

REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

FEB 10 2004

Program Health Promotion

Formal Option Teacher Certification Or Specialty Field _____
(if applicable) (if applicable)

Department (if applicable) Kinesiology & Health Promotion

College (if applicable) Education

Degree title BA Health Promotion Bulletin PP 127-128

CIP Code _____ UK ID No. _____ HEGIS Code _____

Accrediting Agency (if applicable) _____

I. PROPOSED CHANGE(S) IN PROGRAM REQUIREMENTS

Particular University Studies Requirements or Recommendations for this program

	<u>Current</u>	<u>Proposed</u>
English Writing		
Communication		
Mathematics		
Area I (Natural Science)		
Area II (Social Science)	SAME	
Area III (Humanities)		
Area IV (Cross-disciplinary component)		
Area V (Non-western cultural component)		

2. College Depth and Breadth of Study Requirements (if applicable) (including particular courses required or recommended for this program) NOTE: To the extent that proposed changes in 2 through 6 involve additional courses offered in another program, please submit correspondence with the program(s) pertaining to the availability of such courses to your students.

<u>Current</u>	<u>Proposed</u>

3. Premajor or Preprofessional Course Requirements (if applicable)

<u>Current</u>	<u>Proposed</u>

Total Hours _____

4. Credit Hours Required	<u>Current</u>		<u>Proposed</u>	
	80		79	
a. Total Required for Graduation	131			
b. Required by level	100	5	200	13
			300	19
			400-500	12
	Premajor or Preprofessional (if applicable)		6	
d. Field of Concentration (if applicable)	30			
	Division of Hours Between Major Subject and Related Field (if applicable)			
			f. Hours Needed for a Particular Option Or Specialization (if applicable) Education	26*
			g. Technical or Professional Support Electives (if applicable) Minor	18
			h. Minimum Hours of Free or Supportive Electives (Required)	

*Course would be omitted from this area making it 25

5. Major or Professional Course Requirements	<u>Current</u>	<u>Proposed</u>
	Same except EDA 401 from the program area of professional (specialization)	would be eliminated requirements in the education courses

6. Minor Requirements (if applicable)	<u>Current</u>	<u>Proposed</u>
		SAME

Total Hours _____

7. Rationale for change(s): (If rationale involves accreditation requirements, please include specific references to those requirements.)

The content for EDA 401 (The Professional Teacher: Legal Perspectives) is already embedded in other required courses in the Health Promotion curriculum. Specifically, in KHP 330: Planning and Implementing Health Promotion Programs, one learner outcome is that students will "Discuss legal issues applicable to being a classroom teacher." In KHP 371: Student Teaching in Health Education, a unit is included on professional ethics and accountability in public education. (See pertinent syllabi)



National Center for Chronic Disease Prevention and Health Promotion

Adolescent & School Health

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About the Program School Health Defined

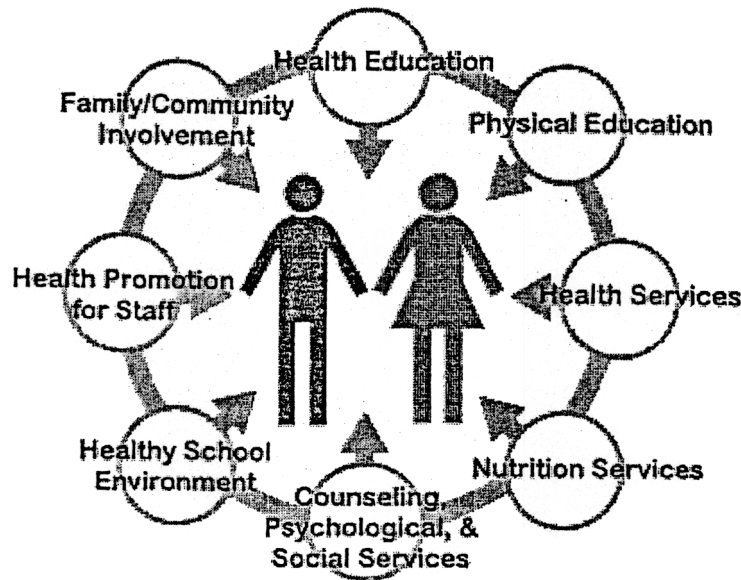
Coordinated School Health Program

A coordinated school health model consists of eight interactive components. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems.


Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people. The following are working descriptions of the eight components of a coordinated school health program.

Eight Components for Coordinated School Health

1. Health Education
2. Physical Education
3. Health Services
4. Nutrition Services
5. Health Promotion
6. Counseling
7. Environment
8. Family/Community



1. **Health Education:** A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their



health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.

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- 2. Physical Education:** A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical activity.

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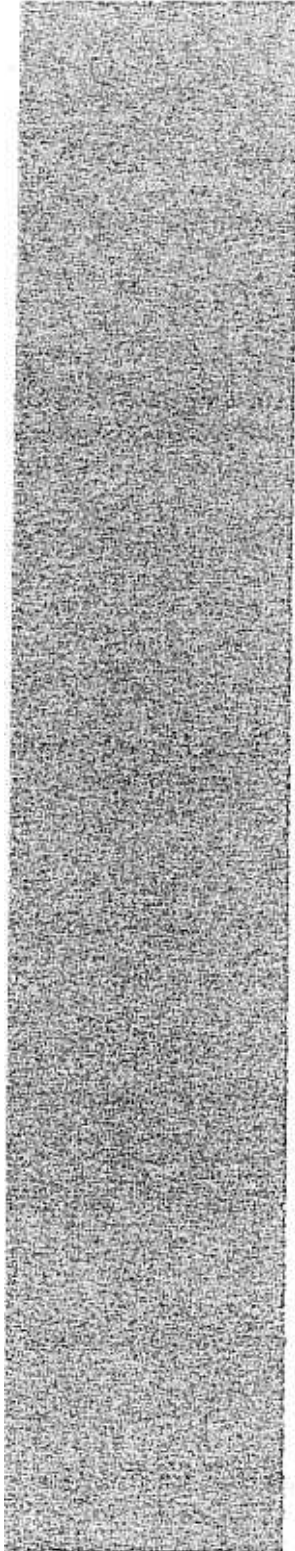
- 3. Health Services:** Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

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- 4. Nutrition Services:** Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

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- 5. Health Promotion for Staff:** Opportunities for school staff



to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

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6. **Counseling and Psychological Services:** Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

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7. **Healthy School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

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8. **Parent/Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

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SCHOOL HEALTH SERVICES AS PART OF THE COORDINATED SCHOOL HEALTH PROGRAM

HEALTH APPRAISALS

A. Teacher Observations (Not diagnostic observations)

1. Informal observations of physical, cognitive, social, emotional, spiritual, and language performance in comparisons to age-cohort peers.
2. Teachers can observe student performance and behavior several times during the day and over time.

B. Screening Tests (Not diagnostic tests)

1. Provide early information about potential deviations from normal that may need medical attention. Their purpose is to make help school/health personnel make general judgements regarding the health issue related to the specific screening test and the student is referred to a specialist for diagnosis and/or treatment.
2. Examples: hearing, vision, growth & weight, lice, scoliosis

II. HEALTH COUNSELING, REFERRALS, AND FOLLOW-UP

A. Counseling

1. Providing health information to students, parents and family members; interpret significance of health issues; encouragement to obtain treatment and remediation of health issue

B. Referrals

1. Follow school policies & procedures to refer to appropriate personnel/agency as required by the school system and /or legal statutes

C. Follow-up

1. Determine if corrective action/treatment has been taken and student is not a risk to self or others before returning to the classroom.

III. EMERGENCY CARE FOR INJURIES AND ILLNESS

A. First Aid

1. Defined as immediate and temporary care given to the victim of an accident or sudden illness until the services of a physician can be obtained..
2. Each school is required to have 2 adults who are trained and certified in first aid (ARC First Aid Certification is valid for 3 years and CPR is valid for 1 year)
3. Emergency care procedures include first aid facilities, personnel with first aid training , parent's telephone number, name of family physician, and means of transportation
4. Avoid being negligent (Either not taking action that is reasonable or prudent or taking action that is not reasonable or prudent)
5. School's role includes:
 - a. Administer first aid
 - b. Notify child's parents/emergency contact
 - c. Provide for transportation (School must have a plan to transport and arrange for transportation in an emergency)
 - d. Witnesses and first aid provider should complete Standard Student Accident Incident Form (Cause(s) of incident/injury, time & place of incident, name of person giving first aid

- **Contributor negligence**

Injured party acted in a manner that was abnormal

Injured party acted in an atypical manner

Areas of Responsibility

Two levels of responsibility should be considered when delegating responsibility because:

- 1. They identify different functions and responsibilities of the teaching staff and administration.**
- 2. They provide a framework for reducing injuries and improving safety procedures.**
- 3. They provide perspective for following legal precedents.**
- 4. In the described responsibilities that follow, both administrative and instructional duties are presented.**

Supervision- All activities in a school setting must be supervised

Two levels are identified in supervision:

General supervision refers to broad coverage, when students are not under direct control of a teacher or a designated individual (playground, before or after class/school).

