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AN EXPLORATION OF THE STATUS AND FUTURE DIRECTIONS OF GRADUATE
PROGRAMS IN HEALTH EDUCATION IN THE UNITED STATES

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By

Patricia Carolyn Dunn, B.S., M.S., M.Ed.

The Ohio State University
1972

Approved by

Advisor
School of Health, Physical
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In Memory

Mary Hubbard Dunn
9/18/09 - 6/18/69

George Winfield Dunn
6/19/06 - 7/9/67

My Mother and Father

who grew up in a time when education
was not so easily and readily avail-
able but who through their labors
helped to make this and other educa-
tional opportunities possible for me.

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Finally, sincere appreciation is expressed to the administrators who gave of their interest and time to complete the questionnaire used for collection of the data in the study--without whose participation this study could never have been undertaken.

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Fields of Study

Major Field: Health Education

Minor Field: Guidance

TABLE OF CONTENTS

Chapter

I. INTRODUCTION TO THE STUDY	1
Background of the Study	1
Statement of the Problem	5
Basic Assumptions of the Study	5
II. SURVEY OF RELATED LITERATURE	6
An Overview of Graduate Education in the United States	6
An Overview of Graduate Health Education in the United States	10
An Overview of Studies Concerned with the Status and Future Directions of Graduate Health Education	20
National Conferences For Professional Preparation in Health Education	26
Summary	30
III. METHODS, PROCEDURES AND SOURCES OF THE STUDY	33
Introduction	33
Method of Research	34
Development of the Questionnaire	34
Sources of Data	37
Collecting the Data	37
Processing and Analysis of the Data	39
Organization of Remainder of Dissertation	40
IV. DIMENSIONS OF GRADUATE SCHOOL/COLLEGE HEALTH EDUCATION	41
Age of Programs	41
Types of Degrees Granted	43
Enrollment	43
Degrees Granted	46
Educational Background of Administrators	50
Administrative Affiliations of Programs	53
Scheduling System	53
Summary	53

TABLE OF CONTENTS--Continued

Chapter

V.	PRESENTATION OF DATA CONCERNING THE FACULTY	56
	(1) Qualifications of Faculty	56
	(2) Faculty Load	65
	(3) Supporting Staff	77
	(4) Leave Policy	80
	(5) Teaching	84
	(6) Research	92
	(7) In-Service Education	100
	Summary of Data Concerning the Faculty	105
VI.	PRESENTATION OF DATA CONCERNING THE PROGRAM	110
	Program Guidelines	110
	(1) Degrees and Expected Outcomes	111
	(2) Admission Requirements	116
	(3) Degree Requirements	119
	(4) Organization of Course	133
	(5) The Core Body of Knowledge	137
	(6) Areas of Scholarly Study and Research	153
	Experimentation and Changes in Programs	156
	Summary of Data Concerning the Program	158
VII.	STRENGTHS AND WEAKNESSES OF GRADUATE SCHOOL/COLLEGE HEALTH EDUCATION PROGRAMS AS VIEWED BY ADMINISTRATORS	164
	Evaluation of Areas in Curriculum with Recommendations of Ways to Alleviate Weaknesses	167
	Major Factors Considered To Be "Right" in Graduate School/College Health Education Programming (Curriculum)	169
	Major Factors Considered To Be "Wrong" in Graduate School/College Health Education Programming (Curriculum)	171
	Evaluation of Research in Graduate Programs of School/College Health Education Programs for the Profession as a Whole	172
	Reasons Why Research is Unsatisfactory in Health Education	173
	Summary	175

TABLE OF CONTENTS--Continued

Chapter

VIII. FUTURE DIRECTIONS OF GRADUATE SCHOOL/COLLEGE HEALTH EDUCATION AS VIEWED BY ADMINISTRATORS	178
Program Areas That Need to be Emphasized Within the Next Ten Years and Reasons For This Emphasis . . .	181
Directions Graduate School/College Health Education Programs Appear to Be Moving in the 1970's	184
Mission of Graduate School/College Health Education in the 1970's and 1980's	185
Summary	187
IX. INTERPRETATIONS AND RECOMMENDATIONS	189
Some Interpretations of the Data	191
Recommendations for Future Studies	
APPENDICES	198
A. Questionnaire Prepared For This Study	199
B. Faculty and Program Guidelines From the Report of the National Conference on "Graduate Education in Health Education, Physical Education, Recre- ation Education, Safety Education, and Dance" Sponsored by AAHPER in 1967	221
C. Institutions Receiving Questionnaire--And Supplying Useable Data	245
D. Introductory Letter	251
BIBLIOGRAPHY	253

LIST OF TABLES

Table	Page
1. Year Graduate Programs in School/College Health Education Began	42
2. Type of Graduate Degrees Granted in School/College Health Education By Percentage of Total	43
3. Total Students Enrolled in School/College Health Education Graduate Programs in Spring 1971 By Sex . . .	45
4. Total "Prospective Degree Candidates" (Those Not Enrolled For One or More Courses) in School/College Health Education Graduate Programs in Spring 1971 By Sex . . .	47
5. Maximum That Can Be Enrolled in Graduate Programs of School/College Health Education Compared to Number Enrolled and Prospective Degree Candidates in Spring 1971	48
6. Number of Graduate Degrees Granted in School/College Health Education in the 1969-70 Academic Year Including Summer of 1970, Per Institution	49
7. Graduate Degrees in School/College Health Education Expected to be Granted 1970-71 Academic Year Including Summer, Per Institution	51
8. Degrees and Areas of Concentration of Administrators of Graduate Programs in School/College Health Education. .	52
9. Degree Qualifications of Graduate Faculty in School/College Health Education Programs	58
10. Specialization of Graduate Faculty in School/College Health Education Programs	59
11. Institutions Represented by Undergraduate and Highest Degrees Held by Graduate Faculty in School/College Health Education Programs	61
12. Make-up of Graduate Faculties in School/College Health Education Programs by Sex	62

LIST OF TABLES--Continued

Table	Page
13. Age Distribution of Faculty of Graduate School/ College Health Education Programs	64
14. Items Considered in Determining Total Load for Graduate Faculty	67
15. Average Credit Hours Taught in Relation to Full Time Faculty for 28 Institutions Offering Master's and Intermediate Degrees	68
16. Average Credit Hours Taught in Relation to Full Time and Part Time Faculty for 19 Institutions Offering Master's, Intermediate and Doctoral Degrees	69
17. Average Credit Hours Taught and Type of Additional Activities of Faculty in 28 Institutions Offering the Master's and Intermediate Degrees	71
18. Average Credit Hours Taught and Type of Additional Activities of Faculty of 19 Institutions Offering the Master's, Intermediate and Doctoral Degrees	73
19. Number of Research Projects Advised by Faculty in Institutions Offering the Doctoral Degree	76
20. Types of Supporting Staff Provided Graduate Faculty in School/College Health Education Programs	79
21. Institutions Granting Sabbatical Leave and Number of Current Faculty Having Received Leave	81
22. Factors Used to Determine Salary Increments and Pro- motions in Rank for Graduate Faculty in School/College Health Education	86
23. Number of Graduate Faculty, Per Institution, In Relation to Total Number of Graduate Students Enrolled Spring Term (1971) and Prospective Degree Candidates (1971) (For 28 Institutions Offering Master's and Intermediate Degrees)	88
24. Number of Graduate Faculty, Per Institution, in Relation to Total Number of Graduate Students Enrolled Spring Term (1971) and Prospective Degree Candidates (1971) (For 19 Institutions Offering Master's, Intermediate and Doctoral Degrees)	89

LIST OF TABLES--Continued

Table	Page
25. Number of Faculty Writing in the Area(s) of the Research They Advise in Relation to the Total Number of Research Projects Being Advised for 73 Faculty in 28 Institutions Offering the Master's and Intermediate Degree	93
26. Number of Faculty Writing in the Area(s) of the Research They Advise in Relation to the Total Number of Research Projects Being Advised for the 66 Faculty in 19 Institutions Offering the Master's, Intermediate and Doctoral Degree	95
27. Number of Publications of Faculty Advising Research in Graduate Programs in School/College Health Education . .	97
28. Percent of Graduate Faculty in School/College Health Education Attending Professional Conferences During 1970-71 Per Institution	101
29. Summary of Responses of 45 Institutions Providing Financial Assistance to Attend Professional Meetings	103
30. Comparative Emphasis of the Master's, Intermediate and Doctoral Degree Program According to Percentage of Responses	112
31. Availability of Community Health as a Dual or Minor Area of Concentration for Graduate Degrees in School/College Health Education	115
32. Admission Requirements of Forty-Seven Institutions in Study	118
33. Minimum Time Beyond Bachelor's Degree Required for Completing Master's Degree for 47 Institutions Offering Degree	120
34. Minimum Time Beyond Bachelor's Degree Required for Completing the Doctorate For 19 Institutions Offering Degree	121
35. Type of Evaluation Used in the Master's and Intermediate Degree Programs	123
36. Number of Institutions in Which the Thesis, or Research Project in Lieu of the Thesis is Required or Usually Taken	124

LIST OF TABLES--Continued

Table	Page
37. Type of Evaluation Used in the 19 Doctoral Degree Programs	126
38. Language Requirements for Graduate Degrees in School/College Health Education	127
39. Number of Faculty Serving as Major Advisor of Dissertation(s) in Relation to Number of Dissertations Being Advised, Specialty Qualifications of Advisor and Degree of Advisor	129
40. Percentage of Institutions Requiring a Particular Sequence of Courses in Graduate School/College Health Education Programs	133
41. Field Experiences Included in Graduate School/College Health Education Programs	136
42. General Areas Included in Graduate School/College Health Education Programs	138
43. Summary of the Areas of Concentration Outside Health Education Most Often Selected by Doctoral Candidates . .	155
44. Strengths and Weaknesses of Areas in Graduate School/College Health Education Programs	165
45. Evaluation of Theses, Intermediate Degree Projects and Dissertations in School/College Health Education for the Period, 1968-71	172
46. Emphasis That Should be Given to Topics in School/College Graduate Health Education Programs Within the Next Ten Years	179

CHAPTER I

INTRODUCTION TO THE STUDY

Background of the Study

The field of health education per se has been combined for a long time with the field of physical education. In the early beginnings of physical education in the public schools, health was identified as one of its objectives. In fact, one rationale used for including physical education in the curriculum was the "health benefits" the student would receive. For the most part the two terms health education (which many educators then accepted simply as instruction about health) and physical education were considered to be almost synonymous. Therefore, those who taught physical education also assumed the responsibility for the teaching of health. Teacher certification in health education was combined with physical education in many states, and a student majoring in physical education, for example, has generally majored in a dual or combined curriculum of health and physical education. As the field of health education began to develop and take on the program commitments of not only health instruction but also school health services and healthful school environment, the dual and combined degree programs and school responsibilities slowly began to change.

This picture is changing greatly now as evidenced by the number of institutions currently offering undergraduate and graduate programs of specialization just in health education and separate from physical education. According to a 1970 report of the School Health Education Study - hereafter referred to as SHES - there are now 104 institutions offering undergraduate and graduate degrees in health education. Of this number 87 are offering bachelor's degrees, 73 are offering master's degrees, and 30 are offering doctoral degrees in school/college and community health education. Using 1961 as a base year, this represents approximately a 50 percent increase in bachelor's degree programs, 43 percent increase in master's degree programs, and 30 percent increase in doctoral degree programs.¹

In addition, the decade of the 1960's has also seen a change in the pattern of teacher certification. Many states have begun and are beginning to move in the direction of separate certification for physical education and health education.

In an attempt to improve professional preparation in health education, physical education and recreation, the American Association for Health, Physical Education and Recreation - hereafter referred to as AAHPER - has held several national conferences over the past twenty years to recommend standards for these areas, both on the graduate and the undergraduate levels.

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¹School Health Education Study, Institutions Offering Programs of Specialization in Health Education. (Washington, D.C.: School Health Education Study, January, 1970), p. 4.

Two of these conferences have been devoted exclusively to graduate education. The first national conference for graduate education sponsored by AAHPER was held in 1950 in Pere Marquette, Illinois, for the purpose of establishing guidelines for graduate programs in health, physical education and recreation.² The most recent AAHPER conference concerned with graduate education was held in Washington, D.C. in 1967. The intent of this conference was to improve graduate programs for students in physical education, health education, recreation education, safety education and dance by establishing standards and guidelines which were felt to be needed for quality programs.³

The problem with which this dissertation is partially concerned arose out of a perceived need for a follow-up study to the AAHPER 1967 Conference on "Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education, and Dance" to determine the degree of correspondence between institutions offering graduate degrees in school/college health education and some of the guidelines established at this Conference. The determination of some of the present practices of graduate health education programs relative to some of the guidelines would seem to be one means of

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²American Association for Health, Physical Education and Recreation, Graduate Study in Health Education, Physical Education, and Recreation. Report of a National Conference on Graduate Study, 1950 (Chicago: The Athletic Institute, 1950).

³American Association for Health, Physical Education and Recreation, Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance. Report of a National Conference, 1967 (Washington, D.C.: The Association, 1967).

learning which aspects of graduate health education need attention and improvement. In addition, a determination of opinions of graduate program administrators with regard to some program strengths and weaknesses may provide direction in program improvement.

However, a determination of some of the present practices, strengths, and weaknesses may not provide a totally adequate background for the planning of future needs and demands of graduate health education. It was out of a concern for meeting future needs of school health education that the School Health Division of AAHPER sponsored the National Conference "School Health for the Seventies."⁴ It is equally necessary, if graduate programs of school/college health education are going to meet the demands of a changing world, to attempt to determine directly and specifically what some of the future needs might be. Therefore, in addition to attempting to determine the degree to which institutions offering graduate degrees in school/college health education are presently following the guidelines of the 1967 AAHPER Conference on graduate education, and in addition to ascertaining opinions of administrators relative to current strengths and weaknesses of graduate programs, this study is also concerned with the direction and focus that future graduate programs should take. Thus, in order to provide a more adequate background for planning for the future needs and demands of graduate school/college health education, opinions and recommendations of administrators concerning the

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⁴"School Health for the Seventies," Report of a National Conference, School Health Review, Vol. I, No. 1 (February, 1970), p. 3.

focus and directions of graduate programs in the next two decades were sought.

Statement of the Problem

The purpose of this study is to determine some of the current graduate health education practices relative to the faculty, the program (curriculum), strengths and weaknesses of graduate health education, and proposed emphases and focus for the profession in the next ten years. Specifically, the problems of this study are to:

1. Determine the current status of the graduate program in school/college health education in terms of enrollment, degrees, and administration.
2. Determine the degree to which those institutions offering graduate degrees in school/college health education correspond to the Faculty and Program guidelines chosen from the published report of the national conference on "Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education, and Dance," sponsored by AAHPER in 1967.⁵
3. Determine what the administrators of the graduate programs perceive as the major strengths and weaknesses of the present graduate health education programs.
4. Ascertain from the administrators what they believe the emphases and focus of graduate health education should be in the next ten years.

Basic Assumptions of the Study

It was assumed that there would be a high rate of return of questionnaires because the purpose of the study would be of relative importance to the respondents.

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⁵Ibid., pp. 30-33, 54-57.

CHAPTER II

SURVEY OF RELATED LITERATURE

This chapter is divided into four parts. The first part presents an overview of graduate education in the United States and the second section provides an overview of graduate health education in the United States. The third portion discusses research studies which have been concerned with the status, strengths and weaknesses, and future directions of graduate health education or some aspects thereof. The final section is a survey of national conferences which have been concerned with guidelines for graduate school/college health education programs.

An Overview of Graduate Education in the United States

The critical year for the beginning of graduate education in this country was in 1876 when The Johns Hopkins University was founded.¹ It was originally designed to function exclusively as a graduate institution and was the first American university to adopt the German idea of research.²

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¹Bernard Berelson, Graduate Education in the United States (New York: McGraw-Hill Book Company, Inc., 1960), p. 6.

²Oliver Carmichael, Graduate Education: A Critique and a Program (New York: Harper & Brothers, 1961), p. 13.

The system of graduate education as is known today in this country is the result of two basic influences: 1) the European system of education and 2) the cultural forces within the United States.³ Undergraduate education began in 1636 with the founding of Harvard College patterned after the English system of education. Emphasis at this time and until the 1800's was primarily on preserving the past ideas rather than the developing of new ones.⁴

While the English universities exerted the greatest initial influence on the development of the undergraduate level of higher education,⁵

The German universities were the single greatest influence on the development of graduate education in the United States. Although the American pattern was not adopted in toto, the American system is best understood as a deviation from the German concept of graduate education which placed emphasis on research and independent investigation, on the use of seminars and laboratories, on freedom of both the student and the professor to investigate and report their findings, and on an organization which separated the graduate program from the undergraduate, with the graduate faculty organized as an unitary body.⁶

There were, then, two basic concepts of the German university. First, graduate education was separate and apart from the undergraduate program and, secondly, emphasis was on original research initiated from within the university.⁷ One of the chief reasons for the German

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³John S. Brubacker and Willis Rudy, Higher Education in Transition (New York: Harper & Brothers, 1958), p. 3.

⁴Ibid., p. 98.

⁵Charles M. Grigg, Graduate Education (New York: The Center for Applied Research in Education, Inc., 1965), p. 1.

⁶Ibid., p. 5.

⁷Grigg, op. cit., pp. 2-3.

university influence on the development of the American university was the fact that during the nineteenth century large numbers of Americans went to Germany for graduate study.⁸

The German concept of graduate education being separate from undergraduate programs was modified in this country by affiliating the graduate school, which was patterned after the German model, with the undergraduate college patterned after the English model.⁹ Consequently, the initial intent of The Johns Hopkins University to function solely as a graduate institution never materialized.¹⁰

Another modification of the German system was influenced by the passage of the Morrill Act of 1862 which established land-grant colleges and gave emphasis to practical and technological research. This ". . . added research program of public service [was] initiated outside the university system." The idea was to make knowledge and learning useful outside academic life and to make it applicable and practical for the social needs and problems of the age.¹²

One of the requirements which continued to modify the initial purposes and goals of the German concept of graduate education was the continued and ever accelerating trend toward the idea that a college teacher should have a Ph.D.¹³

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⁸Berelson, op cit., p. 6.

⁹Ibid., p. 10.

¹⁰AAHPER, Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance - Report of a National Conference, 1967, op. cit., p. 12.

¹¹Grigg, op. cit., p. 3.

¹²Berelson, op. cit., p. 13.

¹³Grigg, op. cit., p. 9.

In the early 1900's philanthropic foundations played a vital role in this trend. In order to be sure that they were granting monies to bona fide colleges rather than secondary schools they began to require that institutions employ a minimum of six professors with an earned doctorate. This concern arose primarily from a desire to make it easier to determine if an institution had risen to the status of an undergraduate college.¹⁴

In 1909 and 1910 Yale University and The Johns Hopkins University urged the adoption of the master's degree, a two year program for college teachers, with the idea of reserving the Ph.D. degree for persons who would be primarily and foremost research oriented. The master's degree was not well received for this purpose as it was considered a degree for secondary school teachers rather than a college teaching degree.¹⁵

From the first attempts to establish graduate study in American institutions to the present day, controversy concerning the nature and purposes of graduate education has resulted in almost continuous debate among those engaged in higher education.¹⁶

Today, in American higher education the Ph.D. degree is not limited to those in research but is a degree earned by a wide variety of professionals--in industry, business, government, and education. What has resulted, as indicated above, is that a diversity of degree programs

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¹⁴ Ibid., p. 10.

¹⁵ Berelson, op. cit., p. 21.

¹⁶ AAHPER, Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance - Report of a National Conference, 1967, op. cit., p. 13.

with various goals and purposes, has developed in the United States.

An Overview of Graduate Health Education in the United States

In order to understand the development of graduate programs in health education, it will be helpful to have a general understanding of the development of health education in the public schools and colleges which had some influence eventually on the professional preparation for the teaching of health. This discussion of the development of health education is not intended to be detailed or complete, but rather to present a brief account focusing on a few of the major points and highlights of the development.

Several factors have influenced the development of professional preparation in health education in the United States. "Prior to World War I there were no formally organized degree programs in school health education."¹⁷

The public health movement from 1850 to the end of World War I provided a significant impetus to professional preparation in health education.¹⁸ This emphasis and concern was initiated by the 1850 public health Report of the Sanitary Commission of Massachusetts by Lemuel

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¹⁷AAHPER, Graduate Study in Health Education, Physical Education and Recreation - A Report of a National Conference on Graduate Study, 1950, op. cit., p. 8.

¹⁸Raymond A. Snyder and Harry A. Scott, Professional Preparation in Health, Physical Education, and Recreation (New York: McGraw-Hill Book Company, Inc., 1954), p. 28.

Shattuck, often considered the father of public health in this country.¹⁹ The major focus of the movement was on sanitation and disease prevention. Sanitary conditions in schools were poor. Over-crowded schools and the spread of contagious disease among school youngsters created great concern on the part of parents and public health personnel. From these experiences it was soon learned that the person himself could, if provided the necessary knowledge, protect his own health.²⁰

In writing his famous report on sanitation, Shattuck devoted a great deal of attention to the function of the school. "It contained many implications for teachers and implied children should receive instruction in the health area."²¹

The importance of health education in the school was also stressed by Horace Mann, often referred to as the father of public school education. He devoted most of the 200 pages of his Sixth Annual Report to the Board of Education in 1843 to the importance of teaching health in the schools.²²

While there had been a number of significant efforts urging the implementation of health instruction in the public schools, no nationwide movement had been initiated until the late 1800's. The first movement of this type was fostered by the Women's Christian

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¹⁹American Association for Health, Physical Education, and Recreation, Professional Preparation in Health Education, Physical Education, and Recreation - A Report of a National Conference (Washington, D.C.: AAHPER, 1962), p. 134.

²⁰Snyder and Scott, op. cit., p. 28.

²¹Ibid.

²²AAHPER, Professional Preparation in Health Education, Physical Education, and Recreation, op. cit., p. 134.

