priority concerns--alcoholism and other drug abuse; mental health and personality development; family life and sex education especially--are indeed difficult topics to teach. They are sensitive, emotion-laden areas; teachers have little if any preparation in these areas and are therefore uncomfortable in discussing them; and there are few appropriate materials to aid the process, especially for the lower grades, and especially for the bush. It will require a great deal of assistance to raise them in the frequency ratings.

- d. In addition to blatant "problem" areas and priority concerns, it is also worthwhile to look at those areas which might be called "basic health education"--the concepts, facts and attitudes upon which we build later approaches to specific health problems. Many of these 'Basic Health' topics are indeed included in the higher ranks of topics listed: cleanliness; nutrition; dental health; accident prevention; structure and function of the body; exercise and relaxation could all be considered essential subjects for learning basic health practices. These were the only subjects taught in at least 50% of the schools. But even the most basic--"cleanliness"--isn't taught in a third of the schools. Others, farther down the list should also be included in this basic "required" list. Whether these low percentages reflect the fact that some are not included in secondary curriculum can't be known, with this incomplete data.

HEALTH TOPICS CURRENTLY BEING TAUGHT AS REPORTED BY
PRINCIPALS AND HEALTH WORKERS, IN ORDER OF FREQUENCY

3.a.1.

Total Schools Reporting: 287*

<u>Topic</u>	<u>Reported by Principals</u>	<u>Reported by Health Workers</u>
cleanliness and grooming	65%	41%
food and nutrition	61%	38%
dental health	57%	39%
accident prevention	54%	34%
structure, function of body	53%	35%
exercise and relaxation	50%	36%
smoking	49%	34%
vision and hearing	47%	37%
drugs and narcotics	46%	32%
communicable diseases	44%	29%
alcohol abuse	44%	27%
growth and development	43%	33%
environmental hazards	43%	28%
posture and body mechanics	41%	28%
first aid	39%	32%
community helpers	37%	23%
skin care	34%	27%
boy-girl relationships	33%	26%
mental health/personal adjustment	32%	25%
family life	32%	22%
sex education	31%	28%
personality development	31%	26%
consumer education	27%	14%
weight control	23%	18%
non-communicable diseases	23%	15%
community health programs	23%	15%
venereal disease	22%	15%
health careers	21%	15%
health examinations and appraisals	17%	16%
foot care	16%	15%
parenthood and child care	14%	9%
health heroes	13%	8%
preparation for marriage	8%	6%
research developments in health	7%	6%
other	3%	1%

3.a.2.

158 "District Schools"*

<u>Topic</u>	<u>Reported by Principals</u>	<u>Reported by Health Workers</u>
cleanliness and grooming	67%	51%
food and nutrition	64%	51%
dental health	58%	47%
structure, function of body	56%	47%
vision and hearing	54%	49%
exercise and relaxation	54%	49%
growth and development	53%	46%
smoking	53%	44%
accident prevention	53%	44%
drugs and narcotics	50%	45%
communicable diseases	50%	41%
environmental hazards	50%	41%
posture and body mechanics	46%	40%
alcohol abuse	44%	36%
community helpers	43%	34%
first aid	42%	45%
boy-girl relationships	41%	37%
family life	41%	35%
sex education	40%	38%
skin care	37%	37%
mental health/personal adjustment	37%	35%
consumer education	36%	23%
personality development	35%	36%
weight control	32%	27%
health careers	32%	25%
non-communicable diseases	28%	25%
community health programs	27%	25%
venereal disease	26%	22%
parenthood and child care	20%	15%
foot care	19%	22%
health examinations and appraisals	19%	21%
health heroes	17%	13%
preparation for marriage	11%	11%
research developments in health	9%	9%
international health activities	7%	7%
other	3%	1%

3.a.3

124 SOS Schools (Rural)

<u>Topics</u>	<u>Reported by Principals</u>	<u>Reported by Health Workers</u>
cleanliness and grooming	65%	28%
accident prevention	57%	22%
food and nutrition	57%	23%
dental health	55%	28%
structure/funcitin of human body	50%	21%
exercise and relaxation	45%	21%
smoking	44%	23%
alcohol abuse	43%	17%
drugs and narcotics	40%	16%
communicable diseases	38%	14%
vision and hearing	37%	23%
environmental hazards	35%	15%
first aid	35%	17%
posture and body mechanics	35%	15%
growth and development	31%	18%
skin care	31%	15%
community helpers	30%	9%
mental health/personal adjustment	27%	14%
personality development	27%	14%
family life	22%	7%
sex education	21%	15%
boy-girl relationships	21%	14%
venereal disease	19%	8%
community health programs	18%	5%
consumer education	17%	2%
non-communicable diseases	16%	3%
health examinations/appraisals	14%	10%
weight control	12%	6%
foot care	12%	8%
parenthood and child care	7%	3%
health careers	7%	2%
health heroes	6%	2%
research developments in health	5%	2%
preparation for marriage	3%	1%
international health activities	2%	2%
other	2%	1%

b. Additional Comments by Health Workers or Principals
Regarding Current Health Curriculum: Charts 3.b.1-2

NOTES:

1. These are comments gleaned from the response to the general solicitation for comments. They are summarized according to school categories, and as positive or negative comments.
2. Positive statements tended to be general ones approving current status, or pointing out that health is integrated into a number of subject areas. A number of Anchorage workers praised the new health curriculum guidelines developed there.
3. Negative statements or problems mentioned centered around lack of a coordinated approach; topics left up to discretion or interest of the teacher; lack of required health education; and in Anchorage, difficulty of implementing guidelines.

ADDITIONAL COMMENTS BY HEALTH WORKERS AND PRINCIPALS
REGARDING CURRENT HEALTH CURRICULUM

3.b.1.

ELEMENTARY SCHOOLS

Anchorage Schools

Positive Comments

- 5 - new Anchorage curriculum is excellent
- 1 - continual upgrading of curriculum going on

Negative Comments

- 4 - curriculum doesn't specify what is to be taught in which grades, so every one picks and chooses--teaches what 'or only if he wants to --result: many gaps
- 3 - health education is least taught subject
- 3 - curriculum is long on giving lists of topics; short on ideas for presenting them; collecting ideas and materials is added chore for teachers; inhibits program
- 2 - health education incorporated into other subjects: a 'rush job'
- 2 - many teachers still not aware of new curriculum or are not using it
- 1 - curriculum lacks resource materials on text
- 1 - hard to locate copies of the curriculum
- 1 - health education course required only in 8th grade; need a required course in high school too
- 1 - more inservice training needed to implement guide
- 1 - curriculum had to be restricted in some areas, i.e., human growth and development, because of community opinion
- 1 - response of the schools to mental health or family life problems is a 'drop in the ocean'

Urban Schools, Independent School Districts

Positive Comments

- 2 - health subjects integrated into science, P.E., social studies
- 1 - current curriculum is fair, health is taught both separately and integrated into other subjects

Negative Comments

- 1 - we have no guidelines on program of health education
- 1 - our district needs a health education coordinator to coordinate and implement a planned health curriculum

3.b.1. (continued)

ELEMENTARY SCHOOLS (continued)