Specific supervision requires that the instructor be with a certain group of students (class).

Five recommendations to ensure that adequate supervision occurs:

- 1. The supervisor must be in the immediate vicinity.**
- 2. If required to leave, the supervisor must have an adequate replacement in place before departing.**
- 3. Supervision procedures must be preplanned and incorporated into daily lessons.**
- 4. Supervision procedures should include what to observe and listen for, where to stand for the most effective view, and what to do if a problem arises.**
- 5. Supervision requires that age, maturity, and skill ability of participants must always be considered, as must be the inherent risk of the activity.**

COORDINATED SCHOOL HEALTH PROGRAM

Legal Issues for KHP 330

Physical education is particularly vulnerable to accidents and injuries

More than 50% of injuries occur on playground and gymnasium

All students have right to freedom from injury

Teachers owe students a duty of care to protect them from harm

Liability – the responsibility to perform a duty to a particular group

Tort- concerned with the teacher-student relationship and is a legal wrong that results in direct or indirect injury to another individual or to property

As the result of a tort, the court can give a monetary reward for damages that occurred.

Four points for establishing negligence

Duty – compare conduct of other teachers to establish duty

Breach of duty – failing to conform to required duty

Injury – injury must occur if liability is to be established

Proximate cause – failure to conform to required standards must be cause of injury

Foreseeability – predict and anticipate harmful situations and take appropriate measures to prevent them

Negligence- conduct that falls below a standard of care established to protect others from unreasonable risk or harm

Types of Negligence:

Malfeasance

Teacher does something improper

Committing an act that is unlawful

Committing a wrongful act, with no legal basis

Misfeasance

Teacher follows proper procedures

Fails to perform according to required standard of conduct

Sub par performance of an act that would otherwise be lawful

Nonfeasance

Lack of action in carrying out a duty

Teacher knew proper procedures but failed to follow them

Contributory negligence

Student is partially or fully at fault

Student fails to exercise sensible care

Student fails to follow safety directions

Comparative or shared negligence

Injured party can recover only if found less negligent than the teacher

Common Defenses

Act of God

Places cause of injury on forces beyond teacher's/school's control

Impossible to predict an unsafe condition

Proximate cause

Accident was not caused by negligence

Accident would have occurred under any circumstances

Assumption of risk

Participants assume risk accompanying the activity

Not used in physical education because students usually must participate

UNIVERSITY OF KENTUCKY
KINESIOLOGY AND HEALTH PROMOTION
KHP 330

Spring, 2004

PLANNING AND IMPLEMENTING HEALTH EDUCATION PROGRAMS

INSTRUCTOR: Richard Riggs, Ed. D.
OFFICE: 204 Seaton Bldg.
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PHONE: 257-3645
E-MAIL: rsrigg01@uky.edu

TEXTBOOK:

Fodor, J. T., Dalis, G. T. & Giarrantanto-Russell, S. C. (2002) Health instruction: theory and application for community, school, health care and workplace settings. Dubuque: Kendall/Hunt

COURSE DESCRIPTION: The course provides an overview of the foundations of the coordinated school health program with an emphasis on comprehensive school health education. Additionally, the course examines the processes of planning and developing a health education / instruction program. The course should help students become more effective "reflective decision makers" as one of the many roles that teachers fulfill as educators. For this class, being a reflective decision maker refers to the process of learning how to apply knowledge to plan, develop, and implement an effective health education/instruction program; formulate evaluation techniques to determine if learning has occurred; and make adaptations in the health education program to improve the quality of teaching and learning.