Temperance Union which was founded in 1874. Denunciation of the evil effects of alcohol, tobacco, and narcotics was their theme and one of their prime targets was the educational institutions. They crusaded for mandatory teaching of the evil effects of these three drugs in the schools. The influence of their efforts was evidenced by the fact that between 1890 and 1910, the peak years of their endeavors, thirty-eight states passed laws requiring the teaching of physiology and hygiene - the courses around which they focused their campaign.²³

Development of physical education was another influence on professional preparation in health education. "Physical training programs were considered early as a part of school hygiene. . ."²⁴

In 1892 Ohio passed a law requiring physical education in public schools. By 1913, thirty-seven states had passed such laws.²⁵

Development of physical education in the school curriculum was of great significance to professional preparation in health education because from the outset health was identified as one of the objectives of physical education and health education programs were considered as a part of the physical education program.²⁶

In general, the state laws concerned with subjects to be taught in the public schools combined the teaching of health with

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²³Richard K. Means, A History of Health Education in the United States (Philadelphia: Lea & Febiger, 1962), pp. 50-51.

²⁴Snyder and Scott, op. cit., p. 29.

²⁵Ibid.

²⁶Means, op. cit., pp. 56-57.

physical education. Consequently, the preparation for health teaching became a part of the preparation of physical educators.²⁷

The creation of the Child Health Organization in 1918 played an important role in professional preparation of health educators. At the time the organization began, there still was no institution offering a degree or specialization in health education. From 1918-1920 concerted efforts were made by the organization to encourage institutions to develop courses for health education in teacher's colleges with the idea that a group of well prepared health education teachers would become available.²⁸

The first program leading to an undergraduate degree in health education was established in 1921-22 at Teachers College, Columbia University; it was in part the result of encouragement from the Child Health Organization that prompted Teachers College to establish their program. Recognizing the need for better prepared teachers in health education, the organization appropriated funds for a scholarship for a course in health education. In 1919 they sponsored a contest and provided \$1,000 for a scholarship for the best thesis on school health education.²⁹ At the time the scholarship was offered no institution offered a degree in health education. It served to stimulate Teachers College, Columbia University to establish, in 1921-22, the first undergraduate degree in health education in the

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²⁷Ibid.

²⁸Means, op. cit., pp. 218-219.

²⁹Ibid.

country. The first degree was granted in 1922. Mary E. Spencer, a teacher from the public schools in Massachusetts, who won the scholarship, was the first person to receive the undergraduate degree in health education from a teacher's college.³⁰ The first degree in health education in a school of public health was conferred by Harvard-Technology School of Public Health in 1923. This was originally a certificate but later was changed to the Master of Public Health degree.³¹

"Between 1930 and 1950 programs for the preparation of health education specialists at the undergraduate level developed slowly."³² They were usually administered in the physical education departments.³³

Renewed interest in professional preparation of undergraduate programs in health education developed following World War II. Several national conferences for the improvement of preparation were held to improve the preparation of health educators. Among these were: 1) "The National Conference on Undergraduate Professional Preparation in Physical Education, Health Education and Recreation" sponsored by AAHPER in Jackson's Mill, West Virginia in 1948, 2) "Conference on Undergraduate Professional Preparation of Students Majoring in Health

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³⁰Ibid.

³¹Ibid., p. 221.

³²AAHPER, Professional Preparation in Health Education, Physical Education, and Recreation, op. cit., p. 140.

³³Ibid., p. 141.

Education" sponsored by the U. S. Office of Education in Washington, D.C. in 1949, 3) "The Second Conference on Professional Preparation of Students Majoring in Health Education" held in Washington, D. C. in 1953 by the U.S. Office of Education, and 4) "National Conference on Professional Preparation in Health Education, Physical Education and Recreation Education"³⁴ conducted by AAHPER in Washington, D.C. in 1962.

Within the past decade a dramatic increase in new undergraduate programs has occurred in health education. Twenty-nine new programs were added between 1967 and 1969. "This program increment appears to reflect new accreditation standards in some states and local communities to meet the demands for qualified teachers of health education in school."³⁵

Tracing the accurate and precise development of graduate work in health education is difficult because graduate programs grew out of graduate physical education programs which in turn emerged, often, as a part of graduate offerings in schools of education.³⁶

Originally, graduate offerings in health education were limited to isolated courses being offered by and large in schools of education,

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³⁴ Ibid.

³⁵ SHES, Institutions Offering Programs in Health Education, op. cit., p. 5.

³⁶ AAHPER, Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance, op. cit., p. 15.

hygiene and/or public health. Certain courses were also a part of the graduate programs in physical education. Then in the 1920's graduate programs for the purpose of preparing professionals in school health education began to emerge as a separate and distinct entity even though in most instances they retained an administrative relationship with physical education.³⁷

School and college programs in health education were originally the joint effort of education and medicine. The graduate preparation of professional personnel in school health education, however, was developed in relation to physical education.³⁸

By 1930 a number of individuals had received doctoral degrees with an emphasis in health education.³⁹

The first program of graduate work in health education was begun in 1921 at the Harvard-Massachusetts Institute of Technology School.⁴⁰ Teachers College, Columbia University, in keeping with its pioneering efforts providing specialization in health education at the undergraduate level (it was the first teachers' college to grant a degree in health education--in 1922), expanded its program.⁴¹ "Under the leadership of Dr. Thomas D. Wood, Teachers College, Columbia University pioneered in making health education a field of specialized

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³⁷Ibid.

³⁸AAHPER, Graduate Study in Health Education, Physical Education and Recreation, op. cit., p. 8.

³⁹Ibid

⁴⁰Snyder and Scott, op. cit., pp. 31-32.

⁴¹Means, op. cit., p. 220.

graduate instruction."⁴² It was the first to offer a program leading to both the master's and doctoral degrees.⁴³ The University granted its first M.A. degree in health education to Mary E. Spencer who had received the first bachelor's degree in health education from Teacher's College, Columbia University. In a personal interview with Richard K. Means she described her experiences at Columbia:

After this year of contact with the people at Columbia University and at the Child Health Organization, health education became my major interest. So I decided to continue at Columbia and in 1923 received the M.A. degree. Dr. Thomas D. Wood was head of the Department of Health at that time and Dr. Jesse F. Williams was in charge of the Department of Physical Education. During this period, I believe that the Department of Health at Columbia University stood high above any other in the country in the field. Ten years later, in 1934, I received the Doctor of Philosophy Degree also from Columbia University.⁴⁴

Master's degree programs grew steadily during the 1930's and 1940's. By 1949, according to a study Stafford and Sebern made for the U.S. Office of Education,⁴⁵ there were thirty-two institutions offering a master's degree in health education with seventeen offering the doctorate. At the same time seventy institutions were reported to be providing master's degrees in the dual major of health and physical education with fifteen offering the dual major at the doctoral level.

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⁴²Snyder and Scott, op. cit., p. 32.

⁴³SHES, Institutions Offering Programs of Specialization in Health Education, op. cit., p. 2.

⁴⁴Means, op. cit., p. 220.

⁴⁵Frank S. Stafford and Stella T. Sebern, Institutions Offering Professional Education in Health Education, Physical Education, Recreation (Washington, D.C.: Government Printing Office, January, 1949), pp. 14-19; cited by Raymond A. Snyder, "Professional Preparation in Health Education," The Journal of School Health, XXXIV (October, 1954), p. 224.

The establishment of the intermediate degrees in health education has been limited. Indiana University instituted the Health and Safety Director's degree in 1946. By 1954 five other institutions had established some type of intermediate degree program.⁴⁶

The growth and development of health education at the graduate level is difficult to show in terms of the numbers of those receiving degrees at the graduate level in health education. In 1951, because it had ". . . been difficult to find reliable information about the recruitment, enrollment, graduation and placement of health educators," the American School Health Association formed the Committee on Teacher Preparation in Health Education to survey schools for this information (later changed to the Committee on Professional Preparation in Health Education).⁴⁷

The first five reports [which covered 1947-1961] by the American School Health Association Study Committee on Professional Preparation in Health Education included information on both health education majors and dual majors in health and physical education. For this sixth report, the Committee decided that information would be included only on the health education major, and that the dual major in health and physical education would not be considered."⁴⁸

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⁴⁶Simon A. McNeeley, Undergraduate and Graduate Professional Preparation in Health, Physical Education and Recreation, Circular 403 (Washington, D.C.: Government Printing Office, 1954), p. 37; cited by Martilu Puthoff, The Doctoral Programs in Health, Physical Education, and Recreation: A Historical Case Study (unpublished doctoral dissertation, Indiana University, Bloomington, 1969), p. 101.

⁴⁷"Report of the Committee on Teacher Preparation in Health Education," J. Keogh Rash, chairman, The Journal of School Health, XXIV (January, 1954), pp. 5-6.

⁴⁸"Sixth Report: Committee on Professional Preparation in Health Education," Donald N. Boydston, chairman, The Journal of School Health, XXXIV (June, 1964), p. 287.

In this sixth report, when only health education majors were included, the number of master's degrees granted for 1961-1962 showed a decrease of 128 over the previous year (1960-1961) when figures reported included both health education majors and dual majors in health and physical education.^{49,50}

The seventh report, based on information from forty-nine institutions, revealed 172 master's degrees in just health education were granted during 1962-1963 - a 38.6 percent increase over the previous year. Twenty-five received the doctoral degree and one received the director's degree in health education.⁵¹ Additional reports of this committee have not been made since the report for 1962-1963.

An indication of the growth of health education at the graduate level since 1962-1963 is revealed in research studies by Irwin and Johns and LeMasitre. Johns and LeMasitre⁵² found the range of students enrolled in 1964-65 in doctoral programs in twenty-three institutions to be 0 to 15. A total of 115 students was enrolled during this year.

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⁴⁹Ibid., p. 289.

⁵⁰Investigator's Note: Upon investigation it appears that this first significant decrease in health education majors is accounted for by the difference in the type of data collected by the first five committees and that which was collected by the sixth committee.

⁵¹"Report (1964) of the Study Committee on Professional Preparation," The Journal of School Health, XXXV (March, 1965), p. 137.

⁵²Edward B. Johns and E. Harold LeMasitre, "Doctoral Programs in Health Education," The Journal of School Health, XXXVI (June, 1966), p. 256.

Irwin,⁵³ in surveying institutions offering the master's degree in health education other than schools of public health found 1098 enrolled in 1966. Forty-eight of the fifty institutions surveyed responded to his questionnaire. Twenty-nine reported there had been a 50 percent increase in their enrollments over the previous five years. Four indicated a decrease of about 30 percent over the past five years.

The greatest rate of growth of graduate programs has occurred within the past decade. Between 1961 and 1967 seventeen new master's degree programs were established and six new doctoral degree programs were established in health education. The greatest period of growth has occurred more recently, however. In only a two year period, from December, 1967 to December, 1969, there were 16 new programs at the master's level and an increase of three at the doctoral level. As of January, 1970, there was a total of 73 institutions offering the master's degree with 30 of these also offering the doctoral degree in school/college health education.⁵⁴

An Overview of Studies Concerned with the Status and Future Directions of Graduate Health Education

Several research studies which analyze the status, strengths and weaknesses or future concerns of graduate programs in health

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⁵³Robert P. Irwin, "A Study of the Master's Degree Program in Health Education Offered by Institutions Other Than Schools of Public Health" (unpublished Master's thesis, University of Illinois, Champaign, 1966), p. 86.

⁵⁴SHES, Institutions Offering Programs of Specialization in Health Education, op. cit., p. 5.

education have been made over the past decade.

One study of graduate programs in health education was made by Peterson⁵⁵ in the early 1960's. He analyzed doctoral programs primarily in relation to their organizational structure, the types of degrees offered, and number of institutions offering the degrees. He concluded that the profession of school health education faced

. . . three perplexities: (1) its dependency on physical education, recreation, safety and public health--particularly in combined departments; (2) its varied administrative structuring; and (3) its representation by different kinds of degrees.⁵⁶

Johns and LeMasitre made a study ". . . to determine the status of doctoral programs for health education students in colleges and universities throughout the United States."⁵⁷ Among the doctoral programs of the twenty-six institutions examined, they found a common philosophy to be an atmosphere of free inquiry where provision for an in-depth curriculum of health sciences and related fields was provided to prepare health educators for teaching, research and coordination in the community as well as in schools, colleges and universities. The major emphasis in a majority of the programs was on research. The core-areas recommended at the 1950 Pere Marquette Conference for graduate education (sponsored by AAHPER) were reported to have moderately to strongly influenced the curriculum content of the graduate

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⁵⁵Louis J. Peterson, "The School Health Education Doctoral Program: Pretention or Contribution?" The Journal of School Health, XXXII (January, 1962), pp. 23-31.

⁵⁶Ibid., p. 27.

⁵⁷Johns and LeMasitre, op. cit., p. 249.

program in the institutions studied as these were the areas most often included.⁵⁸

Irwin's⁵⁹ study which was conducted in 1966, dealt with professional preparation of health educators at the master's degree level offered by forty-eight institutions in schools other than schools of public health. His findings,⁶⁰ showed the courses most often taken were school health problems, administration, safety education, methods, school health program and community health problems. His findings also revealed an increased emphasis on community health with the number of opportunities for course work and the number of institutions reported offering specialization in community health education in addition to school health education and eleven others were planning to offer specialization in that area in their programs in the future. His findings concerning faculty load suggested a lack of emphasis on research and community service. He found flexibility in the programs and a lack of any strong degree of uniformity. No more than twenty percent of the students were reported to be receiving any type of financial assistance. Three-fourths of the graduates were reported to be placed in school and college health education positions upon completion of their degrees.⁶¹

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⁵⁸ Ibid., pp. 249, 260-261.

⁵⁹ Irwin, op. cit., p. 86.

⁶⁰ Ibid., p. 67.

⁶¹ Ibid., pp. 215-218.

Four features of the master's degree in health education were the concern of Johnson⁶² in her examination of the programs in 1968. Using a questionnaire and catalogues of the forty-five institutions, she studied admission requirements, degrees offered, graduation requirements and course offerings. Some of the results revealed that:

1. Sixty percent of the institutions used the GRE to some extent for admission.
2. A variety of master's degrees were being offered.
3. There was considerable variability in the requirements of research projects and examinations.
4. The major course emphases were in curriculum, supervision and methodology.
5. There was a lack of emphasis on the biological and social sciences.

Moore⁶³ used the guidelines established at the 1967 AAHPER Conference for graduate education to develop an instrument for obtaining information concerning the programs of nine institutions in the state of Alabama offering graduate programs in health, physical education and recreation. She analyzed these programs using this instrument, personal interviews, and bulletins for each of the institutions. In comparing her findings with the guidelines, she found that (1) teaching loads were too heavy, (2) leave policies for professional growth were inadequate, (3) course offerings in some

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⁶² Georgia L. Johnson, M.D., "Graduate Programs in Health Education at the Master's Degree Level," The Journal of School Health, XXXVIII (September, 1968), pp. 470-473.

⁶³ Jane B. Moore, Graduate Education in Health, Physical Education and Recreation in Alabama (unpublished doctoral dissertation, University of Alabama, University, 1969).

institutions for some areas were inadequate, (4) departmental purposes were not always clearly defined and (5) self-studies of graduate programs needed to be done periodically.⁶⁴

Two studies have been made within the last five years for the specific purpose of determining strengths and weaknesses of graduate education in health, using graduates of the particular program and institution being examined.

Evans⁶⁵ attempted to evaluate the doctoral program in health and safety at Indiana University by determining the extent to which these programs met the needs required by professionals in the field. The study centered around a follow-up of the graduates of the program. Using a questionnaire, fifty-nine of the sixty-four graduates responded to the survey. They were asked to evaluate the doctoral program in health and safety at Indiana University on the basis of their experience in the program. One of the major strengths of the program, as rated by the respondents who took work in both safety education and health education, was the preparation in health education. There was diversity of opinion of safety education with the majority favoring the separation of the two fields in higher education. The quality of the faculty was also rated as high. The area of greatest criticism

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⁶⁴Ibid., pp. 102-110.

⁶⁵William Dale Evans, An Evaluation of the Doctoral Program in Health and Safety at Indiana University (unpublished doctoral dissertation, Indiana University, Bloomington, 1969) p. 1.

was the required statistics course.⁶⁶

In an effort to learn the strengths and weaknesses of the graduate program in health, physical education and recreation at the University of Utah, Gary F. Evans⁶⁷ surveyed the graduates from 1949 to 1968 asking them to rate their preparation in terms of their professional duties and responsibilities. He divided the over-all graduate program into ten areas such as recreation, athletics, physical education, and health education, and had the students evaluate each of these areas. The 148 respondents rated each item in the questionnaire on a five point scale. The data were analyzed for two different time periods, 1949-1963 and 1964-1968. In general, the graduates rated all areas average or better for quality and quantity, with the exception of health education. Graduates from 1964 to 1968 indicated there was not a sufficient quantity of health education (i.e., enough courses) offered during that time on the basis of their professional needs.

In their study of the research in graduate programs in school health education, Whaley and Peterson⁶⁸ surveyed forty-six institutions with graduate programs in school health education to determine the

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⁶⁶Ibid., pp. 89-99

⁶⁷Gary F. Evans, An Evaluation of the Graduate Professional Preparation Program in Health, Physical Education and Recreation at the University of Utah, Based on a Follow-up Study of Graduates (unpublished doctoral dissertation, University of Utah, Salt Lake City, 1968) Abstract. International Dissertation.

⁶⁸Russel F. Whaley and Louis J. Peterson, "Emphases and Findings for School Health Research in Graduate Training Institutions," The Journal of School Health, XL (December, 1970), pp. 554-555.

current research emphasis, future plans, and sources of funding. Of the thirty-six responding they found: 1) twenty-three institutions were currently emphasizing research and 2) three were doing no research with ten institutions not indicating one way or the other. Fifteen reported definite plans for future problems to be researched at their institutions while fifteen indicated they had no future plans relative to research. Funding for research was found to be supplied in the vast majority of instances by the individual student and professor.

In general, these studies showed the quality of instruction in health education graduate programs to be quite adequate. The major emphasis in doctoral programs was reported to be focused on research with supervision and methodology being the major emphasis in the master's degree programs. The administrative and organizational patterns continued to be one in which health education was affiliated with some other discipline such as physical education.

From these studies it appears that the status of graduate health education has been of interest and concern to the members of the profession.

National Conferences For Professional Preparation in Health Education

There have been five national conferences within the last two decades related to the problems of concern in this study.

The first conference for graduate education was "Graduate Study in Health Education, Physical Education and Recreation" sponsored by

AAHPER and held in 1950 in Pere Marquette, Illinois. Guidelines for health, physical education, and recreation graduate programs were recommended at this conference. Recommendations for health education focused primarily on prerequisites for admission, curriculum content and faculty qualifications.⁶⁹ It was the consensus of those attending this conference that a satisfactory background in the basic health and social sciences was needed for admission to graduate health education. Recommendations for the graduate health education curriculum consisted of five core areas for both the master's and doctoral programs: 1) scientific background, 2) history, philosophy and principles, 3) administration, supervision and curriculum, 4) evaluation and research, and 5) field work. It was further noted that the doctoral program should provide more emphasis on research plus supplemental work in a related area to health education.

The U.S. Office of Education held a "Second Conference on Professional Preparation of Students Majoring in Health Education" in Washington, D.C. in 1953 for the purpose of providing those responsible for undergraduate and graduate programs in health education an opportunity to exchange ideas relative to their programs. One

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⁶⁹AAHPER, Graduate Study in Health Education, Physical Education, and Recreation - Report of a National Conference on Graduate Study, 1950, op. cit., pp. 10-14.

specific group,⁷⁰ which was chaired by J. Keogh Rash of Indiana University, dealt with the graduate programs in health education and focused primarily on the relationship between school and public health, and accreditation. In keeping with this concern the following recommendations were made:

1. Requirements for school and public health educators, which had been established at previous AAHPER and American Public Health Association (APHA) conferences, should be published together in a single document for the purposes of: 1) convenience to institutions and 2) speeding up the recognition of the common educational requirements existing for both groups.
2. The conference should lend leadership to the efforts already underway to develop acceptable means of accreditation because lack of accreditation (excluding schools of public health) impedes development of health education.
3. A document analyzing the need for school health education personnel should be developed and presented to the President's Commission on Health Needs of the Nation.

A Committee on Graduate Curriculum in Health Education,⁷¹ under the auspices of the American Academy of Physical Education, focused exclusively on curriculum content of graduate programs in health education.

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⁷⁰"Report of Group C - Graduate Programs in Health Education," Keogh Rash, chairman, Chapter VIII in Second Conference on Professional Preparation of Students Majoring in Health Education - Report of a National Conference sponsored by the U.S. Office of Education, 1953. H. F. Kilander, ed. (Washington, D.C.: Government Printing Office, 1953), pp. 24-27.

⁷¹Committee Reports on Graduate Study, Wesley P. Cushman, chairman, Report of the Committee on Graduate Curriculum in Health Education of the American Academy of Physical Education, Thirty-seventh Annual Meeting, Chicago, Illinois, March 16-17, 1966.

Meeting in 1966, this Graduate Curriculum Committee recommended four core-areas for the curriculum. The areas deemed necessary for both the master's and doctoral programs were: 1) Health Sciences, 2) Behavioral Sciences, 3) Education, the School and Society, and 4) Evaluation and Research. Greater emphasis on research and specialization which would distinguish the doctoral program from the master's program was also stressed.

In their continuing interest and concern for quality programs in graduate education, AAHPER sponsored a second national conference in 1967--"National Conference for Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance."⁷² In addition to establishing guidelines for health, physical education and recreation as was done at the 1950 Conference--"Graduate Study in Health Education, Physical Education and Recreation"--guidelines were also recommended for safety education and dance. Guidelines established for organizational patterns, the faculty, the student, methodology and instructional resources were the same for each of the five areas (health education, physical education, recreation, safety and dance). However, guidelines for the program (curriculum) were established specifically for each of the five areas by a committee of representatives from each of the respective disciplines.

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⁷²AAHPER, Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance - Report of a National Conference, 1967, op. cit.

The guidelines recommended for the faculty and the program (curriculum) were more specific and detailed than for any of the other aspects identified in the previous paragraph.⁷³ The four core areas recommended for the curriculum in health education were identical to those suggested in 1966 by the Committee on Graduate Curriculum in Health Education of the American Academy of Physical Education. The guidelines established for the faculty and the program at this 1967 Conference will be discussed in greater detail in Chapter III since these serve as the basis for a major portion of this study.