Rural Schools, Independent School Districts

Positive Comments

- 1 - committee on health curriculum is now meeting in the borough (Kenai)
- 1 - we sponsor monthly health films
- 1 - health covered somewhat in P.E., Home Economics, sciences classes
- 1 - school includes riflery safety and survival courses
- 1 - school has added drug education and dental hygiene curriculum
- 1 - the curriculum is aimed at improving the health of the community
- 1 - discussion of normal health problems and methods of proper care are incorporated into daily curriculum

Negative Comments

- 2 - no coordinated program of health education
- 1 - need health curriculum planning committee

SOS Schools

Positive Comments

- 1 - have good k-8 texts
- 1 - curriculum geared to day-to-day problems as they arise

Negative Comments

- 4 - no health education on coordinated, planned basis
- 3 - more health education needed - general statement
- 3 - health education currently limited to: first aid and accident prevention
- 1 - health education currently limited to science and nutrition
- 1 - health education currently limited to dental
- 1 - health education currently too crisis-oriented, i.e., drug education
- 1 - Bethel needs a full-time health education coordinator
- 1 - SOS needs to give direction to health curriculum
- 1 - competition from other ares of curriculum must be realized

3.b.2.

SECONDARY SCHOOLS

Anchorage Schools

Positive Comments

1 - current curriculum helpful; adequate for 8th grade

Negative Comments

- 2 - health education required only in 8th grade; not enough
- 1 - now an elective only in high school
- 1 - no health course at the high school
- 1 - more health-related electives should be offered in high school
- 1 - split-shifts cause confusion in curriculum planning

Independent School Districts

Positive Comments

- 2 - health taught in health class; home economics; physical education; and discussion classes
- 1 - health integrated into other subjects
- 1 - range of health subjects is impressive
- 1 - new curriculum additions including health-related material are: teen-age rights and responsibilities; 7th grade health; 'current issues'

Negative Comments

- 2 - sex education is distinctly absent in this school; desperately needed
- 1 - health curriculum not adequate
- 1 - health courses incomplete or non-existent
- 1 - need more general curriculum guides--many put out by state in the past (on specific health topics) have too much information for time allotted

4. RECOMMENDATIONS FOR HEALTH EDUCATION PLANNING AND ASSISTANCE

a. Specific Health Problems in Their Schools or Communities
Mentioned by Health Workers: Charts 4.a.1-4

NOTES:

1. In response to the general request for comments, a number of health workers mentioned health problems of concern in their area. These have been summarized according to school category, and according to type of health problem. Frequently reported problem areas should be considered priority areas for educational intervention.
2. In urban areas, a wide range of problems symptomatic of poor mental health are of prime concern to health workers.
3. In rural areas mental health problems typified by alcohol abuse; communicable diseases; poor sanitation; poor diet and dental health; and accidents all vie for attention.
4. Attention currently given to these problem areas in the schools, is discussed in Section 3.a.

SPECIFIC HEALTH PROBLEMS MENTIONED BY HEALTH WORKERS

4.a.1.

10 Anchorage Secondary Schools

10 Nurses Reporting

- 1 - alcohol
- 1 - teenage drug abuse
- 1 - children of broken families; emotional problems
- 1 - suicide gestures
- 1 - teenage pregnancy
- 1 - VD

- 1 - hearing loss: native children

40 Anchorage Elementary Schools

14 Nurses Reporting

- 3 - mental health problems
- 3 - behavior problems; delinquency
- 2 - children of divorce
- 2 - child neglect
- 2 - alcohol
- 2 - drugs
- 1 - family mobility
- 1 - parental 'overprotection'
- 1 - VD

- 4 - dental problems
- 2 - hearing loss; ear infection
- 1 - nutrition
- 1 - obesity
- 1 - cleanliness
- 1 - smoking by children

- 1 - improper dress for cold weather
- 1 - accidents
- 1 - trailer park sanitation

- 1 - quackery and exploitation

4.a.2.

21 "Urban" Elementary Schools
Independent School Districts Outside Anchorage

18 Nurses Reporting

- 1 - alcohol
- 2 - dental problems
- 1 - nutrition
- 1 - seeming increase in viral illness
- 1 - upper respiratory infections

17 Secondary Schools
Independent School Districts Outside Anchorage

14 Workers Reporting

- 3 - alcohol (students; parents)
- 2 - mental health
- 2 - VD
- 1 - smoking
- 1 - poor use of leisure time
- 1 - lack of goal orientation
- 1 - lack of responsibility for action
- 1 - difficulties in peer, family relationships

4.a.3.

39 Rural Elementary Schools
Independent School Districts Outside Anchorage

33 Workers Reporting

- 5 - alcohol abuse
- 4 - mental health
- 1 - marijuana
- 1 - inadequate outlets for energy
- 1 - VD
- 1 - child neglect
- 1 - smoking by children

- 3 - poor nutrition
- 2 - dental caries
- 1 - lack of awareness of preventive health
- 1 - importance of candy in social, emotional life
- 1 - skin problems

- 2 - ear problems
- 1 - colds or flu

- 1 - disabling accidents
- 1 - poor water supply
- 1 - low standards of basic hygiene and sanitation

4.a.4.

78 SOS Schools

- 12 - alcohol and drugs
- 6 - smoking
- 3 - VD
- 2 - mental health

- 8 - otitis media; hearing loss
- 6 - upper respiratory infection
- 3 - communicable diseases
- 3 - strep throat
- 1 - chronic lung disease
- 1 - rheumatic heart disease

- 5 - personal cleanliness
- 2 - impetigo; rashes

- 5 - dental problems
- 4 - poor diet
- 1 - inadequate diet

- 4 - sanitation and plumbing
- 1 - housing
- 2 - diarrhea; GI infections
- 1 - abdominal pains
- 1 - hepatitis

- 7 - accidents; general
- 2 - snowmachine accidents
- 1 - boating accidents

b. Priorities for Curriculum Emphasis, As Rated by Principals and Health Workers: Charts 4.b.1-5

NOTES:

1. Utilizing the same list of health topics used in recording current areas of health teaching, both principals and health workers were requested to check those which should be added to the curriculum or receive increased emphasis. They were then asked to prioritize the items checked, with #1 receiving highest priority.
2. The responses were programmed for computer tabulation. Unfortunately, nearly the same limitation applies to this data as to the other list. In this case five categories of schools were tabulated: Urban schools, Rural schools, Independent school districts, SOS schools and total schools. Again elementary and secondary schools are lumped together. However, the urban vs. rural comparison can be made with more precision.
3. Utilizing the computer print-outs, data from principals and health workers in each category was summarized in two ways for verification:
 - A. Topics receiving the most #1's, #2's or #3's were listed. These tended to fall neatly into clusters of five or six topics receiving top priority and then clear patterns of preference were lost.
 - B. To view a broader range of topics, those which received the least number of blanks, i.e., those topics which had been checked the most times--in whatever order--were also recorded. These also tended to show a clear pattern of six or seven topics before a sharp rise in the number of blanks. This method also allowed utilization of those charts checked by some respondents, but not prioritized.
4. The two groups of topics tended to confirm each other. Health workers and principals also tended to agree on priorities. And the priorities reflected health problems and curriculum gaps reported elsewhere in the survey:

