

Sticking to It: A Multifactor Cancer Risk-Reduction Program for Low-Income Clients

Jodi Summers Holtrop and Amy Slonim

This study describes the results of implementing an educational program called "Sticking to It," which was designed to engage participants in developing behavior change skills that may reduce risk for various types of cancer. Paraprofessional instructors delivered a 6-week interactive group program. Self-report questionnaires were completed at program start, program end, and 6-month follow-up to determine behavior change stages for cancer risk-reduction behaviors and confidence in performing behavior change skills. Three hundred eighty-six individuals participated in the program (62% completion rate). Participants self-reported success in making positive movement in stages of behavior change for the five health behaviors addressed in the program (fruit and vegetable consumption, physical activity, low-fat eating, smoking cessation, and sun exposure) and maintained these changes at the 6-month follow-up. Significant increases in confidence to perform most behavior change skills from pre- to postprogram and follow-up also were reported.

Print Material Purchasing Decisions in Health Education Practice

Michael D. Barnes, Brad L. Neiger, Walter A. Hanks, Natalie Taylor, and Mickey Trockel

This study identified the decisions used in purchasing brochures for health education, using a print material checklist. A questionnaire with two randomly assigned pairs of pamphlets on nutrition was mailed to 103 health educators. Eighty-one participants recorded the degree to which each pamphlet met the stated items of each subscale and indicated their preference for one of the two pamphlets, given the target audience(s) they most often served. Using binary logistic regression, the message content and visuals and format subscales were found to be significant predictors for purchasing/selecting pamphlets. Participants preferred appealing visuals, graphics, and format and also emphasized message content and cultural sensitivity. Readability and other material construction items were less important. This study identified how purchase decisions are made in health education practice, and identified issues that promote objectivity in selecting quality print material.

Comparison of Individualized Computer Game Reinforcement Versus Peer-interactive Board Game Reinforcement on Retention of Nutrition Label Knowledge

Marilyn Grechus and Jim Brown

During the last several decades, there has been an increase in the development and use of educational games in the classroom. The literature reviewed was inconclusive as to the relationship of using educational games for knowledge reinforcement and the amount of knowledge retained. The purpose of this study was to identify the relationship between nutrition label knowledge retention and the game reinforcement methods of a peer-interactive board game or an individualized computer game. Fourteen classes of fifth graders (N=277) were taught nutrition label information prior to being put into the

treatment groups. The study concluded that the peer-interactive board game reinforcement was significantly more effective than the other reinforcement methods.

1988-1998 National Practices in K-12 Health Education and Physical Education Teacher Certification

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The primary purposes of this study were to determine national certification practices in health education and physical education, the frequency of states that permit certified health and physical education teachers to teach outside of their area, and trends in statewide testing in health education and physical education. A survey instrument was sent to state-level administrators of health education and physical education of all 50 state Departments of Public Instruction in the United States in 1988, 1992, and 1998. Response rate was 100% for each data collection period. Results indicated that issuing separate health education and physical education certificates increased from 84 to 94% during the 10-year period. The issuing of combined certificates dropped from 46% in 1988 to 36% in 1998. The percentage of states issuing both separate and combined was 32 in 1988 and was at the same rate in 1998. States allowing certified health and physical education teachers to teach outside of their area has slowly increased. Both health education and physical education statewide testing decreased during the study. Fifty-four percent of the states responded that the best way to implement the two areas was as two separate courses; 26% believed that they should be combined; and 20% responded with "other."

"The Hidden Group": The Role of Group Dynamics in Teaching Health Education

Susan MacLaury

This article applies a model of group stages to college level health education classes, identifies student and teacher concerns, and recommends appropriate topics and activities for each. Classes may be conceptualized as groups that develop through a progression of developmental stages. Group dynamics play a particularly important role in health education, the goal of which is to challenge students to change behaviors that may be self-limiting to those that promote wellness. This goal requires that students not only master subject matter, but also establish a comfort level with one another that enables them to discuss and practice behavioral changes safely. Considering the personal, yet interactive, nature of these tasks, it is critical that students in health classes not be required to consider certain topics before their class groups have reached the appropriate stage of development. By structuring course objectives, curricula, and teaching methods to match these stages of development, health educators can create environments conducive to optimal learning.

Unintentional Injury and Violence Prevention in Schools: A Call for Action

Linda Baily Synovitz, Angela Mickalide, Stephanie Bryn, and Susan Gallagher

Unintentional injury and violence are problematic within schools and communities today. Of the 22 million children injured in the United States annually, 10 to 25%, or between 2 and 5 million per year, occur on school property (Children's Safety Network, 1997). A united effort is needed to lower the number of youths who experience nonfatal and fatal injuries. To meet that need, in the spring of 1997 the American School Health Association National Injury and Violence Prevention Task Force (NIVPTF) comprised of

health, safety, education, and curriculum experts, was formed. To address the problems of school-related unintentional injury and violence, the NIVPTF formulated eight major recommendations (with related implementation strategies): (1) leadership and partnership; (2) defining injury as a problem; (3) data collection, analysis, and utilization; (4) assessment of school injury and violence prevention policies and practices; (5) the Comprehensive Injury and Violence Prevention Program; (6) comprehensive injury and violence prevention curricula; (7) evaluation of the Comprehensive Injury and Violence Prevention Program and curricula; and (8) school personnel education and development. This article contains a clarification of the need for school injury and violence prevention programs and sample strategies for implementation of each recommendation.

Substance Abuse Prevention Public Service Announcement Contest: A Collaboration Among Media, School Districts, and Prevention Teams

Carolyn C. Cox and Gary Cunningham

Through the collaborative efforts of media, schools, and a substance abuse prevention coalition, an antidrug public service announcement (PSA) contest for area students was developed to increase student awareness of substance abuse dangers. Because of the success of the coalition, and in particular the PSA contest, the governor of the state of Missouri recognized the coalition through a signing and reading of a gubernatorial proclamation acknowledging the benefits of the annual event.