With the exception of the 1953 conference, which was sponsored by the U. S. Office of Education, the concern of all these national conferences centered around improving the quality of programs, faculty, and students in graduate education. The 1953 Conference of the U. S. Office of Education stressed accreditation and development of a closer relationship between school and public health as necessary for strengthening health education graduate programs.

Summary

Graduate education in the United States has been strongly influenced by the German concept of graduate education, by the establishment of land-grant colleges, and by the economic and cultural forces within the United States. The German concept of graduate education for the person engaged in research gradually became modified

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⁷³Ibid., pp. 30-33, 54-57.

to include programs which dealt with making knowledge and learning applicable and practical to the current social needs and problems. The Ph.D. degree no longer was restricted to the researcher but became available to college teachers as well as persons in other areas.

As the economic and cultural forces within the United States modified graduate education, these forces too modified general education. Thus, health education and physical education began to become a part of the public school curricula. Factors which influenced the development of health education in the schools were the public health and public education movements with their emphases on sanitation, disease and the role the individual could perform in protecting his own health. Including physical education in the curriculum and the efforts of the Women's Christian Temperance Union further contributed to the belief that health education should be a part of the school curriculum. As health education began to become a significant part of the curriculum the need for persons specifically prepared in the field was recognized. The Child Health Organization made a concerted effort in the 1920's to encourage institutions to establish courses that would help prepare teachers in this area. Thus, programs for preparing specialists in health education emerged slowly in undergraduate programs until 1950. Following World War II renewed interest in health education developed. During the late 1940's and 1950's national conferences for improving preparation at this level were held. Within the past decade a significant increase in undergraduate

programs in health education has emerged to meet the demands for qualified health education instructors.

Establishment of graduate programs in health education has progressed as undergraduate programs have developed with the first graduate degree being granted in 1923. Programs grew steadily in the 1930's, 1940's and 1950's with the greatest increase occurring in the 1960's.

Interest in the status of the graduate programs has been of concern to professionals in the field as evident by the number of studies in the 1960's which focused on the emphases, strengths and weaknesses, and administration of these programs.

It has been from this background that professional preparation of the health educator at the graduate level has and is emerging as concern for better preparation for the health educator increases.

CHAPTER III

METHODS, PROCEDURES AND SOURCES OF THE STUDY

Introduction

Prior to undertaking this study the investigator surveyed twenty-six of the thirty institutions offering doctoral degrees in school/college health education to determine if any of the faculty or graduates at these institutions were involved in, or contemplating, such a study. Twenty-four of the twenty-six responded to the survey. All indicated that none of their students or faculty was undertaking such a study.

Thus, a questionnaire was developed in order to conduct a survey of institutions offering graduate degrees in school/college health education. The purpose of the instrument was to collect the necessary data to determine some of the present practices, strengths and weaknesses, and future focus of these graduate programs.

During the development of the proposal and questionnaire, the investigator interviewed two health education administrators of graduate programs from institutions in the midwestern section of the United States for their suggestions and comments.

Method of Research

The survey-questionnaire technique was used in this descriptive research study because of the type of data and information needed from a large number of institutions with a wide geographical distribution. The time and money required for the personal interview made this technique prohibitive. The questionnaire, as Sax¹ points out, provides a means of contacting more persons than would be possible with the interview. Use of the questionnaire enabled the investigator to request information from the total population of concern in this study.

Development of the Questionnaire

A questionnaire (see Appendix A) was constructed to obtain information concerning the background of responding institutions, the faculty, the program (curriculum), the strengths and weaknesses, and the perceived future directions of graduate health education.

Section I - Background Information - of the questionnaire was designed to include questions that would provide data describing the types of institutions and departments included in the study. Items such as size, age and administrative structure of the programs were considered necessary for this section. This information also helped provide a basis for the type of analyses made in the study.

Questions concerning the faculty and the program - Sections II

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¹Gilbert Sax, Empirical Foundations of Educational Research (Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1968), p. 214.

and III - were developed primarily from the Faculty and Program guidelines of the published report of the national conference for graduate education sponsored by AAHPER in 1967.² It should be noted that this conference, in addition to establishing guidelines for health education, also established guidelines for four other subject matter areas at the graduate level--physical education, recreation education, safety education and dance. Further, it should be noted that this Conference, in recommending guidelines for the faculty, did not establish separate guidelines for the faculty of each of the five subject matter areas. Thus, in considering the faculty to be one of the "factors of over-all concern," the Conference recommended only one set of guidelines. The guidelines, as they were interpreted and modified for the development of The Faculty and The Program sections of the questionnaire, appear in Appendix B.

The purpose of Section IV - Major Strengths and Weaknesses - was to determine the strong and weak points of present graduate school/college health education programs as viewed by the administrators of the programs. This section was developed by using Section III of the questionnaire which was concerned with present curricula patterns, as its basis.

In constructing the final section of the questionnaire - The Future - an attempt was made to include questions concerning the focus

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²AAHPER, Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance - Report of a National Conference, 1967, op. cit., pp. 30-33, 54-57.

and emphases that probably are not presently the focus and emphasis of graduate programs. Selected professional literature and consultation with the advisor to the study served as guides for questions included in this section. Due to the length of the questionnaire, no attempt was made in this final section to be as thorough and detailed as would otherwise have been possible. It was hoped that through the fewer number of questions and open-ended questions, respondents would be motivated to present their thoughts and projections for the next ten years.

The instrument was submitted for a "trial run" to two Ohio State University professors (a survey research professor in the College of Education and an emeritus professor in the School of Health, Physical Education and Recreation) for their critical review. It was also submitted to graduate students and faculty members of the School of Health, Physical Education and Recreation when the colloquium for presentation of the prospectus of the study was held. Changes were made as the result of these.

At this point, the revised instrument was then pretested. In addition to the chairman of the Health Education Division at The Ohio State University two other respondents were requested to complete the questionnaire. In addition, they were asked to review it for phrasing and possible ambiguity of questions. Other suggestions and comments relative to their over-all reaction to the instrument were also solicited. Further refinements and revisions were made and the final draft of the questionnaire was developed (see Appendix A).

Sources of Data

Sources for the data used in this study were the administrators, or their designee, of the graduate programs in school/college health education.

The institutions and administrators surveyed in this study were those listed in a January, 1970 "directory" published by the School Health Education Study³ plus one institution suggested by the investigator's advisor (see Appendix C). These included institutions listed under the following headings in the directory: Health Education - School/College Master's Level; Health Education - School/College Doctoral Level; Programs in Process of Development, School/College Health Education (for the master's and doctoral levels only). Because the list consisted of the total number of institutions offering graduate degrees in school/college health education, sampling procedures were not employed.

Collecting the Data

The population included in the survey consisted of the total number of institutions (85) reported to be offering graduate degrees in school/college health education (see Appendix C). Persons receiving the questionnaire were administrators of the programs.

Initially, the questionnaire (see Appendix A), a letter explain-

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SHES, Institutions Offering Programs of Specialization in Health Education, op. cit., pp. 33-45, 50-55.

ing the purpose of the study (see Appendix D) and a postal card for indicating whether they would participate in the study were sent, on June 11, 1971 by first class mail to each of these. A stamped envelope for return of the questionnaire was also enclosed.

On June 25, 1971 a follow-up letter and return postal card were sent to those who had not responded to the initial letter. On July 14, 1971 a follow-up letter and return postal card were sent to those who had indicated they would participate in the study but who had not returned the questionnaire.

On August 12, 1971 another questionnaire, a return postal card and a letter were mailed to those who had indicated in June they would be away for the summer and unable to participate in the study at that time. On August 14, 1971 a personal note and another questionnaire were sent to those who had not responded at all to the study, followed by a personal note and another questionnaire on August 23, 1971 to those who indicated they would participate but who had not returned the questionnaire.

A final letter was sent on October 15, 1971 to those who indicated they would participate in the study but had not returned the questionnaire.

Of the 85 institutions canvassed six gave no response to the survey. Thirteen responded saying they would be unable to participate in the study for the following reasons: the information was too detailed and unknown, the questions did not fit the situation, the

program was too small, the administrator was on leave and a change of administrator was being made.

Four respondents indicated they would participate but did not return completed questionnaires. Five respondents returned completed questionnaires which had to be discarded. One was discarded because the institution did not begin its program until the summer of 1971. Three others were discarded because the degrees offered by the institution were in a combination or dual program of health and physical education with the final one being discarded because the institution offered only a minor in school/college health education in their graduate program.

Nine respondents responded saying their institution did not offer a graduate degree in school/college health education, leaving 47 usable questionnaires from which data for this study were obtained.

Since 14 of the 85 in the survey reported that they offered no graduate degree in school/college health education, this left 71 institutions as possible sources of data. Forty-seven usable questionnaires constituted 66.1 percent of these institutions representing a 66.1 percent return.

Processing and Analysis of the Data

Classification and tallying of data was done manually with the exception of question U in section II - The Faculty - of the questionnaire. Information from the 15 questions on these pages was coded and recorded on a Fortran Coding Form. The data were then

translated to one I.B.M. computer card for each faculty member for whom data were supplied. The coded information was processed by the I.B.M. 360/Mod 40 computer of the East Carolina University Computing Center, Greenville, North Carolina.

Following return of the questionnaires, information from these were tallied and analyzed in the following ways:

- (1) An overall analysis was made of all responding institutions offering graduate degrees in health education to determine the degree to which programs of the total group corresponded to the guidelines chosen from the Faculty and Program (curriculum) of the 1967 graduate education conference sponsored by AAHPER
- (2) An analysis of the data obtained from questions concerned with strengths and weaknesses, and future emphases and focus of graduate health education was made to determine if there was any consensus of opinion of the respondents in these two areas.

To provide more meaningful analyses simple statistics - range, mean and median - were used.

Organization of Remainder of Dissertation

The subsequent chapters in the dissertation have been organized as follows: (1) Chapter IV, Dimensions of Graduate School/College Health Education, (2) Chapter V, Presentation of Data Concerning the Faculty, (3) Chapter VI, Presentation of Data Concerning the Program, (4) Chapter VII, Strengths and Weaknesses of Graduate Programs as Viewed by Administrators, (5) Chapter VIII, The Future Directions and Mission of Graduate School/College Health Education as Viewed by Administrators, (6) Chapter IX, Interpretations and Recommendations.

CHAPTER IV

DIMENSIONS OF GRADUATE SCHOOL/COLLEGE HEALTH EDUCATION

The purpose of this chapter is to present a description of the institutions and departments in the study in terms of such factors as age, size, administrative structure and enrollment. Section I - Background Information - of the questionnaire provided the data relative to the descriptions of graduate programs that prepare persons to teach in school and/or college health education programs.

Age of Programs

The master's degree programs in this study ranged from initiation dates of 1928 through 1970 and the doctoral degree programs from 1935 through 1969. The earliest of the five institutions offering the intermediate degree began in 1940 with the most recent having begun in 1969. The years 1960 through 1970 saw the greatest period of growth for institutions offering the master's degree. A little over half of the 47 institutions included in this study began their master's degree program during these years with over a third of the doctoral degree programs having commenced during this period. The 1940 and 1950 decades saw 19 of the 47 (approximately 40 percent) institutions beginning master's degree programs with nine, or slightly over half, of the doctoral degree programs being started during this period (see Table 1).

TABLE 1^a

YEAR GRADUATE PROGRAMS IN SCHOOL/COLLEGE HEALTH EDUCATION BEGAN

	1925-29	1930-34	1935-39	1940-44	1945-49	1950-54	1955-59	1960-64	1965-69	1970	Total Institutions
Master's	1	1	2	2	6	5	6	9	13	2	47
Intermediate	0	0	0	1	1	1	0	0	2	0	5
Doctoral	0	0	3	1	3	4	1	3	4	0	19
Number of institutions offering both the master's and doctoral degrees										<u>16</u>	
Number of institutions offering the master's, intermediate and doctoral degrees										<u>3</u>	
Number of institutions offering both the master's and intermediate degrees										<u>2</u>	
Number of institutions offering the master's degree only										<u>26</u>	

^aInformation relative to the data for the date of the beginning of one master's degree program and one doctoral degree program was determined from the report Institutions Offering Programs of Specialization in Health Education published by the School Health Education Study in January, 1970 as the institutions did not report this information.

Types of Degrees Granted

Degrees granted at the master's degree level were found to be primarily a degree in art, science or education. Doctoral degrees were typically granted in philosophy and education while no pattern was seen in the intermediate degrees. One institution granted the Health and Safety Director, one the specialist degree, two Ed.S. (Education Specialist) and a fifth granted the CAGS (Certificate of Advanced Graduate Study). Table 2 reports the type and percentage of degree offerings for both the master's and doctoral degree levels of school/college health education.

TABLE 2

TYPE OF GRADUATE DEGREES GRANTED IN SCHOOL/COLLEGE HEALTH EDUCATION BY PERCENTAGE OF TOTAL

Master's Degrees	Percentage	Doctoral Degrees	Percentage
Master of Arts	40.4	Doctor of Philosophy	89.4
Master of Science	34.0	Doctor of Education	68.4
Master of Education	34.0	Other	10.5
Other	19.4		

Enrollment

The total number of students enrolled in master's degree programs (i.e., registered for one or more courses in the 1971 spring quarter or semester) in school/college health education was 1343 with

a range of 1 to 150, a median of 19.0, and a mean of 29.1. This was based on the responses of 46 institutions. The 19 institutions offering the doctoral degree reported a range of 1 to 30 with a total of 209, a mean of 11.0, and a median of 10.9. Intermediate degree programs totaled 20 with a median of 2.6 and mean of 4.0. The range for these programs was 1 to 10. The total enrolled for all three degree programs was 1572. (It is possible that this question may have been interpreted by some to mean the total number of students enrolled in graduate courses in health education--including both those working on the graduate degree and those just enrolled in a graduate course in health education.)

Table 3 presents the enrollment by sex for the three degree programs. Females outnumber males in the master's degree program with males outnumbering the females in doctoral degree programs. It was not known whether the larger number of females enrolled in the master's degree program was due to the fact that one more institution reported data for this question on females than for males because one was an all female institution. In fact, this was not the case with the doctoral programs in which male enrollment was higher than female even though again one institution reported data for females only.

The total number of prospective master's degree candidates (i.e., those not registered for one or more courses during 1971 spring quarter or semester but who are prospective candidates) in school/college health education was 586 with a range of 0 to 50, a median of 9.5, and a mean of 13.3. This was based on the responses of 44

institutions. Eighteen of the doctoral institutions reporting data for this question reported a range of 1 to 25 with a total of 140, a mean of 7.7, and median of 4.5. Intermediate degree programs totaled 12 prospective degree candidates with a mean of 2.4 and a median of 2.6. The range for these programs was 0 to 8.

TABLE 3

TOTAL STUDENTS ENROLLED IN SCHOOL/COLLEGE HEALTH EDUCATION
GRADUATE PROGRAMS IN SPRING 1971 BY SEX

	<u>Female</u> Master's	Intermediate	Doctoral
Mean	14.6	1.2	4.1
Median	9.0	2.6	3.0
Range	1-80	0-5	0-18
Total Enrolled	659	6	74
Number Responding	45	5	18
	<u>Male</u> Master's	Intermediate	Doctoral
Mean	13.2	2.8	6.1
Median	11.0	2.6	5.1
Range	0-70	0-5	0-13
Total Enrolled	584	14	105
Number Responding	44	5	17

The number of prospective degree candidates by sex for the three degree programs is shown in Table 4. As was the case in total student enrollment, female prospective degree candidates outnumbered males only in the master's degree program.

Table 5 reports the maximum number that could be enrolled in graduate programs with present staff and facilities in comparison to the combined total enrolled and prospective degree candidates in the spring of 1971. In comparing the total number enrolled plus the total number of prospective candidates (2310) with the reported total maximum (3040) that could be enrolled with the present staff and facilities a definite increase in graduate program would be possible. The complete extent of this increase cannot be determined because the number of institutions reporting data for the three levels of graduate programs varies for these three categories (total number enrolled, total number of prospective candidates and total maximum that could be enrolled).

Degrees Granted

During the academic year of 1969-70, including summer, a total of 384 master's degrees was granted by 37 institutions, six intermediate degrees were granted by three institutions and 45 doctoral degrees were granted by 13 institutions (see Table 6). Five of the 42 institutions reporting data for the master's degree did not grant any degrees. In part this was due to the age of some of the programs. Two of those reporting that no degrees were granted did not begin

offering the master's degree until 1970, a third did not begin until 1969, the remaining two began their programs prior to 1968. The two institutions not granting any intermediate degrees began their programs prior to 1965. Two of the three institutions reporting that no doctoral degrees were awarded in 1969-70 did not begin their programs until 1969; the program of the third institution was begun prior to 1965.

TABLE 4

TOTAL "PROSPECTIVE DEGREE CANDIDATES" (THOSE NOT ENROLLED FOR ONE OR MORE COURSES) IN SCHOOL/COLLEGE HEALTH EDUCATION GRADUATE PROGRAMS IN SPRING 1971 BY SEX

	<u>Female</u>		
	Master's	Intermediate	Doctoral
Mean	6.8	1.0	3.6
Median	5.2	2.0	2.5
Range	0-30	0-4	0-20
Total Not Enrolled	295	5	62
Number Institutions Responding	43	5	17
	<u>Male</u>		
	Master's	Intermediate	Doctoral
Mean	5.7	1.4	3.3
Median	4.5	2.0	3.1
Range	0-20	0-4	0-10
Total Not Enrolled	241	7	53
Number Institutions Responding	42	5	16

TABLE 5

MAXIMUM THAT CAN BE ENROLLED IN GRADUATE PROGRAMS OF SCHOOL/COLLEGE
HEALTH EDUCATION COMPARED TO NUMBER ENROLLED AND PROSPECTIVE
DEGREE CANDIDATES IN SPRING 1971

Degree	Total Enrolled 1971	Number Reporting	Total Prospective Candidates 1971	Number Reporting	Total Maximum	Number Reporting	Total Enrolled Plus Total Prospective Candidates
Master's	1343	46	586	44	2614	47	1929
Intermediate	20	5	12	5	84	5	32
Doctoral	209	19	140	18	342	19	349
Total	1572	--	738	--	3040	--	2310

TABLE 6

NUMBER OF GRADUATE DEGREES GRANTED IN SCHOOL/COLLEGE HEALTH EDUCATION IN THE
1969-70 ACADEMIC YEAR INCLUDING SUMMER OF 1970, PER INSTITUTION

Degrees	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	Total Degrees Granted	Number Responding	Mean	Median	Range
Master's	15	12	4	3	6	0	1	1	384	42	9.1	7.0	0-37
Intermediate	5	0	0	0	0	0	0	0	6	5	1.2	2.0	0-3
Doctoral	11	5	0	0	0	0	0	0	45	16	2.8	3.1	0-9

Number of institutions reported to have granted no master's degrees - 5.

Number of institutions reported to have granted no intermediate degrees - 2.

Number of institutions reported to have granted no doctoral degrees - 3.

As the questionnaire was mailed out in June, 1971, respondents were asked to report the number of degrees their department expected to grant for the 1970-71 academic year including summer of 1971. Forty-six of the 47 institutions offering master's degrees expected to grant 481 degrees during the 1970-71 academic year, including summer. Four institutions expected to grant 8 intermediate degrees and 18 institutions expected to grant a total of 69 for this same period (see Table 7). How much of the increase (123) over 1969-70 is due to increased enrollments cannot be determined because fewer institutions provided data for that year than for the year 1970-71. Based upon what was reported, nine more institutions expected to grant master's degrees in 1970-71 than the previous year, one more expected to grant intermediate degrees and five more institutions expected to grant doctoral degrees than did the previous year.

Educational Background of Administrators

Areas of concentration in the educational background of the administrators of the graduate programs varied. However, the concentrations seemed to focus around two areas - health education and physical education - either alone or in combination with some other area (see Table 8). Over three-fourths of the 43 reporting administrators holding a doctoral degree indicated that it was in health education per se separate and apart from physical education. In general, physical education was a part of the areas of concentration

TABLE 7

GRADUATE DEGREES IN SCHOOL/COLLEGE HEALTH EDUCATION EXPECTED TO BE GRANTED
1970-71 ACADEMIC YEAR INCLUDING SUMMER, PER INSTITUTION

Degrees	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	Total Degrees	Number Responding	Mean	Median	Range
Master's	21	6	8	5	2	3	0	1	481	46	10.4	7.2	1-39
Intermediate	4	0	0	0	0	0	0	0	8	4	2.0	2.0	1-4
Doctoral	16	2	0	0	0	0	0	0	69	18	3.8	2.3	1-10

TABLE 8

DEGREES AND AREAS OF CONCENTRATION OF ADMINISTRATORS OF GRADUATE
PROGRAMS IN SCHOOL/COLLEGE HEALTH EDUCATION

Degrees	Number Reporting Degree	Number Reporting Area of Concentration	Percentage with Some Type of Physical Edu- cation Concentration ^a	Percentage Having Health Education Concentration Other Than with Physical Education ^a
Bachelor's	42	39	64.1	12.8
First Master's	41	41	36.5	34.1
Second Master's	8	9 ^b	22.2	44.4
Intermediate	4	6 ^c	33.3	100.0
Doctorate	45	43	16.2	77.7

^aBased on number reporting an area of concentration

^bOne administrator holds three master's degrees with the third being recorded here.

^cTwo administrators hold two intermediate degrees each.

for a larger percentage at the bachelor's level. This area decreased with the higher degrees and health education, as an area of concentration, increased with higher degrees.

Administrative Affiliations of Programs

Thirty-five of the 47 graduate programs in school/college health education included in this study have some type of physical education administrative affiliation in the college or university administrative structure. Eleven are connected at the departmental level, eight at the division level, eleven at the school level and approximately five at the college level.

Scheduling System

Approximately 40 percent (19) of the 47 institutions operate on the quarter system with approximately 60 percent (28) operating on the semester system.

Summary

The aim of this Chapter has been to present a description of the graduate school/college health education programs in terms of such factors as age, size and enrollment. Data for this was from Section I - Background Information - of the questionnaire.