<u>All Schools</u>	<u>Principal's Opinions</u>	<u>Health Worker's Opinions</u>
	1. alcoholism	1. alcoholism
	2. first aid	2. mental health
	3. mental health & drug abuse	3. accident prevention

	<u>Principal's Opinions</u>	<u>Health Worker's Opinions</u>
<u>Rural Areas</u>	1. alcoholism 2. sex education 3. first aid	1. alcoholism 2. accident prevention 3. dental health
<u>Urban Areas</u>	1. mental health 2. personality development 3. first aid	1. mental health 2. personality development 3. family life ed.
<u>SOS</u>	1. alcoholism 2. first aid 3. sex education	1. alcoholism 2. accident prevention 3. dental health
<u>Independent School Districts</u>	1. mental health 2. personality development 3. first aid	1. mental health 2. sex education 3. personality development

5. Emphasis currently given to those topics in schools, as reported by principals, was:

	<u>% schools teaching</u>	<u>% schools not teaching</u>
alcoholism	44%	56%
drug abuse	46%	54%
mental health	32%	68%
personality development		
family life education	32%	68%
sex education	31%	69%
dental health	57%	43%
accident prevention	54%	46%
first aid	39%	61%

PRIORITIES FOR CURRICULUM EMPHASIS: ALL SCHOOLS

4.b.1.

Principals - Total No. 288 Schools

Items rated: 1-2-3 priority most times:

	#2 (alcohol)	#14 (first aid)	#21 (mental health)	#30 (drugs)	#24 (personality) (development)	#1 (accidents)
Rated 1	30	14	18	13	11	11
2	7	13	7	12	8	5
3	4	5	5	5	7	8
	<u>41</u>	<u>32</u>	<u>30</u>	<u>30</u>	<u>26</u>	<u>24</u>

Items with least blanks, i.e., most often marked a priority.

BB = 227	(2)	alcohol	- i.e., 61 principals checked this as a priority
BB = 231	(14)	first aid	- " 57 " " "
BB = 234	(29)	sex ed.	- " 54 " " "
BB = 235	(31)	smoking	- " 53 " " "
BB = 236	(21)	mental h.	- " 52 " " "
BB = 237	(10)	drugs	- " 51 " " "
BB = 238	(8)	consumer ed	- " 50 " " "

Health Workers - Total No. 288 Schools

Items rated: 1-2-3 priority most times:

	#2 (alcohol)	#14 (first aid)	#21 (mental health)	#30 (drugs)	#24 (personality) (development)	#1 (accidents)
Rated 1	25	13	16	10	11	6
2	8	11	7	7	10	13
3	3	6	5	8	4	3
	<u>36</u>	<u>30</u>	<u>28</u>	<u>25</u>	<u>25</u>	<u>22</u>

Items with least blanks, i.e., most often marked a priority.

BB = 223	(2)	alcohol	- i.e., 65 workers checked this as a priority
BB = 229	(31)	smoking	- " 59 " " "
BB = 232	(1)	accidents	- " 56 " " "
BB = 232	(10)	drugs	- " 56 " " "
BB = 233	(9)	dental	- " 55 " " "
BB = 235	(21)	mental h.	- " 53 " " "

PRIORITIES FOR CURRICULUM EMPHASIS: URBAN AREAS

4.b.2.

Principals - Total No. 117 Schools

Items rated: 1-2-3 priority most times:

	#21 (mental health)	#24 (personality) (development)	#14 (first aid)	#10 (drugs)	#8 (consumer) (ed.)	#1 (accidents)
Rated 1	14	7	5	4	4	6
	4	6	4	6	3	--
	3	3	2	1	4	4
	<u>21</u>	<u>16</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>10</u>

Items with least blanks, i.e., most often marked a priority

BB = 94	(21) mental h.	- i.e., 23 principals checked this as a priority
BB = 94	(24) person. dev.	- " 23 " " "
BB = 94	(14) first aid	- " 23 " " "
BB = 89	(8) consume. ed.	- " 28 " " "
BB = 95	(11) environ. haz.	- " 22 " " "
BB = 97	(17) h. careers	- " 20 " " "

Health Workers - Total No. 117 Schools

Items rated: 1-2-3 priority most times:

	#21 (mental health)	#24 (personality) (development)	#13 (family) (life)	#29 (sex education)	#33 (V.D.)
Rated 1	12	6	4	4	2
	8	6	2	4	5
	2	4	5	2	3
	<u>22</u>	<u>16</u>	<u>11</u>	<u>10</u>	<u>10</u>

Items with least blanks, i.e., most often marked a priority

BB = 83	(21) mental h.	- 34 workers checked this as a priority
BB = 86	(24) person. dev.	- 31 " " "
BB = 94	(2) alcohol	- 23 " " "
BB = 94	(31) smoking	- 23 " " "
BB = 95	(1) accidents	- 22 " " "
BB = 95	(13) family life	- 22 " " "
BB = 95	(35) weight con.	- 22 " " "

4.b.3. PRIORITIES FOR CURRICULUM EMPHASIS: RURAL AREAS

Principals - Total No. 167 schools

Items rated: 1-2-3 priority most times:

	# 2 (alcohol)	#29 (sex ed.)	#14 (first aid)	#10 (drugs)	# 3 (smoking)	#33 (V.D.)
Rated 1	26	5	9	9	7	4
2	6	12	8	6	6	2
3	3	4	3	4	3	10
	<u>35</u>	<u>21</u>	<u>20</u>	<u>19</u>	<u>16</u>	<u>16</u>

Items with least blanks, i.e., most often marked a priority

BB - 122	(2) alcohol	- 45 principals checked this as a priority.
BB - 128	(29) sex ed.	- 39 " " "
BB - 130	(31) smoking	- 37 " " "
BB - 130	(33) VD	- 37 " " "
BB - 134	(10) drugs	- 33 " " "
BB - 134	(14) first aid	- 33 " " "

Health Workers - Total No. 167 Schools

Items rated: 1-2-3 priority most times:

	# 2 (alcohol)	# 1 (accident)	# 9 (dental)	#10 (drugs)	#29 (sex ed.)	#31 (smoking)
Rated 1	20	10	8	5	7	3
2	8	7	5	9	6	3
3	1	3	5	2	2	7
	<u>29</u>	<u>20</u>	<u>18</u>	<u>16</u>	<u>16</u>	<u>13</u>

Items with least blanks, i.e., most often marked a priority.

BB = 125	(2) alcohol	- i.e., 42 workers checked this as a priority
BB = 131	(10) drugs	- " 36 " " "
BB = 131	(31) smoking	- " 36 " " "
BB = 132	(29) sex ed.	- " 35 " " "
BB = 133	(1) accident	- " 34 " " "
BB = 133	(9) dental	- " 34 " " "

PRIORITIES FOR CURRICULUM EMPHASIS: INDEPENDENT SCHOOL DISTRICTS

4.h.4.