LEARNER OUTCOMES FOR EXAMINATION ONE

1. Define health, holistic health, wellness,
2. Analyze characteristics of health/wellness
3. Compare and contrast definitions of health/wellness
4. Describe the four major factors that most influence health/wellness
5. Identify the six preventable priority health behaviors targeted for programming and educational intervention
6. Construct a personal definition of health/wellness
7. Define and explain the significance of and need for a coordinated school health program
8. Analyze the purpose & functions of each component of the coordinated school health program
9. Describe roles of school personnel within each component of the coordinated school health program
10. Discuss legal issues applicable to being a classroom teacher
11. Examine community health agencies/organizations as resources for the coordinated school health program
12. Analyze the classification system for health agencies/organizations
13. Describe functions and give examples of official health agencies
14. Describe functions and give examples of voluntary health agencies
15. Describe functions and give examples of professional health associations
16. Describe functions and give examples of commercially sponsored health organizations
17. Explain the role of civic clubs in coordinated school health programs
18. Define health education, comprehensive school health education, health promotion, iatrogenic health education disease, health literacy
19. Compare and contrast definitions of health education
20. Analyze the history of health and of health education
21. Construct a personal definition of health education
22. Analyze predominate health education philosophies
23. Formulate a personal research-based philosophy of health education
24. Formulate a hierarchy of learner outcomes for health education
25. Analyze short term, intermediate, and long term learner outcomes of health education
26. Determine learner outcomes for which the health educator can be accountable
27. Identify research that demonstrates the effectiveness of comprehensive school health education
28. Formulate a defensible justification for the inclusion of health education in a P-12 school curriculum
29. Explain and give specific examples of direct health instruction, indirect health instruction, correlated health instruction, and integrated health instruction
30. Define: curriculum; health education curriculum; horizontal curriculum; vertical curriculum; curriculum scope; curriculum sequence
31. Analyze general principles of health education curriculum development (education involves preparation for adult life; success of curriculum development is related to variety and number of people involved; curriculum consists only of planned educational experiences; and curriculum must reflect value system of community)
32. Analyze principles of teaching and learning in health education and of health education curriculum development
33. Identify the ten/eleven content areas that comprise comprehensive school health education

34. Identify health education topics to be included within each of the major content areas that comprise CSHE
35. Create a long term teaching plan to incorporate health education content areas and topics to be taught within each content area for either an elementary school, middle school or high school.

LEARNER OUTCOMES FOR EXAMINATION TWO

36. Identify the relationship among goals, objectives, content, teaching/learning strategies, materials/resources, assessment/evaluation
37. Develop a basis for establishing content selection for the health education curriculum
38. Identify sources of data for determining health education curriculum content
39. Differentiate between a concept and a conceptual statement
40. Construct health education conceptual statements
41. Identify different ways to organize health education content for health instruction
42. Critique various approaches to organizing/structuring health education content (unit plan, body systems, problems, conceptual, competency-based, outcome-based, standard-based)
43. Classify curricula according to their design patterns
44. Critique ways of scheduling and sequencing health education (cycle plan, spiral plan, continuous emphasis plan)
45. Define: goal, objective, outcome, standard, demonstrator, learner expectation, behavioral objective, informational objective, planning objective, competency,
46. Define outcome-based health education
47. Examine Bloom's Taxonomy of Objectives
48. Construct learner outcomes for health education in the cognitive, affective, and action/psychomotor domains
49. Construct health education learner outcomes that address higher levels of learning
50. Apply functionality criteria to health education learner outcomes
51. Identify criteria for selecting effective teaching/learning strategies
52. Identify characteristics of different teaching/learning strategies
53. Identify teaching/learning strategies to meet cognitive, affective, and psychomotor domain learner outcomes.
54. Contrast measurement and evaluation
55. Propose reasons for measurement and evaluation in health education
56. Analyze measurement and evaluation in the cognitive, affective, and action/psychomotor domains of learning
57. Explain validity and reliability as measurement and evaluation terms
58. Give examples of and evaluate selected, packaged comprehensive health education curricula
59. Give examples of and evaluate selected categorical health education curricula
60. Give examples of and evaluate selected voluntary health agency health education curricula
61. Give examples of and evaluate selected locally developed health curricula
62. Critique the use of textbooks as a source for health education curricula
63. Develop health education lesson ideas to integrate math, science, social studies, and language arts
64. Develop a health education lesson plan that integrates math, science, social studies, or language arts
65. Develop a plan for fostering collaboration among teachers in other subject areas in providing health instruction
66. Generate ideas for linking health education areas/topics as an instructional strategy
67. Analyze the National Health Education Standards for application to health education programs
68. Analyze the six KERA Goals for application to health education
69. Analyze the 57 Learner Expectations of KERA for application to health education
70. Use the Core Content for Assessment, Program of Studies, and KERA Goals & Expectations for planning health education programs
71. Develop a 5-day unit/lesson plan that incorporates instructional sequence for health education