The background data reported revealed that the decade of the 1960's evidenced the greatest period of growth for graduate programs in school/college health education programs. A little over half of

all (47) of the master's degree programs included in this study initiated their program from 1960 through 1970. Over a third of the 19 doctoral degree programs were started during this same period.

Forty-six institutions reported a total enrollment for the spring, 1971, to be 1343 in the master's degree programs, five reported a total of 20 students enrolled in the intermediate degree programs with 19 institutions reporting a total enrollment in the doctoral degree programs to be 209 students for the spring of 1971. The range for the master's degree programs was 1 to 150 with a median of 19.0. The range for the intermediate degree programs was 1 to 10 with a median of 2.6. The doctoral degree programs had a range of 1 to 30 and a median of 10.9.

There appeared to be approximately the same number of males and females engaged in the master's degree programs; in the intermediate and doctoral degree programs the men outnumbered the women. In an analysis of the spring, 1971 enrollment by sex, there were more women in the master's degree programs--659 to 584. However, data for females were reported by 45 institutions (one institution is an institution for women only) and data for males by 44 institutions. The number of women was fewer in the doctoral degree programs however, even though there were 18 reporting on female enrollment and 17 for male enrollment. There were 105 males and 74 females enrolled in doctoral degree programs in the spring of 1971. The five institutions offering the intermediate degree also reported the enrollment of more males than females - 14 and six - respectively.

There was an increase in the total number of degrees granted as well as the number of institutions granting master's degrees, intermediate and doctoral degrees from 1969-70 to 1970-71. In 1969-70, 37 institutions granted a total of 384 master's degrees with three granting six intermediate degrees and 13 granting 45 doctoral degrees. Forty-six institutions reported that they expected to grant a total of 481 master's degrees during 1970-71, four reported they expected to grant eight intermediate degrees, with 18 reporting they expected to grant 69 doctoral degrees during 1970-71.

Generally, the educational background of the administrator of the program focused around two areas - health education and physical education. Physical education was more common for the bachelor's degrees of the administrator with health education being more common with the higher degrees.

The administrative pattern of the programs consisted of almost three-fourths of the 47 having some type of affiliation with physical education; this ranged from a connection at the departmental level to an affiliation at the college level. Affiliation at the school and departmental levels were those most frequently listed followed by affiliation at the division level.

CHAPTER V

PRESENTATION OF DATA CONCERNING THE FACULTY

One of the major purposes of this study is to determine the extent to which the 47 responding institutions correspond to the Faculty Guidelines chosen from the published report - Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance - of the national conference for graduate education sponsored by AAHPER in 1967. Data for this chapter were obtained from the second section of the questionnaire - Faculty Information.

Guidelines for the faculty are divided into seven categories:

1) Qualifications of the Faculty, 2) Faculty Load, 3) Supporting Staff, 4) Leave Policy, 5) Teaching, 6) Research, and 7) In-Service Education. Listed below are these seven categories with the guidelines for each of the seven. Data presented following the guideline(s) are the findings of this study related to them. For ease of reading, guidelines appear in all capital letters.

(1) Qualifications of Faculty

A MEMBER OF THE GRADUATE FACULTY IN HEALTH EDUCATION SHOULD HOLD AN EARNED DOCTORATE OR ITS EQUIVALENT.

Over half (61.7 percent) of the 47 institutions in the study had entire faculties which hold the doctorate or the equivalent as

indicated in Table 9. A greater percentage (78.9 percent) of institutions offering the doctorate reported entire faculties holding the doctorate or the equivalent than did institutions not offering the doctorate (50 percent). Of the 284 total faculty teaching in graduate programs in school/college health education only 13 percent or 37 do not hold the doctorate or the equivalent. A greater percentage of these (83.7 percent of 31) were located in institutions which did not offer the doctorate; only 16.1 percent (6 of the 37) were located in institutions offering the doctorate. This indicates that 18.4 percent of the total (31 of 168) faculty in institutions not offering the doctorate do not hold the doctorate or the equivalent; six of 116 (5.1 percent) of faculty in institutions offering the doctorate do not hold the doctorate or the equivalent.

EACH MEMBER OF THE GRADUATE FACULTY SHOULD BE QUALIFIED IN ONE OR MORE AREAS OF SPECIALIZATION.

Responses that deal with specialization of the faculty were given for 260 of the 284 total faculty reported in Table 9. As shown in Table 10, all but nine faculty of the 260 were reported to have at least one area of specialization. These nine faculty members are located in four institutions which do not offer the doctorate. It should be noted that the criteria for assessing qualifications for specialization were determined by each respondent.

Respondents were asked to list the areas of specialization in two separate categories - Special Health Content and Special Health

TABLE 9

DEGREE QUALIFICATIONS OF GRADUATE FACULTY IN
SCHOOL/COLLEGE HEALTH EDUCATION PROGRAMS

	For 28 Institutions Offering Master's and Intermediate Degrees	For 19 Institutions Offering Master's and Intermediate Degrees
Number of institutions with all faculty holding doctorate	10	15
Number of institutions with all faculty holding doctorate or the equivalent	4	0
Number of institutions with over half the faculty holding doctorate	10	4
Number of institutions with less than half the faculty holding doctorate	4	0
Total institutions	28	19
Number of faculty with doctorate	130	110
Number of faculty with equivalent to doctorate	7	0
Number of faculty without doctorate or equivalent	31	6
Total faculty	168	116

TABLE 10
SPECIALIZATION OF GRADUATE FACULTY IN SCHOOL/COLLEGE
HEALTH EDUCATION PROGRAMS

	For 28 Institutions Offering Master's and Intermediate Degrees			For 19 Institutions Offering Doctoral, Intermediate and Master's Degrees		
	Number of Faculty	Number of Institutions Represented	Percent of Total Fac- ulty (162)	Number of Faculty	Number of Institutions Represented	Percent of Total Fac- ulty (98)
Total for whom data were supplied	162	28	--	98	19	--
Qualified to teach Special Health Content courses such as drugs	142	28	87.6	93	19	94.8
Qualified to teach Special Health Program courses such as Curriculum	128	28	79.0	80	19	81.6
Held no specialization in either Special Health Con- tent or Program areas	9	4	5.5	0	0	0
Teaches graduate course a year in Special Health Content area	84	27	59.1 ^a	84	19	90.3 ^a
Teaches graduate course a year in special Health Program area	99	24	77.3 ^b	71	17	88.7 ^b
Teaches one undergraduate course annually	143	28	88.2	76	17	77.5

^aPercentage refers to the percent of the number of faculty reported to be qualified in Special Health Content areas and not a percentage of the entire faculty.

^bPercentage refers to the percent of the number of faculty reported to be qualified in Special Health Program areas and not a percentage of the entire faculty.

Program. In Health Content specialization, drugs, sex education and safety education led the list in that order for all institutions--those offering the doctorate and those not offering the doctorate. In Health Program specialization, curriculum led the list for both types of institutions. For the Health Program category, in institutions not offering the doctorate, school health program was second with administration, methods and materials, and evaluation being tied for the third most frequently listed areas. For the Health Program category, in institutions offering the doctorate, methods and materials was second with community health being the third most frequently listed area.

THE FACULTY SHOULD BE SELECTED SO THAT THE GRADUATE PROGRAM IS TAUGHT BY PROFESSORS WHO HAVE RECEIVED THEIR UNDERGRADUATE AND TERMINAL DEGREES FROM MANY DIFFERENT INSTITUTIONS.

All of the 47 institutions reported their programs to be composed of faculties in which at least 50 percent of the undergraduate degrees held by their faculty were earned at several different institutions (see Table 11). A similar picture is true of the highest degrees held by faculties with the exception of four institutions. These four were composed of faculties in which less than half held their highest degrees from different institutions.

THE FACULTY SHOULD BE COMPOSED OF BOTH MEN AND WOMEN

Graduate programs are taught predominately by men with 70.4 percent of the faculty of the 47 institutions included in this study being men. Table 12 indicates that almost half (47.3 percent) of

TABLE 11

INSTITUTIONS REPRESENTED BY UNDERGRADUATE AND HIGHEST DEGREES HELD BY GRADUATE
FACULTY IN SCHOOL/COLLEGE HEALTH EDUCATION PROGRAMS

	Different for Less Than Half Faculty in Institution	Different for Half of Faculty in Institution	Different for Over Half Faculty in Institution	Different for All Faculty in Institution	Total Institutions Reporting
<u>Undergraduate Degrees</u>					
Institutions offering Master's and Intermediate Degrees	0	1	9	18	28
Institutions offering Master's, Intermediate and Doctoral Degrees	0	1	3	15	19
<u>Highest Degrees</u>					
Institutions offering Master's and Intermediate Degrees	2	3	9	14	28
Institutions offering Master's, Intermediate and Doctoral Degrees	2	1	9	7	19

TABLE 12

MAKE-UP OF GRADUATE FACULTIES IN SCHOOL/COLLEGE
HEALTH EDUCATION PROGRAMS BY SEX

	None are Men	Less Than Half are Men	Half are Men	Over Half are Men	All are Men	Total Number of Institu- tions Reporting	Total Number of Faculty	Total Number of Men
For Institutions Offering Master's and Intermediate Degrees	1	4	0	16	7	28	168	121
For Institutions Offering Master's, Intermediate and Doctoral Degrees	0	3	2	5	9	19	116	89
Total	1	7	2	21	16	47	284	200

the doctoral degree programs are taught by faculties composed entirely of men with 25 percent of the institutions not offering the doctorate being composed of all male faculties (one institution reported an all female faculty).

AGE DISTRIBUTION SHOULD BE CONSIDERED IN THE SELECTION AND RETENTION OF FACULTY.

To determine the age distribution of faculties, respondents were asked to report the number of their faculty who were above age 45 and who were above age 30.

Eight institutions of the 46 reporting information for these questions reported all members of their faculty to be above age 45. Only one institution reported no faculty member to be above age 45; 15 reported having at least one below age 30. Table 13 reveals that 45.6 percent of the faculty for whom data were reported for the 46 institutions are above age 45, 14.2 percent of the total being under age 30, and 40.2 percent between ages 30 and 45.

In summary, guidelines in the category of Qualifications of the Faculty focused on such factors as age, sex, and educational background of faculty teaching in school/college health education graduate programs.

The vast majority of the faculty were reported to hold the doctoral degree. Generally, both the undergraduate degree and the highest degree held by the faculty was received from a variety of institutions. Most faculty were reported to be specialized in at

TABLE 13

AGE DISTRIBUTION OF FACULTY OF GRADUATE
SCHOOL/COLLEGE HEALTH EDUCATION PROGRAMS

Number of Institutions with Faculty:	Institutions Offering Master's and Intermediate Degrees	Institutions Offering Master's, Intermediate and Doctoral Degrees	Total
all above 30	20	11	31
all above 45	4	4	8
one or more above 45	26	19	45
at least one above and one below 30	7	8	15
Total Institutions Reporting	27	19	46
Number of Faculty:			
above 45	76	49	125
above 30	142	93	235
under 30	16	23	39
between 30 and 45	66	44	110
Total Faculty	158	116	274

least one area of specialization - either Special Health Content such as drugs and sex education or Special Health Program such as health education curriculum and the school health program.

Eight institutions indicated that all of the faculty members were above age 45. Over half of the institutions, however, showed a faculty of varying ages represented by members both under 45 and above age 45.

The data revealed that the graduate programs are taught predominately by men. Almost half of the doctoral degree programs are composed of all male faculties with 25 percent of those programs not providing the doctoral degree consisting of all male faculties.

(2) Faculty Load

THE MAXIMUM LOAD OF THE GRADUATE FACULTY SHOULD BE THE EQUIVALENT OF TEACHING NINE SEMESTER HOURS. AT LEAST HALF OF THE PROFESSOR'S CREDITED LOAD MAY BE DEVOTED TO SUCH ACTIVITIES AS RESEARCH, SCHOLARLY ENDEAVORS, CREATIVE CONTRIBUTIONS, PUBLICATIONS AND PROFESSIONAL LEADERSHIP.

Respondents were asked to state the number of credit hours considered to be the expected total load a faculty member must assume each term (semester/quarter) as a member of the graduate faculty. Of the 43 institutions responding to this question over half (22) reported the load to be 12 hours a term (semester/quarter) with 13 reporting nine or less and four reporting between 9 and 12. Two reported that 15 hours was the expected load with two reporting that the expected load was different for different ranks.

Sixteen (34.0 percent) reported that their institutions had a formula for determining faculty load with 21 (44.6 percent) reporting

that their institutions did not have such a formula. Ten (21.2 percent) responded either with a check mark or dash and thus the investigator was unable to determine from these whether the institution did or did not have a formula.

Fourteen respondents described the formula used for their institution and/or department. There was such a diversity of formulas that no summary or consensus could be determined.

Table 14 indicates that "classes taught," "administrative duties," and "thesis and dissertation advising," in that order, are the three items used by the greatest number of institutions in determining total load for the graduate faculty. "Services to professional organizations" was checked by the least number of respondents from institutions offering the doctoral degree with community services and projects being checked by the least number of respondents from institutions not offering the doctorate. Data concerning the average number of credit hours taught by each faculty member were reported for 240 of the total 284. Table 15 provides data for 153 faculty from 28 institutions not offering the doctorate. Eighty-nine located in 23 institutions, were reported to average more than nine credit hours of teaching. Table 16 provides data for 87 faculty from 17 of the 19 institutions offering the doctorate. Thirty-six, located in eight institutions, were reported to average more than nine credit hours of teaching.

Many of the faculty with an average teaching load of less than nine credit hours, as Tables 15 and 16 show, were reported to be part-

TABLE 14

ITEMS CONSIDERED IN DETERMINING TOTAL LOAD FOR GRADUATE FACULTY

	For Institutions Offering Master's and Inter- mediate Degrees	Percent Checking Items	Institutions Offering Master's, Intermedi- ate and Doctoral Degrees	Percent Checking Items
Classes taught	28	100	19	100
Thesis and dissertation advising	16	57.1	14	73.6
Individual studies directing	13	46.4	11	57.8
College committees and projects	5	17.8	6	31.5
Community services and projects	2	7.1	5	26.3
Services to professional organi- zations	4	14.2	4	21.0
Personal research and scholarly projects	9	32.1	7	36.8
Administrative duties	20	71.4	16	84.2
Other	3	10.7	2	10.5
Number responding	28	100	19	100

TABLE 15

AVERAGE CREDIT HOURS TAUGHT IN RELATION TO FULL TIME FACULTY FOR 28
INSTITUTIONS OFFERING MASTER'S AND INTERMEDIATE DEGREES

Average Credit Hours Taught	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Number of Full Time Faculty	2	1	1	5	1	4	15	3	6	53	2	1	0	92
Number of Faculty Part Time in Some Other Area Such as Physical Education	10	3	1	3	1	0	5	2	0	19	0	2	1	48
Number of Faculty Part Time on Campus	6	2	0	3	0	0	2	0	0	0	0	0	0	13
Total Faculty For Whom Data Were Supplied	18	6	1	11	2	4	22	5	6	72	2	3	1	153
Number of Institutions Represented	6	3	1	10	2	3	11	4	2	21	1	1	1	28

Total number of institutions with at least one faculty member who averages teaching more than nine credit hours a term - 23

Total number of faculty who average teaching more than nine credit hours a term - 89

TABLE 16

AVERAGE CREDIT HOURS TAUGHT IN RELATION TO FULL TIME AND PART TIME FACULTY FOR 19
INSTITUTIONS OFFERING MASTER'S, INTERMEDIATE AND DOCTORAL DEGREES

Average Credit Hours Taught	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Number of Full Time Faculty	0	4	0	10	1	6	16	9	0	24	0	0	0	0	70
Number of Faculty Part Time in Some Other Area Such as Physical Education	2	0	0	0	0	0	2	0	0	2	0	0	0	1	7
Number of Faculty Part Time on Campus	4	2	0	4	0	0	0	0	0	0	0	0	0	0	10
Total Faculty For Whom Data Were Supplied	6	6	0	14	1	6	18	9	0	26	0	0	0	1	87
Number of Institutions Represented	5	5	0	8	1	4	5	4	0	7	0	0	0	1	17

Total number of institutions with at least one faculty member who averages teaching more than nine credit hours a term - 8

Total number of faculty who average teaching more than nine credit hours a term - 36

time, i.e., either teach in some other field such as physical education or teach 50 percent or less on the given campus.

THE MAXIMUM NINE HOURS OF FORMAL CLASS ASSIGNMENT PER WEEK SHOULD BE REDUCED IN PROPORTION TO THE PERCENTAGE OF TIME DEVOTED TO STUDENT ADVISING AND COUNSELING, THESIS AND DISSERTATION ADVISING, THE DIRECTION OF INDIVIDUAL STUDY AND TO COLLEGE AND COMMUNITY SERVICE AS DETERMINED BY LOCAL POLICY. MEMBERSHIP ON COMMITTEES, PARTICIPATION IN SPECIAL ASSIGNMENTS WITHIN THE TOTAL ACADEMIC ENVIRONMENT AND SERVICE TO THE COMMUNITY ARE FACTORS WHICH SHOULD BE CONSIDERED IN THE COMPUTATION OF TEACHING LOADS.

In an attempt to determine the more complete load of faculty members the respondent was asked to indicate, in addition to the average credit hours taught, other duties and activities, such as advising research and participating in campus and community activities, performed by each faculty member. Table 17 shows that the average number of credit hours taught, and other activities performed by faculty was reported for 153 faculty from 28 institutions not offering the doctorate. The majority (100) of those 153 were reported to average nine credit hours of teaching plus being involved in either a community or campus activity and/or being engaged in advising theses or research projects. Table 18 provides the same data for 87 faculty located in 17 of the 19 institutions offering the doctorate. The majority (54) of these 87 were reported to average nine credit hours of teaching plus being involved in either a community or campus activity and/or being engaged in advising theses, dissertations or research projects.

TABLE 17

AVERAGE CREDIT HOURS TAUGHT AND TYPE OF ADDITIONAL ACTIVITIES OF FACULTY IN 28
INSTITUTIONS OFFERING THE MASTER'S AND INTERMEDIATE DEGREES

Average Credit Hours Taught	3	4	5	6	7	8	9	10	11	12	13	14	15	Faculty With No Hours Reported	Total
Total Number of Faculty	18	6	1	11	2	4	22	5	6	72	2	3	1	9	162
Number of Institutions Represented	6	3	1	10	2	3	11	4	2	21	1	1	1	6	28
Number Participating in Campus Activities Outside Department (1970-1971)	10	4	1	6	2	4	17	4	6	47	2	3	1	7	114
Number Participating in Community Health Projects (1970-1971)	11	2	1	8	2	4	13	5	4	49	2	3	1	5	110
Number Advising Theses	1	1	1	6	1	3	15	4	5	34	0	2	0	0	73
Number Advising Intermediate Degree Projects	0	0	0	0	0	1	0	0	0	0	0	1	0	0	2
Number Advising and Participating in One Activity (Campus or Community)	1	1	0	3	0	0	3	1	2	5	0	0	0	0	16

TABLE 17--Continued

Average Credit Hours Taught	3	4	5	6	7	8	9	10	11	12	13	14	15	Faculty With No Hours Reported	Total
Number Advising and Participating in Two Activities (both community and campus)	0	0	1	3	1	3	8	3	3	25	0	2	0	0	49
Number Participating in One Activity Only (campus or community)	4	1	0	3	0	0	1	1	0	13	0	0	0	4	27
Number Participating in Two Activities Only (campus and community)	8	2	0	1	1	1	5	0	1	15	2	1	1	4	42
Number Advising Only	0	0	0	0	0	0	4	0	0	4	0	0	0	0	8
Number Doing None of Above	5	2	0	1	0	0	1	0	0	10	0	0	0	1	20

Total number of faculty for whom credit hours were reported - 153

Total number of faculty who average nine or more credit hours of teaching plus being involved in either a community or campus activity and/or advising research - 100

TABLE 18

AVERAGE CREDIT HOURS TAUGHT AND TYPE OF ADDITIONAL ACTIVITIES OF FACULTY OF 19 INSTITUTIONS
OFFERING THE MASTER'S, INTERMEDIATE AND DOCTORAL DEGREES

Average Credit Hours Taught	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Faculty With No Hours Reported	Total
Total Number of Faculty	6	6	0	14	1	6	18	9	0	26	0	0	0	1	11	98
Number of Institutions Represented	5	5	0	8	1	4	6	4	0	7	0	0	0	1	3	19
Number Participating in Campus Activities Outside Department (1970-1971)	4	4	0	12	1	5	17	7	0	25	0	0	0	1	6	82
Number Participating in Community Health Project (1970-1971)	3	3	0	12	1	4	15	7	0	16	0	0	0	0	7	68
Number Advising Theses	0	2	0	5	0	5	17	4	0	20	0	0	0	0	1	54
Number Advising Intermediate Degree Projects	0	0	0	3	0	1	5	0	0	0	0	0	0	0	0	9
Number Advising Dissertations	1	3	0	7	1	5	10	2	0	14	0	0	0	0	3	46

TABLE 18--Continued

Average Credit Hours Taught	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Faculty With No Hours Reported	Total
Number Advising and Participating in One Activity (campus or community)	0	1	0	1	0	1	1	2	0	8	0	0	0	0	2	16
Number Advising and Participating in Two Activities (both campus and community)	1	3	0	8	1	3	11	2	0	12	0	0	0	0	2	43
Number Participating in One Activity Only (campus or community)	2	0	0	2	0	0	6	2	0	3	0	0	0	1	2	18
Number Participating in Two Activities Only (campus and community)	2	0	0	3	0	0	0	3	0	3	0	0	0	0	2	13
Number Advising Only	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2
Number Doing None of Above	1	2	0	0	0	0	0	0	0	0	0	0	0	0	3	6

Total number of faculty for whom credit hours were reported - 87

Total number of faculty who average nine or more credit hours of teaching plus being involved in either a community or campus activity and/or advising research - 54

NO FACULTY MEMBER SHOULD ADVISE MORE THAN FIVE DOCTORAL DISSERTATIONS AT A GIVEN TIME. IF MASTER'S THESES CONSTITUTE PART OR ALL THE LOAD AN INCREASED NUMBER MAY BE JUSTIFIED.