Principals - Total No. 158 Schools

Items rated: 1-2-3 priority most times:

	#21 (mental health)	#24 (personality) (development)	#14 (first aid)	#2 (alcohol)	#1 (accident)	#8 (consumer) (education)
Rated 1	12	7	8	11	10	4
	5	6	5	4	3	6
	2	5	4	1	3	4
	<u>19</u>	<u>18</u>	<u>17</u>	<u>16</u>	<u>16</u>	<u>14</u>

Items with least blanks, i.e., most often marked a priority

BB = 123	(14)	first aid	- i.e., 35 principals checked this as a priority.
BB = 127	(21)	mental h.	- " 31 " " "
BB = 129	(2)	alcohol	- " 29 " " "
BB = 129	(10)	drugs	- " 29 " " "
BB = 129	(24)	person. devel.	- " 29 " " "
BB = 129	(29)	sex ed.	- " 29 " " "

Health Workers - Total No. 167 Schools

Items rated: 1-2-3 priority most times:

	#21 (mental health)	#29 (sex ed.)	#24 (personality) (development)	#2 (alcohol)	#10 (drugs)	#13 (family) (life)
Rated 1	11	10	6	9	3	5
	10	4	6	3	10	2
	4	2	4	2	2	7
	<u>25</u>	<u>16</u>	<u>16</u>	<u>15</u>	<u>15</u>	<u>14</u>

Items with least blanks, i.e., most often marked a priority

BB = 118	(21)	mental h.	- 40 workers. checked this as a priority
BB = 122	(2)	alcohol.	- 36 " " "
BB = 122	(24)	person. dev.	- 36 " " "
BB = 124	(10)	drugs	- 34 " " "
BB = 124	(31)	smoking	- 34 " " "
BB = 126	(1)	accident	- 32 " " "
BB = 126	(29)	sex. ed	- 32 " " "

PRIORITIES FOR CURRICULUM EMPHASIS: SOS SCHOOLS

4.b.5.

Principals - Total No. 124 Schools

Items rated: 1-2-3 priority most times

	# 2 (alcohol)	#14 (first aid)	#29 (sex ed.)	#31 (smoking)	#1 ^o (drugs)
Rated 1	19	6	2	6	7
	3	8	10	6	4
	3	1	3	2	2
	<u>25</u>	<u>15</u>	<u>15</u>	<u>14</u>	<u>13</u>

Items with least blanks, i.e., most often marked a priority

BB = 93	(2) alcohol	- i.e.,	31 principals checked as a priority
BB = 96	(31) smoking	- "	28 " " "
BB = 99	(29) sex ed.	- "	25 " " "
BB = 99	(33) VD	- "	25 " " "
BB = 100	(23) Parent. & Child. C.	- "	24 " " "
BB = 101	(17) He. Careers	- "	23 " " "
BB = 101	(8) Consum. ed.	- "	23 " " "

Health Workers - Total No. 124 Schools

Items rated: 1-2-3 priority most times

	#2 (alcohol)	#1 (accident)	#9 (dental)	#31 (smoking)
Rated 1	16	8	6	3
	5	5	5	3
	1	2	2	5
	<u>22</u>	<u>15</u>	<u>13</u>	<u>11</u>

Items with least blanks, i.e., most often marked a priority

BB = 95	(2) alcohol	- i.e.,	29 workers considered a priority
BB = 96	(9) dental	- "	28 " " "
BB = 99	(31) smoking	- "	25 " " "
BB = 99	(33) VD	- "	25 " " "
BB = 100	(1) accident	- "	24 " " "
BB = 101	(29) sex, ed.	- "	23 " " "
BB = 102	(10) drugs	- "	22 " " "

c. Other Recommendations by Health Workers Regarding Curriculum: Charts 4.c.1-2

NOTES:

1. These remarks were gleaned from the general comments and summarized as those from elementary school workers and those from secondary school workers: general recommendations and specific areas needing attention.
2. There were a number of workers advocating a strong curriculum throughout the school years, and some advocating required courses. Others pleaded for flexibility and local adaptation; a few recognized the problem of 'health education' having become synonymous, somehow, with 'sex education'.
3. Specific areas mentioned tended to confirm the formal list of priorities, with strong concerns expressed in areas of mental health and family life education.

OTHER RECOMMENDATIONS BY HEALTH WORKERS REGARDING CURRICULUM

4.c.1.

ELEMENTARY SCHOOLS

General

- 3 - state should consider that a 'required health curriculum' may extend into areas some communities don't consider should be the concern of the school, i.e., drugs, sex ed., etc.
- 1 - no need for required health education
- 1 - set curriculum soon becomes outdated; needs constant revision

- 1 - advocate strong k-12 program stressing positive health practices
- 1 - continuing on-going coordinated program k-6 needed
- 1 - in planning a state program, set flexible guidelines
- 1 - local communities can better plan health education curriculum than the state
- 1 - avoid adding special courses like sex education; integrate health education with other curricula
- 1 - set times should be set aside for health teaching
- 1 - curriculum should emphasize use of one-to-one approaches; small group approaches; student-initiated study

Specific Areas Needing Attention

- 7 - growth and development; sex education
- 7 - first aid - for adults and young
- 5 - safety education; accident prevention
- 4 - family life; preparation for marriage
- 1 - child development
- 1 - school-sponsored parent discussion groups needed

OTHER RECOMMENDATIONS BY HEALTH WORKERS REGARDING CURRICULUM

4.c.2.

SECONDARY SCHOOLS

General

- 5 - state should require health education in senior high school
- 1 - health education should be on-going, k-12 grade
- 1 - a k-12 health curriculum is needed
- 2 - state curriculum guides are needed; but school districts should have flexibility to choose what is appropriate for their area
- 1 - look at the state of Oregon's k-12 curriculum: ideal
- 1 - the W.H.O. definition of health education should be the basis for curriculum planning
- 2 - it must be clearly indicated that 'health education' is not synonymous with 'sex education'

Specific Areas Needing Attention

- 4 - mental health and personal adjustment
- 3 - marriage preparation and parenting
- 2 - a course in 'family living', including, but not limited to health should be required
- 1 - information, counseling for sexually active teenagers
- 1 - sex education should be separated from health education, both should be given equal time
- 2 - alcohol, drugs
- 1 - community health
- 1 - communicable disease
- 1 - anatomy and physiology; reproduction
- 1 - more emphasis on sports needed
- 1 - personal grooming

d. Comments of Health Workers Regarding Problems and Needs Related to Health Education: Charts 4.d.1-2

NOTES:

1. These comments were also gleaned from the general comments.
2. There was a strong plea for more materials to work with, better ones, newer ones, more availability. This was true in Anchorage as well as the rest of the state: curriculum guidelines won't be used unless resource materials and ideas for implementation are readily available.
3. A related problem was the quality and availability of films from DH&SS.

COMMENTS OF HEALTH WORKERS REGARDING PROBLEMS,
NEEDS RELATED TO HEALTH EDUCATION

4.d.1.

