

AMERICAN JOURNAL OF HEALTH EDUCATION

November-December 2010

Is Man Free To Make Choices for Health?

Joseph H. Douglass

This paper is reformatted and reprinted as part of the 40th Anniversary of the American Journal of Health Education. (originally School Health Review) Health Education – Our Heritage series. The original article appeared in the inaugural issue of School Health Review (Volume 1, September 1969, pp. 4-8). At the time, Joseph H. Douglass, Ph.D., was Chief, Interagency Liaison Branch, National Institute of Mental Health, Washington, D.C. and was serving as staff director for the 1970 White House Conference on Children and Youth. A commentary on the 2010 relevance to health education of Dr. Douglass' paper immediately follows this reprinted version.

Institutions of Higher Education Pre-Service School Health Education Practices

Brad Davidson, Susan K. Telljohann, Joseph A. Dake, and James H. Price

Background: The quality of health education teachers is, in large part, dependent on the education they receive from their teacher preparation program. Purpose: This study assessed institutions of higher education (IHE) teaching practices in school health teacher preparation programs regarding the amount of time spent and content taught related to various health education tools and products (e.g. National Health Education Standards, the Health Education Curriculum Analysis Tool and the School Health Index). Methods: A survey (87 items) that demonstrated validity and reliability was mailed to the population of 225 lead school health education faculty at IHEs that offered school health licensure or certification programs. Results: The response rate was 59.6% (134/225). Faculty who taught how to use a variety of health education materials varied (30.6% to 89.6%), depending on the tools and products. Discussion: A primary responsibility of IHEs should be to help pre-service teachers utilize the tools and products described in this study. Many IHEs do not train their pre-service school health education majors to use these tools and products. Translation to Health Education Practice: Quality school health teacher preparation includes being trained on how to use these tools and products. To improve the quality of education provided by IHEs to pre-service school health education teachers, methods faculty need more training on incorporating these various tools into their curriculum.

“Am I qualified? How do I know?” A Qualitative Study of Sexuality Educators' Training Experiences

Marla E. Eisenberg, Nikki Madsen, Jennifer A. Oliphant, Renee E. Sieving, and Michael Resnick

Background: National Health Education Standards in the U.S. focus on key concepts and skills around health issues, including sexuality. However, little is known about the extent to which classroom teachers are trained to deliver sexuality education. Purpose: The purpose is to explore pre-service training experiences and needs of sexuality educators in Minnesota. Methods: Seven

focus groups were conducted with a diverse sample of 41 sexuality educators, and qualitative analysis was used to detect themes across groups. Results: Results indicate a wide variety of pre-service teaching experience, ranging from no instruction to extensive training. Teachers had numerous suggestions for ways their training could have better prepared them to teach sexuality education, such as ways of working with culturally diverse students. Teachers described many ways in which they were unprepared in their first year of teaching sexuality education. Discussion: Training programs to prepare sexuality educators are not adequately preparing teachers for their multifaceted role. Findings point to the need to train sexuality educators differently than teachers for other subjects. Translation to Health Education Practice: Findings indicate that pre-service training programs should greatly expand their offerings, tighten requirements and hone methodologies in sexuality education to meet the needs of today's teachers and students.

Non-medical Prescription Drug Use among University Students

Rebecca A. Vidourek, Keith A. King, and Ellen E. Knopf

Background: Non-medical prescription drug use is an increasing problem among university students. Purpose: The present study investigated university students' involvement in non-medical prescription drug (NMPD) use and associations between use and other risky behaviors. Methods: A sample of 363 university students completed a four page survey assessing involvement in NMPD use and risky behaviors. Results: Results indicated that approximately one in three university students have used prescription drugs without a doctor's prescription. Pain medication (22.4%) was the number one misused prescription drug followed by stimulants (17.5%). Almost half of university students reported using NMPDs with alcohol. Logistic regression analyses revealed being male and being a junior or senior increased the odds of involvement in NMPD use. Additional analyses revealed engaging in NMPD use was associated with increased odds for cigarette use, marijuana use, and suicidal ideation. Discussion: Health professionals should educate students about the dangers of NMPD use and attempt to identify students at high risk. Translation to Health Education Practice: Prevention programs should be developed to target university students who may be at risk for misuse.

Accelerometry-Determined Adherence to the 2008 Physical Activity Guidelines for Americans among College Students

Douglas A. Raynor and Noelle M. Jankowiak

Background: A need exists to determine whether college students engage in sufficient physical activity (PA) using objective methodology. Purpose: Accelerometry-based activity monitors were used to evaluate adherence to the U.S. Department of Health and Human Services' 2008 Physical Activity Guidelines for Americans. Methods: College students (N = 168) wore accelerometers for seven consecutive days. Results: The mean total minutes per day of moderate and vigorous PA were 53.9 minutes and 5.2 minutes, respectively, primarily via short intermittent bouts. When examining PA in bouts lasting the recommended minimum of 10 minutes, the average time spent per day in moderate and vigorous PA dropped to 12.5 minutes and 1.4 minutes, respectively. Thus, only 22.0% of the sample accumulated the recommended minimum of 150 minutes per week of sustained moderate-to-vigorous PA. Discussion: The findings suggest that college students intermittently accumulate substantial moderate PA via

lifestyle activities such as walking, but do not adhere to recommendations for prolonged moderate or vigorous PA. Translation to Health Education Practice: The results indicate that health education practitioners at the collegiate level should educate young adults about the increased efficiency and long-term health benefits of meeting PA recommendations by engaging in sustained moderate and vigorous activities.

Participatory Cohort Group Health Fairs: A New Approach to an Old Standby

Susan E. Clark and Rebecca A. Brey

Health fairs, a component of health education programming for many years, generally offer an unstructured opportunity for participants to gather health information. This manuscript describes an alternative approach to a “traditional” health fair, which involves working with previously assessed and specifically targeted groups of people who move as a cohort cluster through a series of focused health fair booths receiving both in-depth information and skill-oriented opportunities.

College Teaching and Community Outreach: Service Learning in an Obesity Prevention Program

Melissa Himelein, Liz Passman, and Jessica M. Phillips

Background: Service learning can enrich students’ knowledge, skills and commitment to occupational goals while positively affecting communities. Undergraduate students in a course on obesity engaged in service learning by assisting with a family-based obesity prevention program, Getting Into Fitness Together (GIFT). Purpose: The impact of GIFT on students and family participants was evaluated. Methods: Students (N=33) completed surveys assessing their perceptions of the course and its service learning component. Eighteen of 21 families who participated in GIFT completed questionnaires and interviews about their experience nearly six months after the program ended. Results: Students evaluated both the course and service learning very favorably; a consistent theme was that the opportunity to apply classroom learning to a real-world experience was invaluable. GIFT participants described strong satisfaction with the program (retention rate = 90%), and most (89%) reported tangible behavioral changes in physical activity or eating patterns. Discussion: Service learning in obesity prevention offered benefits for college students and participants. Especially notable aspects of the program include its emphases on full-family involvement, physical activity and family mentoring. Translation to Health Education Practice: Service learning may offer an especially influential means of introducing future health educators to the critically important topic of obesity.