Only 21.2 percent (10) of the 47 institutions offering the master's degree had an established maximum number that could be advised by a faculty member at any given time. The remaining, with the exception of one who did not respond, reported that no maximum was established in their departments. The maximum ranged from two to eight. One of the five institutions offering the intermediate degree reported an established maximum number of two intermediate degree projects that could be advised by a faculty member. The remaining four did not report a maximum number. A similar pattern was reported by institutions offering the doctorate with 17 (89.4 percent) of the 19 reporting no maximum to be established. Two (10.5 percent) reported a maximum to be three dissertations and a combination of six theses and dissertations that could be advised at any given time by any faculty member.

Table 19 indicates the number of research projects being advised by faculty in institutions offering the doctorate. Faculty who exceeded the recommended number (maximum) of five dissertations to be advised at any one time were those who were advising theses in addition to dissertations. A total of five institutions reported 11 faculty who were advising more than the recommended number since they were advising at least five dissertations, or more, in addition to advising theses and/or intermediate degree projects.

TABLE 19

NUMBER OF RESEARCH PROJECTS ADVISED BY FACULTY IN INSTITUTIONS OFFERING THE DOCTORAL DEGREE

Number of Projects Advised	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total
Faculty Advising Theses <u>Only</u>	6	6	1	1	0	0	0	0	3	0	1	0	0	0	0	0	0	0	0	2	20
Number of Institutions Represented	4	4	1	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	2	10
Faculty Advising Disserta- tion <u>Only</u>	3	3	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Number of Institutions Represented	3	3	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Faculty Advising Combina- tion of Theses, Projects and Dissertations	0	3	3	3	4	3	5	3	0	4	3	0	0	3	0	1	0	1	0	0	36
Number of Institutions Represented	0	3	3	3	4	3	3	3	0	2	3	0	0	1	0	1	0	1	0	0	13

Total number of faculty advising was 66 (all hold doctoral degrees) representing 18 institutions.

Total number of faculty advising five, or more, dissertations and also advising master's and/or intermediate degree projects was 11 from five institutions.

Three were advising five dissertations plus theses.

Two were advising six dissertations plus theses.

One was advising seven dissertations along with theses advising.

Five were advising eight dissertations in addition to advising theses.

In summary, the number of credit hours taught for a term, responsibilities in addition to teaching and suggestions for establishing the load for the faculty were the concerns of this section of guidelines entitled Faculty Load.

Findings in this category show that over half (125 of 240) of the faculty for whom information was supplied average teaching more than nine credit hours a term (semester/quarter). The percentage of institutions offering the doctorate and reporting faculty who teach more than nine credit hours a term was smaller (8 out of 19) than institutions not offering the doctorate (23 of 28). Thirty-six are in eight institutions offering the doctorate and 89 are located in 23 institutions not offering the doctorate.

In addition to teaching, the majority of all the faculty (260) for whom data were supplied were involved in community or campus activities, and/or engaged in advising research projects of students.

The majority of faculty advising dissertations were advising less than five. Five institutions showed a total of 11 faculty who were advising five, or more, dissertations in addition to advising theses and/or intermediate degree projects.

(3) Supporting Staff

THE GRADUATE FACULTY SHOULD BE ASSISTED BY SUCH PERSONNEL AS RESEARCH ASSISTANTS OR FELLOWS, DEPARTMENTAL LIBRARIANS, AUDIO-VISUAL TECHNICIANS, COMPUTER AND MACHINE OPERATORS, SECRETARIES AND CLERKS.

At least half or more of all institutions (47) reported that they provided supporting staff in each of the six categories listed

in Table 20. Clerical and secretarial aid led the list of available staff support with over 90 percent reporting this to be available. However, over half (55.5 percent) of the 11 institutions offering the doctorate, and in which clerical aid was reported to be provided, considered it to be "Less than Adequate." Approximately one-fourth (26.9 percent) of the 26 institutions not offering the doctorate, and for whom this aid is provided, indicated it to be "Less than Adequate."

Fewer institutions reported the provision of research assistants than any of the six types of supporting staff listed in Table 20. Well over three-fourths which provide research assistants also reported this type of staff to be "Less than Adequate."

While a fairly high percentage (over 70 percent) of the institutions reported the provision of teaching assistants, over half reported these to be "Less than Adequate" with the greatest inadequacy being reported from institutions not offering the doctorate.

In summary, the supporting staff guidelines provided a recommendation for the type of personnel needed for the assistance of the graduate faculty.

At least half or more of all 47 institutions provided all six types of supporting staff presented in Table 20. With the exception of audio-visual technicians, a greater percentage of institutions offering the doctorate reported providing supporting staff for their faculty than institutions not offering the doctorate. However, the greater percentage of institutions reporting supporting staff to be "More than Adequate" were those who do not offer the doctorate.

TABLE 20

TYPES OF SUPPORTING STAFF PROVIDED GRADUATE FACULTY IN
SCHOOL/COLLEGE HEALTH EDUCATION PROGRAMS

For 28 Institutions Offering Master's and Intermediate Degrees				
Percentage Providing Assistance	Type of Assistance	Adequacy of Assistance (Percent- age of those providing assistance)		
		More than adequate	Adequate	Less than adequate
50.0	Research assistants	0	0	100
71.4	Teaching assistants	5.0	25.0	70.0
82.1	Audio-visual technician	39.1	34.7	26.0
64.2	Computer and machine operator	22.2	50.0	27.7
92.8	Clerical and secre- tarial aid	7.6	65.3	26.9
53.5	Departmental or division librarian	6.6	33.3	60.0
10.7	Other	33.3	0	66.3
For 19 Institutions Offering Master's Intermediate and Doctoral Degrees				
57.8	Research assistants	0	18.1	81.8
84.2	Teaching assistants	0	43.7	56.2
73.6	Audio-visual technician	0	100	0
84.2	Computer and machine operator	6.2	81.2	12.5
94.7	Clerical and secre- tarial aid	0	44.4	55.5
57.8	Departmental or division librarian	0	54.5	45.4
0	Other	0	0	0

Clerical aid led the list of available supporting staff for both types of institutions. Fewer of the 47 institutions provided research assistants and departmental librarians than any of the six types of staff listed in Table 20 with research assistants considered to be the least adequately provided of the two.

(4) Leave Policy

EACH GRADUATE FACULTY MEMBER SHOULD BE GRANTED A SABBATICAL LEAVE IN EACH SEVEN YEAR PERIOD OF SERVICE FOR THE PURPOSE OF SELF-IMPROVEMENT AND PROFESSIONAL SERVICE.

A total of 39 of 47 (82.9 percent) reported that their institutions granted a sabbatical leave in at least each seven year period of service for the purpose of self-improvement or professional service. A greater percentage of the institutions not offering the doctorate (89.2 percent of 28) were reported to grant this than institutions offering the doctorate (73.6 percent of 19).

Only a small percentage (see Table 21) of the current faculty were reported to have received such a leave. Sixteen of the 39 institutions granting leaves reported that no current faculty had received such a leave. However, 12 of the 16 (75 percent) of the institutions in which no current faculty had received such a leave either began their program less than seven years prior to the study or no faculty member had been at the institution long enough to receive a leave.

Thirty-seven of the 39 institutions reported that they provided some type of remuneration during this leave; two institutions did not answer this question. The following two paragraphs contain a summary

TABLE 21

INSTITUTIONS GRANTING SABBATICAL LEAVE AND NUMBER OF CURRENT
FACULTY HAVING RECEIVED LEAVE

	Number of Institutions Granting Leave	Number of Institutions With No Staff Having Taken Leave	Number of Institutions With Staff Having Taken Leave	Number of Institutions Not Reporting	Total Number of Staff Who Have Taken Leave
For Institutions Offering Master's and Intermediate Degree	25	11 ^a	13	1	34
For Institutions Offering Master's, Intermediate and Doctoral Degree	14	5 ^b	9	0	22
Total	39	16	22	1	56

^aEight of these did not begin their graduate program until 1965 or later and one reported that no faculty member had been on the staff seven years.

^bThree of these institutions did not begin their graduate programs until 1964 or later.

of the types of remuneration reported by the institutions granting sabbatical leaves.

The most frequent type of remuneration reported by institutions not offering the doctorate was a policy in which the faculty member could receive full pay for one term (semester or quarter), or half or more of his pay if he elected to be on leave for more than one term - the percentage of pay being determined by the length of his leave. The percentage of his salary would be less the longer he chose to be on leave and more the shorter his leave. Forty percent, or 10 of 25 institutions reported this type of remuneration policy. The second, 32 percent or eight of 25 institution's, most frequent type of policy described consisted of partial salary payment ranging from 40 to 80 percent depending on duration of the leave. Only 12 percent or 3 institutions reported that full pay for leave was provided without any specification as to the extent of the time of the leave. One institution (4 percent) reported that the type of remuneration was dependent on the type of leave, etc. Two (8 percent) of the 25 granting sabbatical leaves did not answer this question.

Similar policies were reported by institutions offering the doctorate. Thirteen (92.8 percent) of the 14 granting leaves described a policy in which the faculty member could receive full pay for one term or specified amount of time such as six months, or half or more of his pay if he elected to go for a longer period of time with the percentage being determined by the length of his leave. The longer the leave the smaller the percentage of his salary for the duration of his leave.

Only one (7.1 percent) reported that its institution granted full salary for duration of the leave.

FACULTY SHOULD BE GRANTED PERIODIC LEAVES OF ABSENCE IN ORDER TO UNDERTAKE A SIGNIFICANT ACADEMIC PROJECT FOR WHICH THEIR RECOGNIZED SPECIALIZED COMPETENCE IS REQUIRED OR WHEN AN UNUSUAL AND SIGNIFICANT OPPORTUNITY BECOMES AVAILABLE TO THEM.

The opportunity for faculty members to take periodic leaves such as a quarter or semester to engage in a special project such as developing a curriculum for a school system, was available in 35 (72.3 percent) of the 47 institutions included in this study; 14 were institutions offering the doctorate and 21 were institutions not offering the doctorate. There was a total of 27 faculty from 13 institutions who participated during the 1970-71 academic year. The greater number of these faculty (20) were from institutions offering the doctorate. Representation by number of institutions was about equal with six institutions not offering the doctorate granting leaves to faculty and seven institutions offering the doctorate granting leaves.

In summary, guidelines for two types of leave--sabbatical leave for self-improvement and leave for the purpose of undertaking some kind of academic project--were presented in the category of Leave Policy.

Over 80 percent of the 47 institutions surveyed allowed sabbatical leaves to faculty for the purpose of self-improvement and service. A higher percentage of institutions not offering the doctorate granted this than was the case for institutions offering the

doctorate. Only two of the 39 institutions that reported granting a sabbatical did not provide some type of remuneration while the faculty member was on leave.

Almost three-fourths of the 47 institutions indicated that a faculty member is allowed to take periodic leaves of absence in order to undertake some kind of academic project. The greater number of faculty who took such leaves during the 1970-71 academic year were located in institutions offering the doctorate.

(5) Teaching

THE GRADUATE FACULTY SHOULD TEACH COURSES IN HIS AREA OF SPECIALTY. WHERE UNDERGRADUATE PROGRAMS EXIST IT IS DESIRABLE FOR HIM TO TEACH AN UNDERGRADUATE COURSE AS WELL.

Table 10 shows that 94.4 percent of faculty from the 28 institutions not offering the doctorate have some type of specialty teaching area and 100 percent of the faculty in institutions offering the doctorate have at least one type of specialization - either in the areas of Health Content or Health Program.

In doctoral degree institutions, 84 (89.2 percent) of the 93 faculty reported to be qualified in a Special Health Content area also teach a graduate course annually in this area. Seventy-one (80.8 percent) of the 80 qualified in the Special Health Program category teach graduate courses in that area of specialty, also.

For institutions not offering the doctorate a smaller percentage teach graduate courses in the area of their specialty than faculty located in institutions offering the doctorate. Eighty-four

(59.1 percent) of the 142 qualified in Special Health Content teach a graduate course in their specialty area with 99 (77.3 percent) of the 128 who are qualified in a Special Health Program area teaching a graduate course annually in that area.

It cannot be accurately ascertained from the data reported how many teach undergraduate courses in their specialties since the question relative to undergraduate teaching may have been interpreted as teaching any undergraduate course rather than teaching in one's specialty area(s). In only two institutions are there no graduate faculty reported to be teaching at least one undergraduate course annually. These were institutions which offered the doctorate and which also had an undergraduate program. Consequently, lack of an undergraduate program would not explain why this occurred. As Table 10 reveals, over three-fourths of all faculty from 95.7 percent of the 47 institutions in this study teach at least one undergraduate course annually.

TEACHING COMPETENCE SHOULD BE RECOGNIZED IN TERMS OF SALARY INCREMENTS, AWARDS, AND PROMOTIONS IN RANK.

A FACULTY MEMBER'S DEMONSTRATED IMAGINATION, RESOURCEFULNESS, AND CAPACITY FOR INDEPENDENT THINKING ARE IMPORTANT REQUISITES TO SUCCESSFUL TEACHING, LEADERSHIP, RESEARCH, CLINICAL WORK AND ARTISTIC ENDEAVOR, AND SHOULD BE RECOGNIZED IN TERMS OF SALARY INCREMENTS AND PROMOTIONS IN RANK.

Teaching competence is recognized in over 90 percent of the institutions as a criterion for determining salary increments and promotions in rank according to data compiled in Table 22. Only one institution does not indicate teaching competence to be used in this

TABLE 22

FACTORS USED TO DETERMINE SALARY INCREMENTS AND PROMOTIONS IN RANK FOR GRADUATE
FACULTY IN SCHOOL/COLLEGE HEALTH EDUCATION

Factors	Percent of 28 Institutions Offering Master's and Intermediate Degrees	Percent of 19 Institutions Offering Master's, Intermediate and Doctoral Degrees
Teaching competence and leadership	100	94.7
Research competence and productivity	82.1	94.7
Creative activity and artistic endeavor	60.7	57.8
College and community service	85.7	84.2
Other	21.4	36.8

manner. Research competence and productivity was the second most frequently checked criterion for promotions by institutions offering the doctorate with college and community service being second in institutions not offering the doctorate.

IT IS SUGGESTED THAT A GRADUATE FACULTY OF FOUR IS THE MINIMUM NUMBER NECESSARY FOR A GRADUATE PROGRAM IN HEALTH EDUCATION.

A total of 284 faculty was reported to be teaching in the 47 institutions. Ten (21.2 percent) of the 47 responding institutions reported less than four graduate faculty. Five (17.8 percent) of the institutions not offering the doctorate reported less than four graduate faculty members and five (26.3 percent) of the institutions offering the doctorate reported less than four graduate faculty. Tables 23 and 24 suggest that less than 15 percent of the total students enrolled in the spring of 1971 were in institutions with less than four faculty. Approximately a fifth of the prospective degree candidates were in these institutions in the spring of 1971.

Although the guidelines did not include any suggestions regarding part time faculty, questions D and E of Section II of the questionnaire did reveal these data. The number of faculty who were part time because they taught in some other field such as physical education were greater in institutions not offering the doctorate. Fifteen (53.5 percent) of the 28 institutions not offering the doctorate reported a total of 38 (22.5 percent of 168) to be teaching part time in some other field. Six of the 19 (31.5 percent) institutions offering the doctorate reported a total of 8 (6.9 percent of

TABLE 23

NUMBER OF GRADUATE FACULTY, PER INSTITUTION, IN RELATION TO TOTAL NUMBER OF GRADUATE STUDENTS
ENROLLED SPRING TERM (1971) AND PROSPECTIVE DEGREE CANDIDATES (1971)
(For 28 Institutions Offering Master's and Intermediate Degrees)

														Total
Number of Faculty	2	3	4	5	6	7	8	9	10	11	12	13	14	168
Number of Institutions with Specified Number of Faculty	1	4	8	1	3	5	2	0	1	1	0	1	1	28
Total number of students enrolled (i.e., registered for one or more courses) in health education Spring 1971	6	75	169	8	25	162	113	0	15	104	0	42	No Resp.	719
Total number of students who were not registered for one or more courses in health education in the Spring of 1971 but were considered "prospective degree candidates"	7	59	133	7	18	59	21	0	10	0	0	15	No Resp.	329
Total Faculty <u>168</u> Faculty Range <u>2-14</u> Faculty Mean <u>6</u> Faculty Median <u>5.5</u>														

TABLE 24

NUMBER OF GRADUATE FACULTY, PER INSTITUTION, IN RELATION TO TOTAL NUMBER OF GRADUATE STUDENTS
ENROLLED SPRING TERM (1971) AND PROSPECTIVE DEGREE CANDIDATES (1971)
(For 19 Institutions Offering Master's, Intermediate and Doctoral Degrees)

	Total													
Number of Faculty	1	2	3	4	5	6	7	8	9	10	11	12	13	116
Number of Institutions with Specified Number of Faculty	1	2	2	3	1	2	2	1	1	2	0	1	1	19
Total number of students enrolled (i.e., registered for one or more courses) in health education Spring 1971	2	33	82	55	53	220	70	43	26	80	0	59	130	853
Total number of students who were not registered for one or more courses in health education in the Spring of 1971 but were considered "prospective degree candidates"	7	10	69	67	27	62	30	31	1 ^a	14 ^b	0	16	75	409

^a The number reported here is for the doctoral program only. The respondent gave no response as to the number of "prospective degree candidates" in the master's program.

^b The number reported is for one institution only. The other institution with 10 faculty did not respond to this question for the master's or doctoral programs.

Total Faculty 116   Faculty Range 1-13   Faculty Mean 6   Faculty Median 5.5

116). In the case of adjunct professors, i.e., those who teach 50 percent or less on campus, a smaller number of institutions not offering the doctorate reported this type of part time faculty than part time in some other area such as physical education. Nine of the 28 (32.1 percent) institutions reported a total of 17 (10.1 percent of 168 faculty) to be teaching 50 percent or less on campus. Institutions offering the doctorate reported 23 (19.8 percent) of 116 faculty from eight (42.1 percent) of the 19 institutions teaching 50 percent or less on campus.

In summary, guidelines for the teaching category were focused on graduate teaching in specialty areas, criteria for determining promotion and the minimum number of graduate faculty necessary for a program.

A higher percentage of the faculty in institutions offering the doctorate teach an annual graduate course in the area of their specialty than was indicated for those faculty in institutions not offering the doctorate. Approximately 90 percent of the faculty in institutions offering the doctorate who are qualified in one or more areas - either Special Health Content or Special Health Program - teach at least one graduate course yearly in the area of their specialty. Fifty-nine to 77 percent of specialty qualified faculty teaching in institutions not offering the doctorate teach at least one graduate course annually in their specialty area.

"Teaching Competence" was the most frequently reported criterion for determining salary increases and promotion with over 90 percent of

the 47 institutions using this as a criterion. The second criterion most frequently used by institutions offering the doctorate is "Research Competence and Productivity;" "College and Community Service" is second for institutions not offering the doctorate.

The number of graduate faculty in programs ranged from one to 14 with six being the mean and 5.5 being the median number. A total of ten (21.2 percent) of the 47 institutions included in the survey reported graduate faculties of less than four. Five (17.8 percent of 28) of these are institutions not offering the doctorate with five (26.3 percent of 19) being institutions offering the doctorate.

Part time faculty, i.e., those who teach in some other field such as physical education, was greater in institutions not offering the doctorate. Approximately 22 percent of faculty in institutions not offering the doctorate teach part time in some other field with approximately 7 percent of the faculty in institutions offering the doctorate teaching part time in some other field such as physical education.

Adjunct professors, i.e., those who teach 50 percent or less on campus, was smaller in institutions not offering the doctorate. Approximately 10 percent of the faculty in institutions not offering the doctorate were reported to be part time, i.e., teach 50 percent or less on campus with approximately 20 percent of faculty in institutions offering the doctorate being part time.

(6) Research

A GRADUATE FACULTY MEMBER SHOULD BE ENGAGED OR HAVE BEEN ENGAGED IN RESEARCH, CREATIVE PROJECTS AND/OR SCHOLARLY WORK IN THE SPECIAL FIELD OF THE THESIS OR DISSERTATION FOR WHICH HE IS THE MAJOR ADVISOR.

A total of 84 faculty from 34 institutions have done research or written articles or books in at least one area of the topic in which they are advising research projects. This represents 60.4 percent of the 139 faculty advising and 82.9 percent of the 41 institutions in which the faculty were reported to be advising research projects.

Tables 25 and 26 reveal that a total of 241 (37.2 percent) of the 647 research projects being advised by these faculty were in areas or on topics in which the faculty has done research or written books or articles. While over half of the faculty (60.4 percent) advising research has written in at least one area or on one topic of the research projects they were advising, the majority of the research projects (62.7 percent) were not being advised by advisors who had done research or written in the areas of the projects.

GRADUATE FACULTY MEMBERS INVOLVED IN ADVISING RESEARCH PROJECTS SHOULD PUBLISH RESULTS PERIODICALLY.

Table 27 presents the number of faculty who are advising and who published material within the last three years. It cannot be ascertained from these data whether these were based on other information the faculty member had. What can be determined from these data is that 76.2 percent (106 of 139) of the faculty advisors has

TABLE 25

NUMBER OF FACULTY WRITING IN THE AREA(S) OF THE RESEARCH THEY ADVISE IN RELATION TO THE TOTAL
NUMBER OF RESEARCH PROJECTS BEING ADVISED FOR 73 FACULTY IN 28
INSTITUTIONS OFFERING THE MASTER'S AND INTERMEDIATE DEGREE

Number of Writings and Research Projects in Areas of Advising		0	1	2	3	4	5	6	7	8	9	10	18 ^a	No Response	Total Faculty	Total Projects
	1	7	12	0	0	0	0	0	0	0	0	0	0	5	24	24
Total	2	1	5	6	0	0	0	0	0	0	0	0	0	4	16	32
Number	3	1	3	1	1	0	0	0	0	0	0	0	0	5	11	33
of	4	2	0	3	0	1	0	0	0	0	0	0	0	0	6	24
Theses	5	0	0	0	2	0	0	0	0	0	0	0	0	0	2	10
and	6	1	1	2	0	1	0	0	0	0	0	0	0	1	6	36
Intermediate	7	1	0	0	0	0	0	0	0	0	0	0	0	0	1	7
Degree	8	0	0	1	0	0	0	0	0	0	0	0	0	1	2	16
Projects	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Being	10	2	0	0	1	0	0	0	0	0	0	0	0	0	3	30
Advised	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

TABLE 25--Continued

Number of Writings and Research Projects in Areas of Advising	0	1	2	3	4	5	6	7	8	9	10	18 ^a	No Response	Total Faculty Advising	Total Projects
12	0	0	0	1	0	0	0	0	0	0	0	0	0	1	12
20 ^a	0	0	0	0	0	0	0	0	0	0	0	1	0	1	20
Total	15	21	13	5	2	0	0	0	0	0	0	1	16	73	244

^aOne respondent reported that one faculty member advising and teaching part time in health education also advised dissertations - at this time the faculty was advising 12 in physical education, thus the reason for the large total number research projects being advised by this particular faculty member.