ELEMENTARY SCHOOLS

On Materials

- 3 - no problems getting good materials
- 26 - desperately need good materials, all areas
- 1 - materials needed (in priority health areas) that are culturally relevant, peculiar to needs of geographic area
- need better resource materials in:
 - 2 - marriage & family
 - 2 - sex education
 - 1 - smoking
 - 1 - menstruation
 - 1 - cold weather safety
 - 1 - sex ed. for grades 5-6
- 1 - don't know where to get resource materials
- 1 - it is now up to each teacher to scrounge around for resource materials on his own
- 2 - hard to find good materials appropriate for elementary age - most seem to be aimed at high school

- 3 - need more, better health films
- 1 - movies you get are unrelated to reality
- 4 - too many DH&SS films need updating: specifically: TB films, dental films
- 2 - films take so long to arrive
- 2 - hard to get the movies you want
- 1 - video tapes on health are needed
- 1 - health class needs text books

Other Problems

- 1 - school condones smoking
- 1 - introducing certain subjects offends villagers: may even increase problems - i.e., drug abuse, alcohol
- 1 - school needs to provide bath facilities

4.d.2.

SECONDARY SCHOOLS

Materials

- 2 - materials needed in all areas
- 1 - appropriate materials hard to obtain
- 1 - library resource materials, student health center materials far too limited to meet demand
- 2 - many available materials outdated

- 3 - must rely on H&SS films and materials: need greater variety
- 1 - PHN's have first choice on H&SS films; need another source, or more films.
- 1 - need more film projectors

Politics

- 1 - human sexuality courses have been limited because of 'radicals' in the community who opposed inclusion
- 1 - 'one excited mother should not have the power to influence the adequacy of education for the entire school district'

e. Recommendations of Health Workers Regarding Statewide Planning or Assistance in Health Education: Charts 4.e.1-2

NOTES:

1. These remarks were compiled from the general comments, and fell into three or four general areas: suggestions for meeting the "materials" problem; ideas on teacher training; and recommendations regarding implementation of a state program.
2. Many innovative and creative suggestions are presented here which would work in Alaska.

RECOMMENDATIONS OF THE HEALTH WORKERS REGARDING STATEWIDE PLANNING
OR ASSISTANCE IN HEALTH EDUCATION

4.e.1.

ELEMENTARY SCHOOLS

On Materials

- 1 - develop health education materials serving dual purpose, i.e.,
teach reading, writing, etc., using health subject matter;
teachers would be more likely to use them
- 1 - provide a 'clearinghouse' to organize, disseminate kits,
equipment, materials
- 1 - need a means of classifying what materials are available and
where
- 1 - each district should have health education committees formed to
preview and recommend resource materials

- 1 - provide lists of recommended teaching aids by appropriate grade
levels
- 1 - provide lists of new materials as they come out - regular
catalog supplements
- 1 - recommends Scott Foresman text books in health

On Teacher Preparation

- 2 - seek qualified personnel to run the state program
- 1 - state should require health education training for teachers
- 1 - for small schools with limited personnel, provide traveling
specialist(s) to work with a number of schools
- 1 - provide credit courses for school nurses regarding their education
role; how to stimulate and assist teachers in integrating health
in other subjects

Other

- 1 - local superintendent needs support from Department of Education in
order to promote health education, especially family life education
- 1 - a number of state agencies should be involved in planning and
implementing health education program

4.e.2.

SECONDARY SCHOOLS

On Materials

- 4 - resource books, mannequins, diagrams, preserved specimens, tapes, personal interviews, periodicals, demonstration kits; all recommended items.
- 1 - if resource units or packets were developed for different age groups and topics and readily available, teachers would be more likely to include more health education
- 1 - need resource lists on what's available; where
- 1 - capitalize on video

On Teacher Preparation

- 2 - state should set qualifications for health teachers
- 2 - university should offer courses to prepare teachers
- 1 - need to sponsor mini-courses, other in-service methods of up-grading teachers

Other

- 1 - funds for health education should be specifically earmarked so they can't be switched to other uses as they are now
- 1 - districts should have unit committee to review materials, adapt local curriculum, recommend to teachers
- 1 - "localize decisions to avoid political involvement"
- 1 - "kids tell me they'd rather be segregated for sex education"
- 1 - psychologist and counselors should be consulted when planning health education program

5. COMMUNITY RESOURCES FOR LOCAL PLANNING AND IMPLEMENTATION
OF HEALTH EDUCATION GUIDELINES

Potentially the most useful component of the survey does not appear in this summary. Health workers were requested to identify local resource people who could be called upon to assist in local health curriculum planning and implementation. These lists are on the questionnaires filed in the central office of the Department of Education according to school district. Any person who becomes involved in assisting local planning for health education can go to the files of schools, gather the information about the schools in question, review comments about their situation, and gather a list of key people in that community who are ready to assist the effort.

The lists are encouraging and enlightening - they inadvertently pinpoint which 'establishment' people are perceived as helpful and they reveal any number of 'hidden talent' resources living in small communities throughout the state who can and should be utilized.

Implications for State-Level Health Education Planning

1. GENERAL USEFULNESS OF DATA

Data contained in these survey results confirms recommendations made after the preliminary survey, as well as those recorded on memos related to initial tasks for a School Health Education Specialist, developed during interagency planning sessions in 1972-73. In addition, it pinpoints specific areas for priority emphasis, provides some rather general baseline data regarding the current status of school health education in Alaska, and finally, offers an extensive list of local resource people who can assist in adapting and implementing local curricula if direction and assistance is forthcoming.

2. FOLLOW-UP TASKS

- a. Data on current curriculum and priorities will be more useful if it can be further broken down for geographic regions and for elementary vs. secondary schools. This can be done quite easily utilizing computer programs already prepared. A school-size breakdown would also be quite revealing, so that numbers of children affected by gaps, problems, etc. could be better judged.
- b. It might be useful to compare the results of the checklists with those of other states surveyed in the National School Health Education Study, already ten years old. Documents from that study were not available to be utilized for this summary, but should be reviewed in any case for their recommendations.
- c. Before a complete picture is gained, BIA schools and special youth facilities should be surveyed.
- d. Dissemination of appropriate portions of this data should be considered, providing the generalizations are accompanied by qualifying statements. School principals and health workers certainly deserve feed-back, even if it is late. Legislators, selected administrators and State School Board officials should also be made aware of the availability of this information.

3. MAJOR AREAS OF ACTIVITY IMPLIED

One state-level school health education specialist can only be a catalyst, a resource person, and an educator of state and district administrators, at least initially. This will create such a demand for his assistance, that strict areas of priority must be adhered to. Decisions must be made regarding overall objectives to be attained; on whether to develop statewide guidelines and

standards or to assist local districts in developing their own; whether a certain geographic region or school system should receive priority assistance; whether certain health problems or topics should receive priority attention--at risk of creating more crisis-oriented programs; whether a certain age group should receive priority. If pilot regions or groups are utilized, where do you start--at one or all levels, for one or all health subjects?

Once some of these basic decisions are made, certain components of the program must all go forward at once if it is to succeed at all: curriculum development, materials development, teacher training and funding for local implementation. The wider range of activities these program components engender also force the prioritizing of subject matter and target groups.

