

The School Health Education Study + 50 Years—
What it looked Like Behind the Scenes:
An Interview with Gus T. Dalis, EdD

Robert J. McDermott

ABSTRACT

The School Health Education Study (SHES) had a dynamic group of team members who forged one of the most monumental initiatives in the history of school health education. Gus T. Dalis was a member of that team and is the sole surviving co-author of the documents that emanated from the SHES. After an informal conversation together at the March 2011 AAHPERD Conference in San Diego, he and I agreed upon a plan to talk in a more disciplined fashion about the SHES and his recollection of its behind-the-scenes dynamics. We spoke by telephone for more than an hour on June 8, 2011. During the interview, Gus offered his candid, and sometime humorous insights, about the SHES' challenges, its participants, and its leadership. The transcript of that interview, graciously transcribed by University of South Florida College of Public Health student, Alyssa B. Mayer, appears below.

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The School Health Education Study + 50 Years:
Scholars' Reflections on its Impact and Legacy

Robert J. McDermott, Alyssa B. Mayer and The School Health Education Study Fifty-Year Reflection Group

ABSTRACT

Background: Launched 50 years ago, the School Health Education Study (SHES) examined the health education offerings in 135 public school systems, in 38 states, and over 1100 elementary schools and 350 secondary schools. In its second year, knowledge surveys were administered to students in grades 6, 9 and 12 at many of these schools. Analysis of the results in year three led to a one-word description of the state of health education in public schools - "appalling." Subsequent years saw the SHES writing team engage in development of a conceptual approach to health education (through physical, mental and social dimensions) applied at four levels (K-3, 4-6, 7-9, 10-12) and in three learner domains (cognitive, affective and psychomotor). The SHES has been identified time and again for its pioneering effort to bring prominence to school health education. Purpose: We attempted to identify ways that

the SHES has influenced health education practice in schools as told by school health education scholars. Methods: Between April and June 2011, we used a snowball sampling approach with saturation to identify individuals believed to have historiographic knowledge of the SHES; we asked them to respond to eight questions (developed by the primary authors and modified through the individual judgments of four school health scholars) about the SHES' influence and legacy, its relevance after 50 years and issues pertinent to today's practice of school health education. Twenty-eight individuals were contacted (based on having been named by at least two people as authorities) through their active email addresses; 22 agreed to participate, and ultimately, 16 responded to the questions (The School Health Education Study Fifty-Year Reflection Group). Three people did not respond to the original invitation and three others indicated they did not believe they had insights to offer. All participants did not respond to each item. Some responses have been edited for length or clarity, or because they intersected with comments already presented by other participants. However, a full transcript of all responses received can be obtained by writing to the primary authors. Results: We found a wide array of thoughts about the SHES. Whereas we see much consensus about the SHES' impact and legacy, we also acknowledge that some disparate opinions emerged. The details of these perspectives are contained herein, mostly in the participants' own words. Discussion: The importance of the SHES continues to be recognized. Participants concur that the SHES: (1) Demonstrated application of an exemplary process and set of principles for curriculum development, including a conceptual approach that minimized the potential impact of content or factual changes over time; and (2) Was the forerunner of the development of the National Health Education Standards, the School Health Policy and Practices Study, and countless other initiatives. Whereas no conclusions can be drawn, participants raised points about the SHES that we see worthy of further note, discussion and debate: (1) The SHES conceptual approach may have been too complex for some school systems to interpret or adopt; (2) It may have lacked thorough description of an implementation strategy; and (3) It may have failed to gain sufficient involvement of administrators and policymakers during development and implementation to achieve more widespread buy-in. With respect to school health education in general, some participants argue that: (1) A more sustained foothold for school health education may have failed due to reliance on K-6 teachers in a vanguard role when so many teacher preparation institutions lack requirements for school health for elementary teachers; and (2) Some academicians have abandoned their advocacy role, contributing to the demise of school health in some communities. At least some participants see gains being accomplished in the future if school health education proponents consider: (1) Marketing health education as education for health literacy, thereby bringing health into better philosophical alignment with core subjects such as reading and mathematics and integrating it more fully into the curriculum, or in a similar vein, focusing more on educational and productivity outcome metrics, rather than on health outcomes alone, whose long-term effects are both difficult to trace and to measure; and (2) Viewing school health education as a component of a broader community or public health construct, thereby drawing the full breadth of health resources and health education venues into a supportive matrix. Whereas these respondents' comments likely represent mainstream historiographic reflections about

the SHES and school health education, the collection of remarks is obviously limited to ones made by these 16 participants. Additional invitees may have wanted to participate, but could not because of the timing of the request, their personal obligations, and other constraints. Moreover, other scholars whose names did not surface in the sampling procedure might have different but equally valid remarks to make about the SHES. Because all responses were created independently, alternative interpretations might have emerged had these individuals been part of a face-to-face panel where a discussion ensued. Translation to Health Education Practice: Concerns abound that the legacy of the SHES is already being lost in the rising generation of health education practitioners, and that, therefore, the heritage brought to health education by the SHES and its key personnel needs to be transmitted via identified stewards of the profession. We leave further interpretation and the translation experience of “lessons-to-be-learned” up to readers as a dialogue building exercise related to the SHES and contemporary school health education issues. We recommend that some of these participants or other school health scholars be invited as panelists at forthcoming health education conferences over the next few years and react to questions like ones presented here. Further, we recommend that a similar project be pursued on a recurring basis so that future generations of health educators can glean insights from their historic heritage.

McDermott RJ, Mayer AB, The School Health Education Study Fifty-Year Reflection Group. The School Health Education Study + 50 years —scholars’ on its impact and legacy. Am J Health Educ. 2011;42(6):330-348.

Health Education:

Always Approved but Still Not Always on Schools’ Radar

Alyssa B. Mayer, Becky J. Smith, and Robert J. McDermott

ABSTRACT

Numerous reports and studies have touted the benefits of school health education for over five decades and extensive public health data support an association between education levels and health outcomes. This paper recounts the “tacit” approval given to school health education historically by reviewing reports issued by various governmental and nongovernmental organizations from the 1960s to the present. Whereas these reports and studies demonstrate an influence on the status of modern school health education programs, many of the barriers to effective school-based programs described 50 or more years ago continue to be challenges for school health education advocates. Additional elements that may further impact the delivery and of quality of school health education negatively in the next decade include legislation that places pressure on schools to improve students’ performance on subject areas that

do not include health; a declining tax base for funding education programs in general; the deterioration or complete disappearance of school health education professional preparations programs; and evolving technology that alter the ways in which students learn.

Mayer AB, Smith BJ, McDermott RJ. Health education: always approved but still not always on schools' radar. Am J Health Educ. 2011;42(6):349-359.