Total theses and projects being advised - 244

Total number of faculty advising - 73

Total number of institutions in which they are being advised - 23

Total number of theses and projects in areas or on topic in which the major advisor had done research, written articles or books, etc. - 88

Total number of faculty writing in area(s) in which they are advising - 42

Total number of institutions represented by these faculty - 19

TABLE 26

NUMBER OF FACULTY WRITING IN THE AREA(S) OF THE RESEARCH THEY ADVISE IN RELATION TO THE TOTAL
NUMBER OF RESEARCH PROJECTS BEING ADVISED FOR THE 66 FACULTY IN 19
INSTITUTIONS OFFERING THE MASTER'S, INTERMEDIATE AND DOCTORAL DEGREE

Number of Writings and Research Projects in Areas Of Advising		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	No Re- sponse	Total Faculty	Total Projects
Total	1	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	9	9
Number of	2	3	2	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	12	24
Theses,	3	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4	12
Projects	4	0	1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	6	24
and Dis-	5	0	0	2	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	6	30
sertations	6	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3	18
Being Ad-	7	0	0	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5	35
vised by	8	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3	24
Individual	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	27
Faculty	10	0	2	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	4	40
	11	0	0	1	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	4	44
	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	14	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	42

TABLE 26--Continued

Number of Writings and Research Projects in Areas Of Advising																						No Re- sponse	Total Faculty	Total Projects			
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19				20		
Total Num- ber of	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Theses, Pro- jects and Dis- sertations	16	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	16	
	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Being Advised	18	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	18		
by Individual Faculty	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	40		
Total		7	11	14	3	5	2	1	0	2	0	1	1	1	0	0	0	0	0	0	0	1	17	66	403		

Total number of theses, projects and dissertations being advised - 403

Total number of faculty advising - 66

Total number of institutions represented by these faculty - 18

Total number of theses, projects and dissertations in areas or a topic in which the major advisor has done research, written articles or books, etc. - 153

Total number of faculty writing in area(s) in which they are advising - 42

Total number of institutions represented by these faculty - 15

TABLE 27

NUMBER OF PUBLICATIONS OF FACULTY ADVISING RESEARCH IN GRADUATE
PROGRAMS IN SCHOOL/COLLEGE HEALTH EDUCATION

	Published Research Only		Published Books & Arti- cles Only		Published Both Books and Research		No Publication Reported		Total Advising	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Faculty from Insti- tutions Offering Master's and Inter- mediate Degrees	8	10.9	26	35.6	18	24.6	21	28.7	73	--
Number of Institutions Represented	4	17.3	10	43.4	9	39.1	7	30.4	23	--
Faculty from Insti- tutions Offering Master's, Intermediate and Doctoral Degrees	6	9.0	12	18.1	36	54.5	12	18.1	66	--
Number of Institutions Represented	4	26.6	6	40.0	10	66.6	4	26.6	15	--
Total Faculty	14	10.7	38	27.3	54	38.8	33	23.7	139	--
Total Institutions Represented	8	48.6	16	43.2	19	51.3	11	29.7	38	

produced at least one publication within the last three years with 48.9 percent (68) of the 139 having published some type of research within the last three years (1969-71). A greater number (54) and percentage (81.0) of faculty advising (66) in institutions offering the doctorate have published material within the last three years than have faculty advising in institutions not offering the doctorate (52 of 73, or 71.2 percent). A greater percentage of the faculty in institutions offering the doctorate have published both research and books and articles, than faculty advising in institutions not offering the doctorate. Overall, there were 33 (23.7 percent) of the 139 faculty advising who were reported to have published nothing within the past three years. These were from 11 different institutions. Twenty-one were from seven institutions not offering the doctorate and 12 were from four institution offering the doctorate.

ONE MEMBER OF THE GRADUATE FACULTY SHOULD COORDINATE ALL RESEARCH ACTIVITIES OF HEALTH EDUCATION.

Seventeen (36.1 percent) of the 47 institutions in this study reported that one member of the graduate faculty coordinated all research activities in health education. Twenty-eight (59.5 percent) respondents reported that their institution did not have a graduate faculty member who coordinated all research activities in health education. Two (4.2 percent) did not respond to this question. Eight of 19 (42.1 percent) institutions offering the doctorate and nine of 28 (32.1 percent) institutions not offering the doctorate reported having coordinators of research.

RESEARCH COMPETENCE AND PRODUCTIVITY SHOULD BE RECOGNIZED IN TERMS OF SALARY INCREMENTS AND PROMOTIONS IN RANK.

Over 80 percent of the 47 institutions included in this study recognize research competence and productivity in terms of salary increments and promotions in rank. There was only one institution offering the doctorate and five not offering the doctorate which did not recognize this in determining salary increments and promotions in rank (see Table 22).

In summary, research experience, publication of research and coordination of research within the department are the three areas of guidelines for consideration in the category of Research in the guidelines recommendation.

Approximately 60 percent of the total number (139) of faculty reported to be advising research projects (theses, intermediate degree projects and/or dissertations) has written an article or book or done research in at least one area or topic in which they are advising. However, only 37.2 percent of the total number (241 of 647) research projects being advised are in areas or on topics in which the advisor has done research or written an article or book. A breakdown of these data indicate that approximately 38 percent (153 of 403) of research projects advised by faculty in institutions offering the doctorate are in areas in which the advisor has done research or written. Approximately the same percentage--36 (88 of 244)--of research projects in institutions not offering the doctorate are in areas or on topics in which the advisor has done research or written articles or books.

Approximately 76 percent (106 of 139) of the total number of advisors produced at least one publication between 1968-71. Approximately 48 percent (68 of 139) published some type of research during this three year period. It could not be determined, however, how many, if any, of these were based on the research projects they were advising.

Only 36.1 percent (17) of the 47 institutions included in the survey reported having one graduate faculty member who coordinates all research activities in health education. Eight are in institutions offering the doctorate with nine in institutions not offering the doctorate.

(7) In-Service Education

CONSTANT ATTENTION TO THE IMPROVEMENT OF PROFESSIONAL AND RESEARCH SKILLS AND KEEPING ABREAST OF LITERATURE, RESEARCH, AND RECENT DEVELOPMENTS IS ESSENTIAL. FACULTY PARTICIPATION IN STUDENT CONFERENCES, ORAL EXAMINATIONS, AND SEMINARS SHOULD BE ENCOURAGED.

The opportunity to keep abreast and improve professional skills by attending professional conferences is reported to be available in all 47 institutions. Forty-three institutions reported that at least one or more of their faculty attended a professional conference during the 1970-71 academic year; four did not report the number of faculty who attended. Table 28 indicates that almost half (48.9 percent) of the institutions reported that all of their faculty attended professional conferences during the 1970-71 academic year. This was the case in a greater percentage (63.1) of institutions offering the doctorate than those not offering the doctorate (39.2 percent). However, it

it should be noted that 14.2 percent (4) of the 28 institutions not offering the doctorate did not report the specific number of faculty attending. In 40 institutions the number of faculty attending professional conferences during 1970-71 were reported to be at least half of the staff or more.

TABLE 28
PERCENT OF GRADUATE FACULTY IN SCHOOL/COLLEGE HEALTH EDUCATION
ATTENDING PROFESSIONAL CONFERENCES DURING 1970-1971
PER INSTITUTION

	100%	Under 50%	50%	Over 50%	No Re- sponse	Total In- stitutions
For Institutions Offering Master's and Intermediate Degrees	11 ^a	1	3	9	4	28
For Institutions Offering Master's, Intermediate and Doctorate Degrees	12 ^b	2	2	3	0	19
Total	23	3	5	12	4	47

^aIn three of these institutions the reported number of faculty attending professional conferences exceeded the number of graduate faculty in health education reported for those institutions.

^bIn one of these institutions the reported number of faculty attending professional conferences exceeded the number of graduate faculty in health education reported for that institution.

Financial assistance to attend these conferences was reported to be available in 45 (95.7 percent) of the 47 institutions. Faculty from 16 of the 19 institutions offering the doctorate received

financial assistance during the 1970-71 academic year while two institutions did not respond to this question and one institution reported that no financial assistance was available. Faculty from 23 of the 28 institutions not offering the doctorate received financial assistance to attend professional conferences during the 1970-71 academic year.

The amount reported to be available annually per faculty member ranged from under \$50 to the full amount being paid. In Table 29 is a summary of the responses made by the 45 institutions that were reported to provide financial assistance to graduate faculty to attend professional meetings.

The opportunity for faculty to keep abreast of literature, research and recent developments was reported to be available in 32 (68.0 percent) of the 47 institutions in this study. Fifteen (31.9 percent) of the 47 did not report this to be available. It may be that in view of the number who did not respond this question may have been misunderstood because all institutions of higher education have libraries. Consequently, it would seem that the opportunity to keep up with the literature would be available. It is possible, however, that these 15 respondents may not have considered the coverage of their libraries to be adequate in this area. The percentage of institutions in which the opportunity to keep abreast of literature and recent developments was not available was somewhat greater (35.6 percent) among those not offering the doctorate than among those offering the doctorate (26.3 percent).

TABLE 29

SUMMARY OF RESPONSES OF 45 INSTITUTIONS PROVIDING FINANCIAL
ASSISTANCE TO ATTEND PROFESSIONAL MEETINGS

Type of Assistance	For 27 of the 28 Institutions Of- fering Master's and Intermediate Degrees	For 18 of the 19 Institutions Of- fering Master's, Intermediate and Doctoral Degrees	Total
One a year	2	3	5
No set amount	5	2	7
Full amount if participating	2	0	2
Under \$50	2	0	2
\$50 to \$100	5	2	7
\$150 and over	4	3	7
Transportation	0	4	4
Not computed in that manner	0	2	2
No response	7	2	9
Total	27	18	45

In the 18 institutions not offering the doctorate, and which reported the opportunity to keep abreast of the literature to be available, nine reported that all of their faculty have kept abreast, two reported less than half of their faculty, four reported half or more and three did not report.

In the 14 institutions offering the doctorate which reported such available opportunities, six reported that all of their faculty

have kept abreast, one reported less than half of their faculty, four reported half or more and three did not report.

Forty-two (89.3 percent) of the 47 institutions reported the opportunity to participate in student conferences, oral examinations and seminars to be available as means of professional growth. Eighteen of these (94.7 of 19) were institutions offering the doctorate with 24 (85.7 percent of 28) being institutions which did not offer the doctorate. Nine of these 24 institutions not offering the doctorate reported all of their faculty participating. Two of these nine, however, reported more participating than the total number of faculty for their institution; this may have been due to the inclusion of undergraduate faculty and/or physical education faculty or a faculty member may have been counted for each activity in which he participated. Six reported that half or more of their faculty participated, four reported less than half and five of the 24 institutions did not report the number of faculty participating.

Ten of the 18 institutions offering the doctorate reported all of their faculty participating in student conferences, oral examinations and seminars. One of these 10 also reported more participating than the total number of faculty for the institution. Four of the 18 reported half or more of their faculty participated, two reported less than half participated and two did not report the number.

All 47 institutions provide the opportunity to attend professional conferences with 43 reporting that at least one or more

of their faculty attended a conference during 1970-71 academic year. Forty-five of the 47 also provide some type of financial assistance to attend such conferences. In addition, forty-two (89.3 percent of 47) institutions provide an opportunity for faculty members to participate in student conferences, oral examinations and seminars as a means of professional growth.

Almost 90 percent of the 47 institutions reported the opportunity to participate in student conferences and oral examinations to be available. Opportunity to keep abreast of literature and recent developments was reported to be available in 32 of the 47 institutions.

Summary of Data Concerning the Faculty

This chapter has been concerned with presenting the data concerning faculty guidelines recommended by the 1967 AAHPER national conference "Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance." The guidelines have been presented in seven categories: 1) Qualifications of the Faculty, 2) Faculty Load, 3) Supporting Staff, 4) Leave Policy, 5) Teaching, 6) Research and 7) In-Service Education. Below is a brief summary of the findings in these seven categories.

(1) Qualifications of Faculty. The vast majority of the 284 graduate faculty in school/college health education hold the doctoral degree. Most have one area of specialization - either Special Health

Content or Special Health Program. Graduate programs are taught predominately by men with about 70 percent of the total faculty in institutions in this study being men. Approximately 45 percent of the faculty in the 46 institutions supplying data are above age 45 with approximately 14 percent being under age 30 and 40 percent being between ages 30 and 45. All 47 institutions reported their programs to be composed of faculty in which at least 50 percent of the undergraduate degrees held by the faculty members were earned at several different institutions. Only four of the 47 reported faculties in which less than half of the faculty members held their highest degrees from different institutions.

(2) Faculty Load. Over half of the faculty average teaching nine or more credit hours a term (semester/quarter). Of the total 240 for whom data were supplied, 125 average teaching over nine credit hours a term (semester/quarter). Generally, faculty in institutions offering the doctorate teach less credit hours a term than do those in institutions not offering the doctorate. The majority of faculty also engage in at least one outside activity such as research advising or participating in a campus and/or community activity in addition to their teaching loads. Over half of the 43 institutions responding indicated an average teaching load to be 12 credit hours a term (semester/quarter). The three items reported to be used by the greatest number of institutions in determining faculty load were: "classes taught," "administrative duties," and "thesis and dissertation advising." The majority advising dissertations were advising

less than five. Eleven faculty from five institutions were reported to be advising five, or more, dissertations in addition to advising theses and/or intermediate degree projects.

(3) Supporting Staff. Clerical Aid led the list of available supporting staff for all 47 institutions. Fewer of the 47 provided Research Assistants and Departmental Librarians than any of the six types of staff listed in Table 20.

(4) Leave Policy. Over 80 percent of the 47 institutions allow a sabbatical leave in each seven year period for the purpose of self-improvement. A higher percentage of institutions not offering the doctorate allow this than is the case with institutions offering the doctorate. Thirty-seven of the 39 granting sabbaticals provide some type of remuneration. Almost three-fourths of the 47 institutions permit faculty to take periodic leaves of absence in order to undertake some kind of academic project. The greater number of faculty taking such leaves during the 1970-71 academic year were teaching in institutions offering the doctorate.

(5) Teaching. Over three-fourths of the faculty qualified in an area of specialization - Special Health Content and/or Special Health Program areas - teach at least one graduate course annually in their area of specialization. Teaching competence was the most frequently reported criterion for determining salary increase and promotion for all 47 institutions. Research Competence and Productivity was the second most frequently reported criterion used by institutions offering the doctorate with community service being second in

institutions not offering the doctorate. The number of graduate faculty in programs ranged from one to 14. Ten institutions reported less than four on their staff with the remaining 37 reporting at least four, or more, faculty teaching in their programs. Thirty-eight of 168 faculty in institutions not offering the doctorate teach in some other field such as physical education with 8 of the 116 in institutions offering the doctorate teaching in some other field. Twenty-three of the 116 in institutions offering the doctorate were reported to be adjunct professors, i.e., teach 50 percent or less on campus with 17 of the 168 in institutions not offering the doctorate being adjunct professors.

(6) Research. Approximately 60 percent of the faculty advising research projects has written an article or book or done research in at least one area or on one topic in which they are advising. Approximately 37 percent (241 of 647) of the research projects (theses, intermediate degree projects and dissertations) being advised are in areas or on topics in which the advisor has done research or written an article or book. Approximately 76 percent (106 of 139) of the total advising produced at least one publication between 1968-1971 with approximately 49 percent (68 of 139) publishing some type of research during this same period (1968-1971). Seventeen of the 47 institutions in the study reported having one faculty member who coordinates all research. Over 80 percent of the 47 institutions recognize "Research Competence and Productivity" for promotions.

(7) In-Service Education. The opportunity to keep abreast of professional skills by attending conferences is available in all 47 institutions with 43 reporting at least one faculty member as having attended during the 1970-71 academic year. Forty-five institutions provide financial assistance to attend. Forty-two of the 47 reported the opportunity to participate in student conferences and oral examinations as a means of professional growth. Thirty-two reported the opportunity to keep abreast of the literature and recent developments to be available.

CHAPTER VI

PRESENTATION OF DATA CONCERNING THE PROGRAM

Data for this chapter were obtained from Section III - The Program - of the questionnaire. The purpose of this section of the questionnaire was two fold: 1) to obtain information for determining the extent to which the current programs of the 47 responding institutions correspond to the Program guidelines chosen from the published report - Graduate Education In Health Education, Physical Education, Recreation Education, Safety Education, and Dance - of the national conference for graduate education sponsored by AAHPER in 1967; and 2) to determine the types of changes and experimentation that occurred in programs during the three year period of 1968-1971.

Program Guidelines

In writing guidelines for the Program, the 1967 AAHPER Conference did not deem it feasible to set guidelines for programs beyond the master's degree which did not terminate in the doctorate because these programs (for example, the intermediate degree) were believed to be too varied at that time. Information concerning the program of five intermediate degree programs reporting in this study is included, however. Guidelines for the Program were presented in six categories;

namely, 1) Degrees and Expected Outcomes, 2) Admission Requirements, 3) Degree Requirements, 4) Organization of Courses, 5) The Core Body of Knowledge and 6) Areas of Scholarly Study and Research. Following are these six categories with the guidelines for each. Data presented following the guideline(s) are the findings of this study related to them. For ease of reading guidelines appear in all capital letters.

(1) Degrees and Expected Outcomes

MASTER'S DEGREE PROGRAMS IN HEALTH EDUCATION ARE DESIGNED TO PREPARE TEACHERS, SUPERVISORS AND COORDINATORS FOR ELEMENTARY AND SECONDARY SCHOOLS AND COLLEGE INSTRUCTORS AND HEALTH EDUCATORS FOR COMMUNITY ORGANIZATIONS.

DOCTORAL PROGRAMS IN HEALTH EDUCATION ARE DESIGNED TO PREPARE UNIVERSITY AND COLLEGE TEACHERS, RESEARCH WORKERS AND LEADERS AT THE HIGHER LEVELS OF RESPONSIBILITY IN SCHOOLS, COLLEGES, UNIVERSITIES, AND COMMUNITIES.

To determine the expected outcomes in the graduate degree programs, respondents were asked to check the extent of emphasis for the various aspects of their different degree programs. Table 30 presents the results of this question.

Phrasing of this question elicited responses from only those institutions offering a degree beyond the master's degree. Consequently, the emphasis of the 28 institutions offering only the master's degree could not be determined from this question. Evidence indicates that well over three-fourths of the doctoral degree programs are emphasizing preparation for college and university teaching and research. Almost three-fourths of these 19 institutions place more emphasis in the master's degree program on preparation for public school and junior

TABLE 30

COMPARATIVE EMPHASES OF THE MASTER'S, INTERMEDIATE AND DOCTORAL
DEGREE PROGRAM ACCORDING TO PERCENTAGE OF RESPONSES^a

	More Emphasis in Master's	More Emphasis in Intermediate	More Emphasis in Doctoral	About Equal Emphasis	No Emphasis
Preparation for public school & junior college teaching	73.6	60.0	0	5.2	5.2
Preparation for college or univer- sity teaching	0	40.0	94.7	0	0
Preparation for supervision and coordination of health education	21.0	40.0	42.1	26.3	5.2
Research procedures	0	40.0	84.2	5.2	0
Concentration in a related area to health education such as child de- velopment, sociol- ogy, etc.	15.7	60.0	63.1	5.2	0
Independence of study	0	20.0	63.1	21.0	0
Other	5.2	20.0	0	0	0

^aWith the exception of data on the intermediate degree program all data are obtained from the 19 institutions offering the master's and doctoral degrees. The percentages are determined on this basis. Data and percentages for the column under "More Emphasis in Intermediate" are based on the five institutions offering this degree.

college teaching than in the doctoral degree program. The majority of the five intermediate degree programs emphasize public and junior college teaching as well as concentration in a related area to health education.

Based on data in Table 30 there is a greater emphasis on preparation for supervision and coordination of health education in the doctoral degree program as compared to the master's degree program. The guideline concerning preparation for supervision recommends that this preparation be at the master's degree level and in relation to health education programs in the elementary and secondary schools. Since the question asked respondents in the questionnaire did not specify whether the preparation for supervision was related to any level, such as elementary or secondary schools, it cannot be determined whether institutions are following the guidelines.

Preparing public school and junior college teachers is the focus in a greater percentage of master's degree programs than doctoral degree programs. Research procedures and preparation for college or university teaching is of more significance in doctoral degree programs than master's degree programs.

In intermediate degree programs the greatest emphasis is on preparation for public school and junior college teaching and concentration in a related area to health education such as child development.

The guidelines recommend that master's degree programs be designed to prepare health educators for community organizations in

addition to teachers and supervisors for elementary and secondary schools and colleges. The recommended guidelines also suggest that doctoral degree programs be designed to prepare leaders for higher levels of responsibility in schools, colleges, universities and communities.

To determine the focus of programs on preparation of community health education respondents were asked to indicate whether their programs provided the student with an opportunity to specialize in community health, either as a minor area or dual major. Results of the findings for this question appear in Table 31.