This data suggests some priorities:

- a. A statewide curriculum guide featuring a k-12 conceptual approach could easily be adapted to Alaska from one of the many good ones recently developed by other states. This would serve as a reference point and set minimum standards for a comprehensive program. It certainly wouldn't preclude local communities from coming up with something better suited to their own situation.
- b. Widely available resource materials are the key to utilization of these guidelines, however, Without good background materials and teaching aids, the guidelines sit on the shelf. The many suggestions for ways to keep teachers up-to-date on materials and making it as easy as possible for them to be effective health teachers should be seriously adhered to.
- c. Priorities for resource development and acquisition should be based on priority topics designated in the survey. These areas are so difficult for teachers to handle effectively that they will need a great deal of assistance. In turn, priority age targets for these topic areas may very well be elementary grades, with emphasis on preventive approaches.
- d. Teacher training tasks present innumerable difficulties, both because of logistics and expense and because the backlog of unprepared teachers is so great. Two approaches to training must go on constantly. First, overall orientation to the conceptual approach, with great emphasis on utilizing Alaska resources; and second, workshops in priority health areas. A wide variety of approaches must be tried: mini-courses through community colleges; traveling teams of specialists; educational television; correspondence courses; tapes; summer university courses, etc.
- e. A key target group which should receive priority attention is the large group of SOS schools. Most of them are extremely small with limited access to resources; have a wide range of basic health problems demanding attention;

have few educational resource materials really relevant and appropriate to their needs, and staff preparation in health education is the lowest in the state. The schools in urban areas have many more resources for dealing with problems. Much more of the material from 'outside' is also appropriate for the urban situation.

The 'Bush' schools are in a period of transition. SOS is being disbanded and in its place districts are to be formed conterminous with Native Corporation areas. School boards must be chosen and oriented to their role. Now would be the ideal time to orient them to the need for a strong health education program, based upon priorities already identified in their areas. There is potential for financial and technical assistance from the Native Corporations.

People who are farthest away from health facilities and resources should be the best equipped to maintain their health and deal appropriately with trauma or health crises!

- f. Local involvement in planning should be a major component of all program coordination efforts--both to insure relevance and to assure acceptance. Selection of pilot areas can enable testing out of effective ways of insuring meaningful, productive participation in adapting guidelines, etc.
- g. The priority areas designated by school personnel compel a strong interagency approach to curriculum resource development in these areas. The Office of Alcoholism, Office of Drug Abuse, Division of Public Health, Division of Mental Health--all in the Department of Health & Social Services; professional associations, such as the AMA's Bush Medicine Committee, the Nurse's Association; NEA, the Home Economics Association, the Dental Association; and voluntary health associations should all be involved in assisting the Department of Education. Obviously local school administration, teaching, nursing and student representatives should also be involved in statewide curriculum and resource development.

APPENDIX I

SYNOPSIS OF A PRELIMINARY REPORT ON THE STATUS OF SCHOOL HEALTH
EDUCATION IN ALASKA - 1973*

1. Visits & Interviews were conducted in six representative school districts (not including Anchorage) during the summer of 1973. General impressions of school health education were:
 - a. There was no coordination or guidance for health instruction at elementary level--teachers teach health if and as they see fit.
 - b. At secondary level, "Health" instruction often means "Drugs, Alcohol, & Sex" instruction; and is usually taught in connection with Physical Education.
 - c. Health curriculum materials available are usually limited in scope and not easily translated into action by teachers.
 - d. Teachers and administrators have a limited view of the range of topics which should be included in health education.
 - e. There is a lack of training in health at all levels of teaching personnel.
 - f. Little use is made of health personnel as resources.
 - g. Lack of money, curriculum time or trained personnel inhibit any emphasis on developing health programs; now is there any incentive for doing so.

2. Recommendations for improving this situation included:
 - a. A statewide coordinator to provide guidance in developing curriculum guides, consultation to local school districts, teacher training resources, securing of funds.
 - b. Legislation assuring provision of school health education.
 - c. Adequate budget and personnel for implementation.
 - d. Better coordination with and use of local medical resource people.
 - e. Use of the National School Health Education Study (SHES) approach to a sequential (K-12) conceptual curriculum design, with appropriate local adaptation.
 - f. Adequate resource and teaching packet development for practical applications of the curriculum guidelines.

3. A separate analysis of a representative sample of teacher certification records indicated that:
 - a. 10% of Physical Education teachers had never had a health course; 90% of PE teachers had never had a college first aid course.

*The complete report is available in the Health Education Unit,
Division of Public Health, ADH&SS.

Half of the PE teachers had had only one or two health courses.

- b. Almost 20% of 'bush' teachers had never had a course in health; 30% had had only one; none had had college courses in first aid or nutrition.
 - c. Of 'Random' teachers all around the state--mostly elementary teachers--13% had had no health courses; another 45% had had only one; only 10% had ever had a course in nutrition.
 - d. In the total sample, 50% had had only one college course relating to health; 13% had never had any.
4. An analysis of trends in School Health Legislation around the U.S. indicated that at least 34 states and territories require health education in schools; health education credits count toward graduation in at least 44 states; at least 23 now require health or health physical education and recreation majors for certification to teach health; and the growing trend is to require preservice or in-service training in health for all elementary teachers. Finally, more and more states are requiring professionally trained school health coordinators at state and county or district level.

APPENDIX II

EXTENT OF FORMAL PREPARATION IN HEALTH EDUCATION:

A 1973 SURVEY OF ALASKA TEACHERS' CERTIFICATION RECORDS

A sample of teachers' certification records on file at the Alaska Department of Education Offices in Juneau was surveyed during the summer of 1973 to determine the extent of college preparation these teachers had had in content or methodology related to health education.

Three categories of teachers surveyed:

1. Physical Education Teachers (whose certification also includes the right to teach health education).
2. "BUSH" teachers - those teaching in schools with four teachers or less.
3. "RANDOM" teachers.

Limitations:

The following school systems had not submitted data to the Department's Educational Directory for 1972-73, from which teacher's names were drawn for samples:

- Juneau Borough Schools
- BIA Schools, with the exception of the principal teachers
- private and denominational schools
- Barrow Public Schools

The following statistics, therefore, may not be representative of these school districts omitted from the Directory.

Method employed for sample selection:

1. Physical Education Teachers

Every sixth name was selected from a list of all physical education teachers in the Directory.

2. "BUSH" Teachers

Every eighth name was selected from a list of all teachers in the

Directory in schools with four or less teachers, excluding teacher in those schools also listed as 'Physical Education Teachers'.

3. "RANDOM" Teachers

From all schools in Directory with five or more teachers, an original list was compiled using every fifth teacher in the school, excluding Physical Education teachers. The count began alternately with the first, second, third, etc. name within the school lists. From this original sample of approximately 770 names, every eighth name was selected. All grade levels were represented in the selection.

Findings:

1. Physical Education Teachers, whose certification also includes the right to teacher health education.

Total Physical Education Teachers listed:	222
Total Physical Education Teachers surveyed:	37
% of Physical Education Teachers surveyed:	16 2/3 %

4 teachers had taken 0 health courses
5 " " " 1 " "
10 " " " 2 " "
6 " " " 3 " "
5 " " " 4 " "
3 " " " 5 " "
3 " " " 6 " "
1 teachers had taken 9 health courses

Note that there were four designated Physical Education Teachers (Over 10%) in the sample who did not even have one course in Health, and of those who have had one or two courses, almost all of them had had only a general course marked 'health education'.