COURSE REQUIREMENTS:

ATTEND CLASS and PARTICIPATE in all class activities. Each student is required to attend class. Absences that may be excused include those for official university travel, major religious holidays, illness, serious family illness, or death of immediate family member. In all cases of absences the burden of proof is on the student to provide sufficient documentation about the nature of the absence. It is your responsibility to inform your instructor about your absence from class and this must be done no later than one week following the absence. Each time you have an unexcused absence, you will have 1.33 points deducted from your attendance and participation grade. If you have excused and/or unexcused absences totaling 6 (20%) or more, you will be required to withdraw from the class. (See Student Rights and Responsibilities 5.2.4.2) **PLEASE TURN OFF ALL CELL PHONES WHEN IN CLASS**

2. Complete quizzes from readings in the course bibliography.

3. Complete a variety of class activities that will be assigned throughout the semester. These will contribute toward your class participation grade. Examples of these activities include: Peer Reviews of Portfolio, Group Presentation of Coordinated School Health Program, Accessing and Using Internet Sites for Health Education, Linking Health Education, and Integrating Health Education.
4. Complete two written examinations that include information from class lectures, course bibliography, and class handouts. Specifically, examination questions are derived from the learner outcomes. Specific learner outcomes are included for each examination. Examination questions focus on concepts and content presented in-class as well as from class handouts and the course bibliography. Examinations will consist of multiple choice and short answer items. Short answer questions require you to list, explain, define, and/or to discuss to demonstrate your understanding of the concepts addressed in class. In evaluating your responses to examination questions, the following rubric will apply:
 - (a) Accuracy of Responses
 - (b) Quantity, variety, and explanation (where appropriate) of Response(s)
 - (c) Responses are detailed and communicate clear knowledge/understanding of concept(s)
5. Develop health education TEP portfolio entries to be submitted for evaluation. The first and second drafts of your portfolio entries will be peer as well as instructor reviewed. Your portfolio entries must include the following:
 - A. personal definition of health/wellness
 - B. compare and contrast your definition of health/wellness with that of three (3) other definitions found in professional literature
 - C. personal definition of health education
 - D. compare and contrast your definition of health education with that of three (3) other definitions found in professional literature
 - E. research-based personal philosophy of health education
 - F. written justification as to why health education should be part of the school curriculum. (This must include five major, defensible reasons, with each one explained, as to why health education should be a part of the school curriculum)
6. Create a long term teaching schedule identify the 10/11 health education content areas and topics that would be taught within each content area for either elementary school, middle school or high school. Format for this course requirement and additional information will be provided at a later date.

Create a lesson plan for health education that integrates mathematics, science, language arts, or social studies.
8. Construct a 5-day lesson plan demonstrating instructional sequence for the elementary school, middle school or high school in a selected health education content area.

LATE ASSIGNMENTS: The instructor has the prerogative of either accepting or not accepting late assignments. **Late assignments that are accepted will be penalized by a grade reduction.**

CAUTION: ALL ASSIGNMENTS THAT YOU SUBMIT MUST BE YOUR OWN WORK. COPYING WORK FROM PRESENT OR FORMER STUDENTS IS CONSIDERED PLAGIARISM AND IS NOT ALLOWED. IF YOU SUBMIT WORK THAT IS NOT YOUR OWN, THE MINIMUM PENALTY IS FAILURE FOR THE COURSE. For additional information, please refer to the Student Rights and Responsibilities Handbook.

EVALUATION

1.	Class Attendance & Class Participation	10%
2.	Miscellaneous Assignments	10%
3.	Quizzes	5%
4.	Portfolio Entries	10%
5.	5 Day Lesson/Unit Plan	15%
6.	Examination 1	25%
7.	Examination 2	25%

FINAL GRADE DETERMINATION

Each required class activity contributes a specific percentage towards your final grade. In order to determine your final grade, the percentage of the activity will be multiplied by the letter grade point value* you receive on the activity. When