Opportunity to specialize in community health, either as a minor area or dual major is possible in 10, or 21.2 percent of the 47 institutions offering the master's degree, one, or 20 percent of the five institutions offering the intermediate degree and four, or 21 percent, of the 19 institutions offering the doctoral degree. A completely accurate description of the situation at all levels cannot be determined because some of the respondents did not respond with a "Yes" or "No" to the question concerning the opportunity to specialize in community health. Some put check or dash marks which could not be determined as meaning "Yes" or "No."

DIFFERENT KINDS OF GRADUATE DEGREES MAY BE GRANTED.

The different types of degrees offered in all three programs are reported in Table 2 in Chapter IV. Degrees in Art, Science and Education predominate at the master's level with Education and Philosophy being the kind of degree most frequently offered in doctoral

TABLE 31

AVAILABILITY OF COMMUNITY HEALTH AS A DUAL OR MINOR AREA OF CONCENTRATION FOR GRADUATE
DEGREES IN SCHOOL/COLLEGE HEALTH EDUCATION

	Percentage of Responses for 23 In- stitutions Offering Master's and Intermediate Degrees				Percentage of Responses for 19 In- stitutions Offering Master's, In- termediate and Doctoral Degrees			
	Yes	No	No Response	Could Not Determine	Yes	No	No Response	Could Not Determine
Master's	28.5	57.1	3.5	10.7	10.5	52.6	10.5	26.3
Intermediate	50.0	50.0	0	0	0	66.6	0	33.3
Doctoral	----	----	---	----	21.0	42.1	0	36.8

Percentage of Responses from all
47 institutions in the study

	Yes	No	No Response	Could Not Determine
Master's ^a	21.2	55.3	6.3	17.0
Intermediate ^b	20.0	60.0	0	20.0
Doctoral ^c	21.0	42.1	0	36.8

^aPercentages are based on 47 offering the master's degree.

^bPercentages are based on 5 offering the intermediate degree.

^cPercentages are based on 19 offering the doctoral degree.

programs. Quite often more than one type of degree is offered by the same institution. Fourteen institutions (approximately 30 percent) offer more than one type of master's degree. Almost 75 percent (14 institutions) offer more than one type of doctoral degree.

In summary, the guidelines recommended for Degrees and Expected Outcomes have to do with the type of emphasis and preparation suggested at the master's and doctoral degree levels and the kinds of degrees offered.

Public school and junior college teaching as expected outcomes receive a greater emphasis in master's degree programs with research procedures and preparation for college and university teaching receiving greater emphasis in doctoral degree programs.

In intermediate degree programs the greatest emphasis is on public school and junior college teaching and concentration in an area, such as child development, related to health education.

Opportunity to specialize in community health, either as a minor area or dual major is possible in a little over 20 percent (10) of the 47 master's degree programs and about 20 percent (4) of the 19 doctoral degree programs. One in five provide this opportunity in intermediate degree programs.

(2) Admission Requirements

THE STANDARDS FOR ADMISSION TO GRADUATE WORK IN HEALTH EDUCATION SHOULD MEET THOSE ESTABLISHED BY THE INSTITUTION'S GRADUATE SCHOOL OR COUNCIL. THE HEALTH EDUCATION DEPARTMENT OR COMMITTEE SHOULD MAKE CAREFUL ASSESSMENT OF THE APPLICANT'S POTENTIAL FOR GRADUATE STUDIES BY USE OF THE APPRAISAL METHODS DISCUSSED IN THE SECTION PERTAINING TO THE GRADUATE STUDENT. THESE ARE:

ADMISSION SHOULD BE BASED ON A NUMBER OF SELECTION FACTORS RATHER THAN A SINGLE ABSOLUTE STANDARD. THIS IS TRUE IN "MARGINAL" CASES. THE FOLLOWING CRITERIA ARE SUGGESTED FOR CONSIDERATION: (A) AN APPLICANT'S PROFESSIONAL PREPARATION; (B) PREVIOUS EXPERIENCE; (C) INTELLIGENCE AND KNOWLEDGE; (D) COMMUNICATION SKILLS; (E) PERSONAL INTEGRITY AND (F) PROFESSIONAL INTEREST AND WILLINGNESS TO WORK.

ADMISSION STANDARDS FOR THE DOCTORAL DEGREE SHOULD BE MORE SELECTIVE THAN THOSE ESTABLISHED FOR THE MASTER'S DEGREE.

With the exception of three, each of the respondents indicated that their institution used at least three or more of the criteria for admission to graduate programs listed in Table 32. Two respondents checked only two criteria and one did not check any criteria. "Undergraduate grade point average" led the list of criteria with 82.9 percent checking this as one criterion used. "Personal integrity" was second with 63.8 percent followed by "professional concern" with 61.7 percent. The Graduate Record Exam and other test scores, a major in health education, and a minor in health education were all included by over half of the respondents. A complete breakdown of the responses appears in Table 32.

Admission standards of 17 (89.4 percent) of the 19 institutions offering the doctorate are more discriminating than those used for the master's and/or intermediate. Two (10.5 percent) of the respondents indicated that admission standards were not more discriminative for their doctoral degree programs than their master's degree program. In response to an open-ended question asking the respondent to describe the difference, 14 of the 17 described how the admission standards differed for master's and doctoral degree programs. Twelve

TABLE 32
ADMISSION REQUIREMENTS OF FORTY-SEVEN
INSTITUTIONS IN STUDY

Percentage Responding	Criteria
<u>48.9</u>	teaching experience (other than student teaching)
	professional preparation:
<u>55.3</u>	major in health education
<u>53.1</u>	minor in health education
<u>44.6</u>	dual health and physical education major
<u>44.6</u>	biology major
<u>38.2</u>	nursing major
<u>38.2</u>	Other
<u>46.8</u>	communication skills
<u>63.8</u>	personal integrity
<u>61.7</u>	professional concern
<u>82.9</u>	undergraduate grade point average
<u>59.5</u>	GRE and/or other test scores
<u>31.9</u>	Other

of these 14 indicated that the Graduate Record Exam or some other test was required and/or a certain grade point average on previous academic work was required. The use of recommendations is used by approximately one-fifth of the institutions responding (3 of 14).

Criteria to be used in admitting students to the graduate program was the focus of the guidelines recommended in the category of Admission Requirements. In summary, the criterion used by more institutions for admittance to graduate school than any of the others listed in Table 32 is "undergraduate grade point average." Over half of the 47 institutions use test scores and a major or minor in health education. With the exception of one institution all institutions use more than one criterion for selection of graduate students.

Admission to the doctoral degree program is more discriminative in 17 of the 19 institutions offering the degree than for the master's degree program. The Graduate Record Exam, or some other type of test, and/or a certain grade point average on previous academic work is the type of difference expressed by the majority offering the doctoral degree.

(3) Degree Requirements

THE SUCCESSFUL COMPLETION OF THE MASTER'S PROGRAM SHOULD REQUIRE A MINIMUM OF ONE ACADEMIC YEAR, WITH COMPLETION OF THE DOCTORAL PROGRAM REQUIRING A MINIMUM OF THREE YEARS BEYOND THE BACHELOR'S DEGREE.

Respondents were asked to indicate the minimum time allowed, beyond the bachelor's degree, for completing the graduate degrees.

Table 33 provides the results of the responses for the master's degree. Based on this information approximately 89 percent (42 of 47) are requiring a minimum of one academic year beyond the bachelor's degree for completing the master's degree.

TABLE 33

MINIMUM TIME BEYOND BACHELOR'S DEGREE REQUIRED FOR COMPLETING
MASTER'S DEGREE FOR 47 INSTITUTIONS OFFERING DEGREE

Time	Number of Responses	Percentage of Responses
Under one year (1 semester, 2 quarters or less)	1	2.1
One year (2 semesters, 3 quarters)	24	51.0
Two years (4 semesters, 6 quarters)	2	4.2
Between one and two years (2 and 4 semesters, 3 and 6 quarters)	15	31.9
Over two years (2 semesters, 6 quarters)	1	2.1
None	3	6.3
No Response	1	2.1

Table 34 indicates that eight, or 42 percent are requiring a minimum of three academic years beyond the bachelor's degree for completing the doctorate. Approximately 36 percent (7 of 19) reported that their institutions require less than three years as a minimum

beyond the bachelor's for completing the doctorate. Three reported no minimum to be required and one did not respond. The minimum time required beyond the bachelor's degree for completing the intermediate degree ranged from one semester to eight quarters. In view of this and the respondent who reported one year (see Table 34) with reference to the doctorate, it appears that this question might have been misunderstood by some respondents.

TABLE 34

MINIMUM TIME BEYOND BACHELOR'S DEGREE REQUIRED FOR COMPLETING THE
DOCTORATE FOR 19 INSTITUTIONS OFFERING DEGREE

Time	Number of Responses	Percentage of Responses
One year (2 semesters, 3 quarters)	1	5.2
Two years (4 semesters, 6 quarters)	4	21.0
Three years (6 semesters, 9 quarters)	6	31.5
Between two and three years (4 and 6 semesters) (6 and 9 quarters)	2	10.5
Over three years (6 semesters, 9 quarters)	2	10.5
None	3	15.7
No Response	1	5.2

The maximum time allowed for completing the master's degree ranged from one year to no maximum with the majority (82 percent - 39 of 47 institutions) allowing from four to seven years for completion of the degree. A range of four quarters to six years was reported for the maximum time allowed for completing the intermediate degree with no consensus of time allowed. Three years to no maximum was the range reported for the maximum time allowed for completion of the doctorate. Approximately 74 percent (14 of 19) allow six years or no maximum time limit for completing the degree.

A FINAL COMPREHENSIVE WRITTEN AND/OR ORAL EXAMINATION TO TEST THE CANDIDATE'S OVERALL KNOWLEDGE AND UNDERSTANDING OF THE FIELD OF HEALTH EDUCATION SHOULD BE ADMINISTERED AT THE COMPLETION OF THE PROGRAM OF STUDY FOR THE MASTER'S DEGREE. AN ORAL EXAMINATION IN ADDITION TO THE MASTER'S THESIS OR RESEARCH REPORT IS RECOMMENDED.

Six, or approximately 13 percent, of the 47 institutions offering the master's degree do not require any type of written and/or oral comprehensive examination at the completion of the program. Three institutions, or about 6 percent, do not require written and/or oral comprehensive examinations for one type of master's degree offered but do for another. Table 35 provides a compilation of the different types of evaluation used. Some institutions use more than one type of evaluation which accounts for more than the 47 total responses in Table 35. Data for five of the six institutions not requiring any type of written and/or oral examinations are recorded under "Other" in the Table. With the exception of one, all institutions offering the intermediate degree require some type of written and/or oral examination.

TYPE OF EVALUATION USED IN THE MASTER'S
AND INTERMEDIATE DEGREE PROGRAMS

	Master's ^a		Intermediate ^b	
	Number	Percentage	Number	Percentage
1. Written only (Over-all knowledge and understanding of field of health education)	16	34.0	2	40.0
2. Oral only (Over-all knowledge and understanding of field of health education)	4	8.5	1	20.0
3. Written and oral without thesis (Over-all understanding of field of health education)	11	23.4	1	20.0
4. Written, followed by oral covering thesis or research report when completed	19	40.4	1	20.0
5. Other*	11	23.4	1	20.0
6. None	1	2.1	0	0

*-Oral plus thesis

-Thesis

-Oral covering thesis (for intermediate degree)

-Oral covering thesis if student elects to do thesis

-None (except for research report)

-Number 1 for comprehensive plan; none for thesis

-Completion of course work and thesis

-Oral comprehensive for non-thesis; oral comprehensive plus oral defense for thesis

-Course work only

-Number 1; thesis in very special cases

-Number 4 when applicable; class work completion

-Number 3; course work plus thesis

^aForty-seven institutions

^bFive institutions

There were 29 institutions in which the thesis and/or research project in lieu of the thesis is either "Required" or "Usually Taken," i.e., taken by the majority of students in the program with 22 requiring the thesis or research project in lieu of the thesis (see Table 36). In addition, there were 8 other institutions in which faculty were reported to be advising theses. Twenty-two institutions reported having an oral examination covering the thesis or research project (see Table 35).

TABLE 36

NUMBER OF INSTITUTIONS IN WHICH THE THESIS, OR RESEARCH PROJECT IN LIEU OF THE THESIS IS REQUIRED OR USUALLY TAKEN^a

	Thesis	Research Project in Lieu of Thesis	Number Reporting
Required	18	4	45
Usually Taken	5	2	44
Total	23	6	29

^aNo institution is included more than once in the data of this table.

AT THE DOCTORAL LEVEL IT IS RECOMMENDED THAT AFTER COMPLETION OF COURSE WORK AND BEFORE PROCEEDING WITH THE DISSERTATION, A COMPREHENSIVE WRITTEN AND ORAL EXAMINATION BE GIVEN IN THE FIELD OF HEALTH AND IN THE RELATED AREA(S) OF CONCENTRATION.

All 19 require a written and oral examination, in addition to an oral defense of the dissertation, for the doctoral degree. Sixteen,

or approximately 84 percent, of these 19 institutions offering the doctorate require a written and oral examination after the course work (over-all knowledge of health education and related areas of concentration) followed by an oral defense of the dissertation when completed with two requiring written and oral examinations after the course work (understanding of health education) followed by oral defense of the dissertation. Only one (5.2 percent) institution does not require the written and oral examination following the completion of the course work. This institution requires the written and oral examination after completion of 12 semester credit hours of work followed by oral defense of dissertation. Table 37 provides a breakdown of the responses given in the questionnaire.

THE LANGUAGE REQUIREMENT FOR THE DOCTORAL DEGREE MAY BE OPTIONAL BUT SHOULD BE IN ACCORDANCE WITH THE PRACTICE AND POLICY OF THE DEGREE GRANTING UNIT.

Since no specific recommendation was made concerning the requirement of a language for the doctoral degree, it has been assumed that all institutions are following this guideline. The only recommendation was that the requirement be in accordance with the policy of the degree granting unit. It was further assumed that the policies are in accordance with the individual institutions. Requirement of a language proficiency for the doctoral degree is optional and/or determined by the type of degree sought in approximately 47 percent of the 19 institutions offering the degree; approximately 26 percent have no language requirement, and approximately 26 percent do require a language proficiency. The language requirement, as noted

TABLE 37
TYPE OF EVALUATION USED IN THE 19
DOCTORAL DEGREE PROGRAMS

	Number	Percentage
1. Written and oral after course work (Over-all knowledge and understanding of field of health education and related area of concentration)	1 ^a	5.2
2. Written and oral after course work (Over-all knowledge and understanding of health education and related area of concentration) followed by oral defense of dissertation when completed	15	78.9
3. Written examination only, following course work (Over-all knowledge and understanding of field of health education and related area of concentration)	0	0
4. Written and oral after course work (Over-all knowledge and understanding of health education) followed by oral defense of dissertation when completed	3	15.7
5. Other (written and oral after 12 S.H. of course work followed by oral defense of dissertation)	1	5.2
6. None	0	0

^aThis respondent also checked item number four.

in Table 38, for the master's degree is required in only about 2.1 percent of the institutions. No institution requires the language for the intermediate degree.

TABLE 38

LANGUAGE REQUIREMENTS FOR GRADUATE DEGREES IN
SCHOOL/COLLEGE HEALTH EDUCATION
(Recorded by Percentages Responding)

<u>Master's Degree (47 Institutions)</u>				
<u>Yes</u>	<u>No</u>	<u>Could Not Determine^a</u>	<u>No Response</u>	
2.1	87.2	2.1	8.5	
<u>Intermediate Degree (5 Institutions)</u>				
<u>Yes</u>	<u>No</u>	<u>Could Not Determine^a</u>	<u>No Response</u>	
0	100	0	0	
<u>Doctoral Degree (19 Institutions)</u>				
<u>Yes</u>	<u>If Ph.D.</u>	<u>No</u>	<u>Optional</u>	<u>No Response</u>
26.3	31.5	26.3	15.7	0

^a Respondents made a check (✓) mark.

GREATER INDEPENDENCE OF STUDY SHOULD BE EXPECTED OF THE DOCTORAL STUDENT THAN OF THE MASTER'S CANDIDATE.

To determine the kind of emphasis on independent study in the doctoral degree program, respondents were asked to indicate how the master's, intermediate and doctoral degree programs compared and/or differed in terms of emphasis on independent study and other factors listed in Table 30 which have already been discussed earlier in this

Chapter. Results of this question appear in Table 30. As noted earlier, responses from only institutions offering the doctoral degree were received. Of these 19 institutions, 12 or approximately 63 percent, place more emphasis on independent study in the doctoral degree program than the master's degree program.

THE MASTER'S THESIS MAY BE OPTIONAL. WHEN A THESIS IS NOT REQUIRED, A STUDENT SHOULD BE EXPECTED TO PREPARE A WRITTEN RESEARCH REPORT THAT DEMONSTRATES HIS ABILITY TO INVESTIGATE A PROBLEM AND PRESENT HIS FINDINGS EFFECTIVELY.

Twenty-two of the 47 institutions in this study reported the thesis, or research project in lieu of the thesis, was required for the master's degree (see Table 36). This represents 46.7 percent of the 47 respondents. However, answers to this question could only be determined from 45 respondents because two sent copies of their program which did not distinguish between what was required and what was usually taken.

CHAIRMAN OF THE DISSERTATION COMMITTEE SHOULD BE FACULTY MEMBERS QUALIFIED IN THE AREA OF HEALTH EDUCATION OR IN THE AREA UNDER INVESTIGATION.

There were a total of 46 faculty in 18 institutions serving as major advisor of 154 dissertations (see Table 39). Data from three questions in the questionnaire were used as criteria to determine if the advisor was qualified in the area of health education. The three questions (criteria) used were: (1) qualified in special health program such as curriculum, administration, (2) qualified in special health content such as drugs, environment, and (3) holds a doctorate. All 46 hold the doctorate. Thirty-five (76 percent) were qualified

TABLE 39

NUMBER OF FACULTY SERVING AS MAJOR ADVISOR OF DISSERTATION(S) IN RELATION TO NUMBER OF DISSERTATIONS BEING ADVISED, SPECIALTY QUALIFICATIONS OF ADVISOR AND DEGREE OF ADVISOR

Number of Disserta- tions Being Advised	Number of Faculty Serving as Major Advisor	Number of Advisors with Doc- toral Degree	Number of Advisors with Health Content Specialty Only	Number of Advisors with Health Program Specialty Only	Number of Advisors with Both Health Program and Content Specialty	Number of Advisors Not Quali- fied in Either	Number of Institu- tions Repre- sented
1	12	12	1	1	10	0	9
2	11	11	1	2	8	0	8
3	4	4	1	0	3	0	4
4	6	6	0	1	5	0	4
5	5	5	0	1	4	0	4
6	2	2	0	0	2	0	1
7	1	1	0	0	1	0	1
8	5	5	2	0	2	1	2
Total	46	46	5	5	35	1	18

Total number of dissertations being advised 154

in both health content and health program areas. Ten (21.7 percent) were qualified in only one specialty area. Only one of the entire 46 was not qualified in either specialty area. It should be noted that the respondents determined if a faculty member was qualified in an area of specialty.

THE DISSERTATION IS REQUIRED FOR THE DOCTORAL DEGREE.

All seventeen of the institutions reporting data in Section D-2 of Table 42 require the dissertation for the doctoral degree. A review of the graduate catalogues of the two institutions not providing this information revealed that the dissertation is required for the doctoral degree at both of these institutions. Thus, all institutions in this study offering the doctorate are following the guideline.

COMMITTEES TO SUPERVISE THE PREPARATION OF AND TO APPROVE THE THESIS OR DISSERTATION SHOULD BE APPOINTED IN ACCORDANCE WITH THE POLICY OF THE GRADUATE SCHOOL OR OTHER ADMINISTRATIVE UNIT GRANTING DEGREE.

Respondents were asked to describe the way the doctoral committee at their institution is constituted. Fifteen of the 19 respondents from institutions offering the doctorate provided this description. The respondents reported a variety of ways in which these committees are constituted. Almost 75 percent (11 of the 15) answering this question focused primarily on the make-up of the committee. In general the committees consist of one or more faculty members from the related or minor area outside the major department of health education. The number on the committees ranges from three to five. The remaining four respondents providing information focused

primarily on how the committee is selected. For two of these the Graduate Dean is involved initially in the selection of the committee. The remaining two indicated that the type of study and related field chosen by the student determine who serves on the committee. It was assumed that the manner in which each of these committees is selected is in accordance with the policy of the graduate school for each institution.

Failure to include in the questionnaire a request for a description of the way in which the thesis and/or master's degree committee is selected prohibits any discussion of the ways in which this was done in the institutions offering master's degrees.

In summary, Degree Requirement guidelines are directed toward time allowed for completing degrees, type of evaluation used in the various degree programs, research projects required, and language requirements for degrees.

In the 47 institutions offering the master's degree, almost 90 percent (42) require the recommended minimum of one academic year beyond the bachelor's degree for completing the master's degree. Forty-two percent (8 of the 19) offering the doctorate require the recommended minimum of three years beyond the bachelor's degree.

Forty-one (87 percent of 47) institutions require some kind of comprehensive written and/or oral examination for the completion of the master's degree.

There were 29 institutions in which the thesis and/or research project in lieu of the thesis is either "Required" or "Usually Taken,"

i.e. taken by the majority of students. Twenty-two institutions require an oral examination covering the research study written by the student.

All 19 institutions require a written and oral examination at some point in the doctoral degree program followed by the oral defense of the dissertation.

Approximately one-fourth (five) of the 19 institutions offering the doctorate and 2.1 percent of the 47 institutions offering the master's degree have a language requirement for the degree. None of the five granting the intermediate degree require a language. In other institutions, language requirements are either not required or vary according to the type of degree sought.

Approximately 63 percent (12) of the 19 institutions offering both the master's and doctoral degrees place more emphasis on independent study in doctoral degree programs than in their master's degree programs.

According to the guidelines, a master's thesis is optional, however, if the thesis is not required the student should be expected to prepare a written research project. Twenty-two (46.7 percent) of the 47 offering the master's degree follow this guideline. The guideline recommending the dissertation for all doctoral degrees is met by all (100 percent) 19 institutions offering this degree.

All 46 faculty advising dissertations are qualified in the field of health education. They either hold a doctorate or are qualified in one of two specialty areas - Special Health Content or

Special Health Program - or a combination of these.