2. "Bush" teachers, who teach in schools with four or less teachers, usually in the smaller villages. These teachers are almost always the only 'health teachers' other than the health aides and itinerant public health nurses who visit occasionally.

Total 'Bush' Schools listed:	118
Total 'Bush' Teachers listed:	225
Total 'Bush' Teachers surveyed:	27
% 'Bush' Teachers surveyed:	12%

5 teachers had taken 0 health courses
8 " " " 1 " "
8 " " " 2 " "
5 " " " 3 " "
1 teachers had taken 4 health courses

In a sense, this finding was most discouraging. About 19% of the sample had never had a course in health; another 29% had had

only one course. Where these teachers are located, there are few accessible health or educational resources outside of the schools themselves, and teachers must be more self-sufficient than those in larger school districts.

- "RANDOM" teachers, who are other teachers who should be including health education in their classroom teaching. Most in the sample were teachers on the elementary level.

Total 'Random' Teachers listed:	3852
Total 'Random' Teachers surveyed:	87
% of 'Random' Teachers surveyed:	2 1/2%

11 teachers had taken 0 health courses	
39 " " " 1 " "	
26 " " " 2 " "	
11 " " " 3 " "	

About 13% had taken no health course; another 45% had taken only one course--a total of 58% who had taken one or less.

Summary of three significant groups of teachers:

Total of Teachers listed:	4299
Total of Teachers surveyed:	151
% of Teachers surveyed:	3 1/2%

20 teachers had taken 0 health courses	(13% of teachers)
52 " " " 1 " "	(34% of teachers)
44 " " " 2 " "	(28% of teachers)
22 " " " 3 " "	(14% of teachers)
6 " " " 4 " "	(4% of teachers)
3 " " " 5 " "	(2% of teachers)
3 " " " 6 " "	(1% of teachers)

1 teacher had taken 9 health courses
TOTAL 151

Most commonly recorded courses:

Course	% of teachers in each category who had taken course		
	PE	BUSH	RANDOM
'Health Education'	70%	78%	66 2/3%
'Structure of Body'	60%	44%	22%
'First Aid'	11%	0%	14%
'Food & Nutrition'	3%	0%	10%

'Health Education', a general course, has been the most popular course, with basic anatomy and physiology second. However, 'first aid' and 'food and nutrition' courses, which should be required background for bush school teachers, were not recorded for any in their sample. These two courses had also been taken by very few physical education teachers.

Implications:

If the sample is valid, practically 50% of Alaska teachers who should be including health instruction in their ongoing classroom curriculum have taken no more than one college course related to 'health'. 13% have never taken any. 90% of physical education teachers have never had any course in first aid.

If a systematic approach to school health education is to be implemented in the classroom, sufficient time and funds must be invested to train teachers in basic health concepts first, and in priority problem areas second, relevant to local, grade level and situational needs. It would seem that "Bush; teachers--with the least preparation, the least accessible resources, and the most responsibility should receive priority as the first target group.

APPENDIX III
TO: Gloria Houston

DATE :

FROM: Elizabeth Kennedy

SUBJECT: Needs Assessment Questionnaire -
Rationale for Format

Enclosed is a draft of potential needs assessment questionnaire for Health Education within Alaska's Schools. The charts are taken from the National School Health Education Survey; the data gained from them may be used to compare our schools to others in the U.S. The rest of it is a very much abbreviated form for many reasons:

1. Most school personnel, and probably some medical personnel, are notorious for reluctance to fill in questionnaires. The basic check-system type question requires them to spend a minimum of time.
2. I feel the questionnaire should be sent to every school in the State, to get a true picture. Shortness cuts down on expense.
3. Tabulation of information will be a problem, and with this kind of questionnaire tabulation can be done numerically by a secretary without much trouble.
4. There is one open ended question on the health aides/medical personnel form, to solicit comments concerning possible conflicts in philosophy between local medical personnel and the school. This is the only one I felt justified in using, since it might give us a good handle on the effectiveness of the current programs from a medical point of view.
5. In some cases, particularly with the medical form, varying educational levels necessitate an uncomplicated form.

I have developed two forms to get the two sides of the picture - from the medical side and from the school side. In traveling, we discovered that there were many differences between what school people saw as medical problems and good health programs and what the local people saw.

Basically, with the chart approach, we will get the following information:

1. What is being offered in health through regular curriculum.
2. At what grade levels this information is offered.
3. What other problems the school people see, and what things they would like to implement within the curriculum, but have not, for whatever reasons.
4. How the medical personnel view the education system in terms of what is offered.

5. How the medical personnel view the population in terms of outstanding problems.
6. What the priorities are for both medical and school personnel in terms of the most need for introduction of new curriculum.

My guess is, from our travels, that the problems in implementation are common: lack of trained personnel; lack of money for in-service training, or hiring some new personnel, or starting new programs; lack of curriculum materials; lack of knowledge of resources; separation of medical personnel from school personnel in terms of communication, etc.

Therefore, I have also asked both groups to list resource people within and without of the regular school program who might be able to help us organize local task forces to help the school develop programs they set as high priority.

With the single school unit approach we can divide program suggestions by single school, or combine by systems, or areas, or native versus non-native, or village versus urban, or however the split seems logical. Also, I feel that problems are different depending on grade levels, and the school unit division will help keep the urban schools from being bunched together when they might have very separate problems.

- ED. Notes:
1. The draft questionnaire was modified subsequent to this memo so that part of it could be computerized.
 2. The draft questionnaire was pretested by the Kodiak School District prior to distribution to all schools in Alaska.

APPENDIX IV

ALASKA HEALTH EDUCATION SURVEY

FALL 1973

QUESTIONNAIRE A: TO BE COMPLETED BY THE SCHOOL PRINCIPAL. PLEASE RETURN IN ENCLOSED SELF-ADDRESSED ENVELOPE BY DECEMBER 1, 1973.

NAME OF SCHOOL DISTRICT _____

NAME OF SCHOOL _____

NAME OF PERSON COMPLETING FORM _____

TITLE _____

I. SYSTEM AFFILIATION (check one)

- 1 [] Bureau of Indian Affairs
- 2 [] State Operated School
- 3 [] Public, Independent School District
- 4 [] Private and/or Denominational

II. SCHOOL CLASSIFICATION (check one)

- 1 [] Urban
- 2 [] Rural

III. GRADE LEVEL OF SCHOOL (check one)

- 1 [] 1 - 6
- 2 [] 1 - 8
- 3 [] 1 - 9
- 4 [] 1 - 10
- 5 [] 6 - 8
- 6 [] 9 - 12
- 7 [] other elementary
- 8 [] other secondary
- 9 [] special education

IV. SCHOOL SIZE - NUMBER OF PUPILS (check one)

- 1 [] 0 - 50
- 2 [] 50 - 100
- 3 [] 100 - 200
- 4 [] 200 - 500
- 5 [] 500 - 1000
- 6 [] 1000 - 2000
- 7 [] 2000 - +

V. GEOGRAPHICAL AREA (based on Native Regions) (check once)

- 1 [] Aleut League
- 2 [] Kodiak Area Native Association
- 3 [] Chugach Native Association
- 4 [] Cook Inlet Native Association
- 5 [] Bering Straits Native Association
- 6 [] Tanana Chiefs
- 7 [] Association of Village Council Presidents
- 8 [] Arctic Slope Native Association
- 9 [] Northwest Regional Association
- 10 [] Copper Valley Native Association
- 11 [] Bristol Bay Native Association
- 12 [] Tlingit-Haida Council

HEALTH SERVICES

IF YOUR SCHOOL HAS THE SERVICES OF THE FOLLOWING, PLEASE CHECK THE APPROPRIATE BOXES:

	Full Time	Part Time	Regular Visits
Doctor	[]	[]	[]
Dentist	[]	[]	[]
Psychiatrist	[]	[]	[]
Psychologist	[]	[]	[]
Audiologist	[]	[]	[]
Psychiatric Social Worker	[]	[]	[]
Social Worker	[]	[]	[]
School Nurse	[]	[]	[]
Public Health Nurse	[]	[]	[]
Nurse's Aide	[]	[]	[]
Dental Aide	[]	[]	[]
Health Aide	[]	[]	[]
Other (specify _____)	[]	[]	[]

DOES YOUR SCHOOL OFFER THE FOLLOWING SERVICES?

	Yes	No	To Some Students Only
Physical Examination	[]	[]	[]
Dental Examination	[]	[]	[]
Vision Screening	[]	[]	[]
Hearing Test	[]	[]	[]
Psychological Testing	[]	[]	[]

HEALTH EDUCATION

ON THE FOLLOWING PAGE IS A LIST OF TOPICS ASSOCIATED WITH HEALTH EDUCATION. PLEASE FILL IN THE CHART AS FOLLOWS:

1. In column number one, check those subjects which are presently taught as part of the regularly scheduled curriculum within your school.
2. In column number two, next to those checked in column number one, check the grade level(s) in which the subject is taught in the curriculum.
3. In column number three, check those topics not now adequately represented in your curriculum which you feel should be added to the health offerings of your school.
4. In column number four, prioritize with numbers, (number one being the highest priority), the subjects checked in column number three.

PERSONNEL

PLEASE LIST BELOW THOSE TEACHERS OR SCHOOL PERSONNEL SPECIFICALLY DESIGNATED AS HEALTH TEACHERS, OR CO-ORDINATORS FOR HEALTH CURRICULUM, OR THOSE TEACHERS WHO HAVE SPECIAL TRAINING IN AREAS OF HEALTH EDUCATION. PLEASE LIST FULL NAME, TITLE, IF OTHER THAN TEACHER, CERTIFICATION DESIGNATION, AND MAILING ADDRESS IF SEPARATE FROM SCHOOL ADDRESS.

Thank you for your help with this survey. Please return the form to:

Mr. Vern Williams
Assistant Director
Division of Instructional Services
Pouch F
Juneau 99801

APPENDIX V

ALASKA HEALTH EDUCATION SURVEY

FALL 1973

QUESTIONNAIRE B: TO BE COMPLETED BY A HEALTH WORKER ASSOCIATED WITH THE SCHOOL. PLEASE RETURN IN ENCLOSED SELF-ADDRESSED ENVELOPE BY DECEMBER 1, 1973.

NAME OF SCHOOL DISTRICT _____

NAME OF SCHOOL _____

NAME OF PERSON COMPLETING FORM _____

TITLE _____

HEALTH SERVICES

PLEASE STATE THE SERVICES YOU PERFORM FOR THIS SCHOOL POPULATION IN AS MUCH DETAIL AS YOU CAN:

HEALTH EDUCATION

ON THE FOLLOWING PAGE IS A LIST OF TOPICS ASSOCIATED WITH HEALTH EDUCATION. PLEASE FILL IN THE CHART AS FOLLOWS:

1. IN COLUMN NUMBER ONE, CHECK THOSE SUBJECTS WHICH YOU KNOW ARE CURRENTLY TAUGHT AS A PART OF THE REGULARLY SCHEDULED CURRICULUM WITHIN THIS SCHOOL.
2. IN COLUMN NUMBER TWO, CHECK ALL THOSE SUBJECTS WHICH YOU FEEL ARE HEALTH PROBLEMS PEOPLE IN YOUR AREA SHOULD KNOW MORE ABOUT.
3. IN COLUMN NUMBER THREE, CHECK THOSE HEALTH SUBJECTS WHICH YOU FEEL SHOULD BE ADDED TO THE CURRENT SCHOOL CURRICULUM.
4. IN COLUMN NUMBER FOUR, PRIORITIZE WITH NUMBERS THE ITEMS CHECKED IN COLUMN THREE. (PUT A "1" BY THE MOST IMPORTANT SUBJECT, A "2" BY THE NEXT MOST IMPORTANT, ETC.)

COMMENTS

PLEASE COMMENT ON THE CURRENT HEALTH CARE AND HEALTH PROBLEMS IN THIS COMMUNITY AS YOU SEE THEM, THE RESPONSE AND CURRICULUM OF THE SCHOOL, THE QUALIFICATIONS OF SCHOOL PERSONNEL WHO ARE TEACHING HEALTH, THE NEED FOR MATERIALS, AND ANYTHING YOU FEEL THE STATE SHOULD CONSIDER IN PLANNING A PROGRAM OF REQUIRED HEALTH EDUCATION.

RESOURCE PEOPLE

PLEASE LIST BELOW ALL OF THOSE PEOPLE IN YOUR COMMUNITY WHOM YOU FEEL MIGHT BE GOOD RESOURCE PEOPLE TO HELP IN PLANNING OR TEACHING HEALTH EDUCATION IN THIS SCHOOL. PLEASE LIST NAME, TITLE IF THEY HAVE ONE, MAILING ADDRESS IF YOU KNOW IT, AND THE HEALTH SUBJECT THEY MIGHT BE MOST FAMILIAR WITH.

Thank you for your help with this survey. Please return the form to:

Mr. Vern Williams
Assistant Director
Division of Instructional Services
Pouch F
Juneau 99801

Introduced: 2/17/76
Referred: Health, Education &
Social Services

1 IN THE HOUSE

BY SULLIVAN BY REQUEST

2 SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 419

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 NINTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to health education."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. AS 14.30 is amended by adding new sections to read:

9 ARTICLE 4. HEALTH EDUCATION.

10 Sec. 14.30.360. CURRICULUM. (a) Each district in the state
11 public school system shall be encouraged to initiate and conduct a
12 program in health education for kindergarten through 12th grade. The
13 program should include instruction in physical health, dental health,
14 family health, environmental health, and appropriate use of health
15 services.

16 (b) The state Board of Education shall establish by regulation
17 guidelines for a health education program. A school health education
18 specialist position shall be established and funded in the Department of
19 Education to coordinate the program statewide. Adequate funds to enable
20 curriculum and resource development, adequate consultation to school
21 districts, and a program of teacher training in health education shall
22 be provided.

23 Sec. 14.30.370. EVALUATION. Health education programs conducted
24 under sec. 360 of this chapter shall be evaluated by the Department of
25 Education in the same manner as other curriculum programs are evaluated,
26 except that the evaluation shall also include changes in the health
27 status of the pupils as determined by physical and dental examinations
28 conducted under secs. 70 and 120 of this chapter.
29