(4) Organization of Courses

THE SEQUENCE OF COURSES IS DETERMINED BY DEPARTMENTAL REQUIREMENTS IN THE AREAS OF STUDY SELECTED AND MAY VARY WITH INSTITUTIONS. THE PROGRAM FOR THE GRADUATE STUDENT SHOULD BE PLANNED TO DEVELOP THE BEST POSSIBLE INTEGRATION OF COMMON CORE COURSES AND SUPPORTING EXPERIENCES FOCUSED ON THE HEALTH EDUCATION CAREER OBJECTIVES OF THE STUDENT.

Table 40 reveals that the emphasis on a required sequence of courses varies with the individual institutions. Less than 50 percent of the institutions require any specified sequence of courses for the master's, intermediate, or doctoral degree programs. A greater percentage (38.2) of the master's degree programs have a required sequence program than do intermediate (0 percent) or doctoral degree programs (26.3 percent).

TABLE 40

PERCENTAGE OF INSTITUTIONS REQUIRING A PARTICULAR SEQUENCE OF COURSES IN GRADUATE SCHOOL/COLLEGE HEALTH EDUCATION PROGRAMS

	Yes	No	Could Not Determine	No Response
Master's Program ^a	38.2	53.1	4.2	4.2
Intermediate ^b	0	80.0	20.0	0
Doctoral Program ^c	26.3	52.6	0	21.0

^aBased on responses of 47 institutions.

^bBased on responses of 5 institutions.

^cBased on responses of 19 institutions.

Responses concerning flexibility in programs were received from 44 of the 47 institutions in this study. Seventeen of these

offer the doctorate in addition to offering the master's degree. Thirty-nine of the 44 offering the master's degree reported their program to be flexible with the opportunity for the student to plan the program to meet his individual needs. Only five indicated limited flexibility in the master's degree program. All 17 of the 19 institutions offering the doctorate, and providing information concerning flexibility in their programs, reported their doctoral degree programs to be flexible to meet the needs and interests of the individual student. Responses indicated that this flexibility ranged from total flexibility, in which all courses are selected and determined by the background and goal of the student, to a minimum of required courses with the remaining being selected according to the needs and goals of the student. Other types of flexibility described include opportunities for the student to choose between school and community health, to choose among several possible related areas of concentration, and to choose between two types of degree programs which allow varying degrees of flexibility.

IN CONJUNCTION WITH THE PROGRAM, SCHOOLS, COMMUNITY, AND GOVERNMENTAL AGENCIES SHOULD BE UTILIZED TO PROVIDE PROFESSIONAL LABORATORY EXPERIENCES FOR ALL STUDENTS.

Opportunity for field experience is available in 31 of the master's degree programs, seven of the doctoral degree programs and two of the intermediate degree programs as indicated by the number who reported one or more field experiences as being required or usually taken in the programs. The local health department and voluntary

health agencies (see Table 41) are agencies used by the greatest percentage of respondents in all three degree programs. The elementary school is used the least.

Of the institutions with master's degree programs, approximately 65 percent indicated that the field experience is a part of the program in that one or more field experiences is either required or usually taken; approximately 36.8 percent of the doctoral degree programs and 40 percent of the intermediate degree programs include some type of field experience also (i.e., it is either required or usually taken).

In summary, the focus of the guidelines in the category of Organization of Courses centers around sequence of courses, flexibility in the program and opportunity for field experience. The majority of respondents suggested their programs are flexible to meet the individual needs of students for master's and doctoral degrees. All but five (11 percent) of 44 institutions offering master's degrees, and reporting data, reported a great deal of flexibility to be available in their programs. All 17 of 19 offering the doctoral degree, and reporting data, described their graduate programs to be flexible to meet the needs, interests and goals of individual students.

Thirty-one master's degree programs, seven doctoral degree programs and two intermediate degree programs are organized so as to provide opportunity for field experience in that at least one field experience is either required or usually taken. The agencies used the most by the greatest percentage of respondents are the local

TABLE 41

FIELD EXPERIENCES INCLUDED IN GRADUATE SCHOOL/COLLEGE
HEALTH EDUCATION PROGRAMS
(Numbers in Columns Represent Percentage of Responses)

<u>Field Experience</u>	<u>Master's</u>		<u>Doctoral</u>		<u>Intermediate</u>	
	<u>Required^a</u>	<u>Usually Taken^b</u>	<u>Required^c</u>	<u>Usually Taken^d</u>	<u>Required^e</u>	<u>Usually Taken^e</u>
College health program	4.4	11.3	11.7	12.5	20.0	0
High school health program	6.6	18.1	5.8	12.5	0	0
Elementary health program	4.4	6.8	0	0	0	0
Local health department	13.3	31.8	0	25.0	0	20.0
Voluntary health agency	8.8	34.0	0	18.7	0	20.0
Other	4.4	18.1	0	18.7	0	40.0

^aForty-five of the 47 institutions in the study provided data for this column. Percentages appearing here are based on data from these 45 institutions.

^bForty-four of the 47 institutions in the study provided data for this column. Percentages appearing here are based on data from these 44 institutions.

^cSeventeen of the 19 institutions offering doctoral degrees provided data for this column. Percentages appearing here are based on data from these 17 institutions.

^dSixteen of the 19 institutions offering doctoral degrees provided data for this column. Percentages appearing here are based on data from these 16 institutions.

^eFive of the five institutions offering doctoral degrees provided data for this column. Percentages appearing here are based on data from these five institutions.

health department and voluntary health agencies with the elementary school being used the least.

(5) The Core Body of Knowledge

THE GRADUATE CURRICULUM MUST BE FLEXIBLE ENOUGH TO MEET THE PARTICULAR NEEDS AND INTERESTS, AND CAREER EXPECTATIONS OF THE INDIVIDUAL STUDENT BUT SUFFICIENTLY WELL STRUCTURED SO THAT EACH STUDENT ON RECEIVING HIS DEGREE IS COMPETENT IN THE COMMON CORE AREAS. (IT SHOULD BE NOTED THAT LEARNING EXPERIENCES CANNOT BE IDENTIFIED AS MASTER'S OR DOCTORAL LEVEL REQUIREMENTS.)

The committee writing the guidelines recommended that the graduate curriculum consist of four areas which form what they referred to as the common core or core body of knowledge. These four areas were listed as: 1) Health Science, 2) Behavioral Science, 3) Education, School and Society and 4) Evaluation and Research.

To determine the emphasis given these four areas, general topics within each of the four were listed and respondents were asked to indicate which of these were required (i.e., taken by all students) and which were usually taken (i.e., taken by over 50 percent of the students) in each of their graduate programs. The general topics listed for each of the four areas were derived from the descriptions appearing in the published report of the guidelines. It is important to note that these topics were intended to be representative of general topics and not specific course titles.

The four common-core areas and the extent to which the general topics in each are included in current graduate programs are presented in Table 42. The responses are tallied according to the percentage of institutions--45-- providing information about the program. Findings

GENERAL AREAS INCLUDED IN GRADUATE SCHOOL/COLLEGE
HEALTH EDUCATION PROGRAMS
(Numbers in Columns Represent Percentage of Responses)

		<u>Master's</u>		<u>Doctoral</u>		<u>Intermediate</u>	
		<u>Required^a</u>	<u>Usually Taken^b</u>	<u>Required^c</u>	<u>Usually Taken^d</u>	<u>Required^e</u>	<u>Usually Taken^e</u>
A) HEALTH SCIENCE AREA							
1. <u>Basic Science</u>							
Human biology		22.2	9.0	23.5	6.2	20.0	0
Human anatomy		31.1	0	23.5	6.2	40.0	0
Chemistry		4.4	13.6	11.7	6.2	0	0
Biochemistry		0	2.2	0	6.2	0	0
Microbiology		11.1	18.1	5.8	12.5	0	0
Other		8.8	9.0	17.6	12.5	40.0	0
2. <u>Public Health</u>							
Public Health Organization		24.4	22.7	11.7	18.7	0	20.0
Epidemiology		31.1	31.8	0	0	20.0	20.0
Community Health		40.0	22.7	41.1	12.5	0	40.0
World Health		22.2	20.4	17.6	18.7	20.0	20.0
Other		11.1	2.2	11.7	0	0	0
3. <u>Special Health Content Areas</u>							
Aging		13.3	13.6	5.8	6.2	0	0
Alcohol		35.5	43.1	29.4	25.0	20.0	40.0
Drugs		40.0	40.9	29.4	25.0	20.0	40.0
Environmental Health		31.1	31.8	23.5	18.7	20.0	20.0

TABLE 42--Continued

<u>Special Health Content Area</u> (Continued)	<u>Master's</u>		<u>Doctoral</u>		<u>Intermediate</u>	
	<u>Required^a</u>	<u>Usually Taken^b</u>	<u>Required^c</u>	<u>Usually Taken^d</u>	<u>Required^e</u>	<u>Usually Taken^e</u>
Consumer Health	24.4	27.2	11.7	12.5	20.0	20.0
Nutrition	31.1	20.4	17.6	18.7	20.0	0
Accident Prevention	24.4	40.9	17.6	37.5	20.0	20.0
Mental Hygiene	37.7	29.5	35.2	12.5	20.0	20.0
Marriage and Family Life	35.5	38.6	29.4	25.0	20.0	20.0
Disease Control	31.1	34.0	29.4	18.7	40.0	20.0
Personal Health	24.4	13.6	17.6	12.5	20.0	0
Other	6.6	6.8	0	0	0	0

B) BEHAVIORAL SCIENCE AREA

1. Psychology

Social Psychology	17.7	31.8	17.6	31.4	20.0	20.0
Psychology of Personality	8.8	40.9	11.7	31.2	0	20.0
Developmental Psychology (growth and development)	26.6	22.7	23.5	12.5	40.0	0
Learning Theory	24.4	25.0	23.5	25.0	20.0	20.0
Psychology of Language	0	4.5	0	6.2	0	0
Group Dynamics	17.7	34.0	11.7	31.2	0	40.0
Decision Making	13.3	6.8	5.8	12.5	0	0
Other	2.2	0	5.8	0	0	0

TABLE 42--Continued

	<u>Master's</u>		<u>Doctoral</u>		<u>Intermediate</u>	
	Required ^a	Usually Taken ^b	Required ^c	Usually Taken ^d	Required ^e	Usually Taken ^e
2. <u>Sociology</u>						
Medical Sociology	6.6	29.5	5.8	25.0	0	20.0
Value Systems	15.5	9.0	17.6	12.5	20.0	0
Communication Theory	15.5	15.9	0	12.5	0	0
Mass Communications	4.4	13.6	0	6.2	0	0
Community Organization	20.0	36.3	17.6	25.0	20.0	40.0
Belief Structure	6.6	6.8	5.8	6.2	0	0
Other	2.2	0	5.8	0	0	0
3. <u>Anthropology</u>						
Cultural Anthropology	8.8	34.0	17.6	18.7	20.0	0
Social Anthropology	2.2	22.7	0	18.7	0	0
Other	2.2	2.2	5.8	0	0	0
C) EDUCATION, THE SCHOOL AND SOCIETY						
1. <u>Methodology</u>						
Methods of Health Instruction	51.1	15.9	35.2	6.2	40.0	20.0
Other	4.4	18.1	0	18.7	0	0
2. <u>Philosophy and History</u>						
School and Society	17.7	25.0	11.7	25.0	40.0	0
Philosophy of Education	17.7	34.0	23.5	25.0	20.0	20.0
Philosophy of Higher Education	2.2	11.3	11.7	41.1	0	0

TABLE 42--Continued

	<u>Master's</u>		<u>Doctoral</u>		<u>Intermediate</u>	
	<u>Required^a</u>	<u>Usually Taken^b</u>	<u>Required^c</u>	<u>Usually Taken^d</u>	<u>Required^e</u>	<u>Usually Taken^e</u>
<u>Philosophy and History</u> (Continued)						
Philosophy of Health Education	28.8	15.9	29.4	17.6	20.0	20.0
History of Health Education	22.2	36.3	29.4	5.8	0	40.0
Other	0	2.2	5.8	0	0	0
3. <u>School Health Program</u>						
School Health Program	37.7	13.6	47.0	6.2	60.0	20.0
Health Counseling	20.0	29.5	23.5	18.7	0	20.0
School Health Service	31.1	25.0	23.5	12.5	20.0	40.0
School Health Environment	22.2	27.2	11.7	25.0	0	40.0
Organization and Administration of School Health	44.4	36.3	47.0	18.7	20.0	60.0
Other	6.6	0	0	12.5	0	0
4. <u>Curriculum</u>						
Curriculum Theory	24.4	25.0	23.5	12.5	0	20.0
Curriculum in Health Education	46.6	25.0	58.8	18.7	40.0	40.0
Structure of Knowledge	11.1	11.3	17.6	12.5	0	0
Curriculum in Teacher Education	8.8	18.1	17.6	18.7	0	0

TABLE 42--Continued

Curriculum (Continued)	<u>Master's</u>		<u>Doctoral</u>		<u>Intermediate</u>	
	<u>Required^a</u>	<u>Usually Taken^b</u>	<u>Required^c</u>	<u>Usually Taken^d</u>	<u>Required^e</u>	<u>Usually Taken^e</u>
Nature and Scope of Higher Education	2.2	9.0	5.8	31.2	0	0
Other	2.2	0	0	0	0	0
D) EVALUATION AND RESEARCH						
1. <u>Evaluation</u>						
Measurement & Evaluation in Health Education	24.4	22.7	52.9	25.0	40.0	40.0
Measurement and Evaluation in Education	8.8	29.5	17.6	29.4	0	0
Other	6.6	0	11.7	0	0	0
2. <u>Research</u>						
Statistics	28.8	25.0	88.2	6.2	40.0	40.0
Biostatistics	13.3	9.0	11.7	12.5	0	0
Research Design and Methods	57.7	22.7	64.7	6.2	40.0	20.0
Survey of Health Edu- cation Research	33.3	11.3	47.0	18.7	0	0
Thesis-Dissertation/ Project	40.0	13.6	100.0	0	60.0	0

TABLE 42--Continued

<u>Research</u> (Continued)	<u>Master's</u>		<u>Doctoral</u>		<u>Intermediate</u>	
	<u>Required^a</u>	<u>Usually Taken^b</u>	<u>Required^c</u>	<u>Usually Taken^d</u>	<u>Required^e</u>	<u>Usually Taken^e</u>
Written Research Report (in lieu of thesis)	17.7	18.1	0	0	20.0	20.0
Other	8.8	0	0	0	20.0	0
E) OTHER (miscellaneous)	8.8	0	0	0	20.0	0

^aForty-five of the 47 institutions in the study provided data for this column. Percentages appearing here are based on data from these 45 institutions.

^bForty-four of the 47 institutions in the study provided data for this column. Percentages appearing here are based on data from these 44 institutions.

^cSeventeen of the 19 institutions offering doctoral degrees provided data for this column. Percentages appearing here are based on data from these 17 institutions.

^dSixteen of the 19 institutions offering doctoral degrees provided data for this column. Percentages appearing here are based on data from these 16 institutions.

^eFive of the 5 institutions offering the intermediate degree provided data for this column. Percentages appearing here are based on data from these 5 institutions.

relative to the program show only the percent of institutions in which a topic is required or usually taken; i.e., taken by over half of the students in the particular degree program.

Competency of the students in these common core areas cannot be determined from this data. Consequently, the extent to which these

guidelines are being met cannot be completely determined in this study. As noted above, this data determines the emphasis given to the general topics within the common core areas.

As reported in the preceeding pages (page 133) flexibility to meet the individual needs of students appears to be characteristic of master's and doctoral degree programs.

Discussions of the data received from the respondents relative to each of the four core areas follow.

HEALTH SCIENCES - GRADUATE STUDIES SHOULD STRENGTHEN AND EXTEND THE STUDENT'S KNOWLEDGE OF SCIENTIFIC FACTS AND PRINCIPLES PERTINENT TO PERSONAL, FAMILY AND COMMUNITY HEALTH. IN ADDITION TO A REASONABLE BACKGROUND IN SELECTED BASIC SCIENCES, SUCH AS HUMAN BIOLOGY, ANATOMY AND PHYSIOLOGY, CHEMISTRY, AND MICROBIOLOGY, GRADUATE STUDY SHOULD INCLUDE DEPTH IN SPECIAL HEALTH CONTENT AREAS, SUCH AS NUTRITION, MENTAL HEALTH, ACCIDENT PREVENTION, DISEASE CONTROL, MARRIAGE, AND FAMILY LIFE.

In the Basic Science category, biology and anatomy are either required or usually taken by more institutions at all three levels of graduate programs than any of the other topics. Chemistry and and biochemistry were the least often required or usually taken at all three levels. A review of Section A of Table 42 shows a smaller percentage of topics being required or usually taken in Basic Science category than the other two categories, namely, Public Health and Special Health Content.

Over 50 percent of the respondents of the master's degree program reported that epidemiology and community health are topics that are either required or usually taken in the Public Health category. Over 50 percent suggested the same for community health in the doctoral degree programs.

All four of the topics - public health organization, epidemiology, community health and world health are covered (i.e., either required or usually taken) in over 40 percent of the master's degree programs. Epidemiology is a topic that was clearly considered to be a master's degree topic. No respondent for the doctoral degree programs checked this as a requirement or a topic usually taken at that level. With the exception of public health organization, all topics in this category are either required or usually taken by 40 percent of the intermediate degree programs. The three Special Health Content topics most frequently required and/or usually taken in all three levels of graduate programs are: (1) alcohol, (2) drugs, and (3) marriage and the family; the topic of aging ranked last in all three levels.

BEHAVIORAL SCIENCES - THE GRADUATE CURRICULUM SHOULD INCLUDE SUFFICIENT PREPARATION IN THE BEHAVIORAL SCIENCES, PARTICULARLY PSYCHOLOGY (SOCIAL PSYCHOLOGY), SOCIOLOGY, AND SOCIAL (CULTURAL) ANTHROPOLOGY TO PROVIDE BACKGROUND FOR UNDERSTANDING SELECTED CONCEPTS WITH APPLICATION TO HEALTH EDUCATION, I.E., DECISION MAKING, BELIEF STRUCTURE, PSYCHOLOGY OF LANGUAGE, VALUE SYSTEMS, LEARNING THEORY, COMMUNICATION THEORY, COMMUNITY ORGANIZATION, AND GROUP DYNAMICS.

In the Behavioral Science Area (see Section B of Table 42) the only topic to be required or usually taken by as many as 50 percent of the institutions in the Psychology category is group dynamics. In approximately 51 percent of the master's degree programs it is required or usually taken. In approximately 49 percent of the master's and doctoral degree programs the topics of social psychology and learning theory are either required or usually taken with 40 percent of the intermediate degree programs reporting the same. Decision making

and psychology of language are required or usually taken in fewer institutions at all three levels than any of the six topics in the psychology category.

Only community organization was reported to be required or usually taken by as many as 50 percent of the respondents for any of the three graduate programs in the sociology category. It led the list of the six topics listed in this category for all three levels of programs with belief structure being included the least often.

The anthropology category received very little emphasis for the two topics listed. Less than 45 percent of the respondents checked either of the two areas, namely, social anthropology and cultural anthropology, as either being required or usually taken at any level.

EDUCATION, THE SCHOOL, AND SOCIETY - THE CONTENT OF THIS CORE AREA SHOULD PROVIDE THE GRADUATE STUDENT WITH GREATER KNOWLEDGE AND UNDERSTANDING OF THE PSYCHOLOGICAL AND SOCIAL FOUNDATIONS OF EDUCATION, I.E., HOW PEOPLE LEARN: THE PLACE OF EDUCATION AND SCHOOLS IN SOCIETY; AND HISTORY AND PHILOSOPHY OF EDUCATION, INCLUDING HEALTH EDUCATION. IN ADDITION, THERE SHOULD BE EMPHASIS ON CURRICULUM THEORY, THE STRUCTURE OF KNOWLEDGE, AND METHODS OF IMPROVING HEALTH EDUCATION IN SCHOOLS, COLLEGES, AND COMMUNITIES. A KNOWLEDGE OF THE NATURE AND SCOPE OF HIGHER EDUCATION, INCLUDING TEACHER AND GRADUATE EDUCATION, SHOULD BE REQUIRED OF DOCTORAL STUDENTS.

Four categories were included in this area (Section C of Table 42) of the core body of knowledge: Methodology, Philosophy, School Health Program, and Curriculum.

In the category of Methodology, 67 percent of the master's degree programs either require methods of health instruction or it is usually taken. The same is true for 60 percent in the intermediate

degree programs. There was less emphasis in the doctoral degree programs with approximately 41 percent of the respondents responding in this fashion.

The topic that led the list in Philosophy and History in master's and intermediate degree programs is history of health education with philosophy of higher education being required or usually taken in fewer institutions than any of the five topics in this category. The reverse is the case in doctoral degree programs with philosophy of higher education being number one and history of health education the least often required or usually taken.

Organization and administration was the topic that received the most responses in the School Health Program at all three levels with 65 percent or more indicating it to be required or usually taken. School health environment and health counseling received fewer responses in the master's degree programs with school health service and health counseling receiving less responses in the doctoral degree program. Health counseling received fewer responses in the intermediate degree than any of the five topics in the category of School Health Program.

In the category of Curriculum, the topic of curriculum in health education is emphasized in all three levels; over 70 percent indicated that it is required or usually taken. In the master's degree program fewer checked the nature and scope of higher education than any of the five topics listed with structure of knowledge being checked by fewer for the doctoral degree programs. Three of the topics

(structure of knowledge, curriculum in teacher education and nature and scope of higher education) are not required or usually taken in the intermediate degree programs.

The last sentence of this guideline states that a knowledge of the nature and scope of higher education, including teacher and graduate education should be required in the doctoral degree program. Responses indicate that only 17.6 percent (3 of the 17) of the institutions reporting are requiring doctoral students to cover the topic of curriculum in teacher education, with 5.8 percent (1) requiring the nature and scope of higher education, and 11.7 percent (2) requiring the philosophy of higher education.

EVALUATION AND RESEARCH - THE MASTER'S PROGRAM SHOULD PROVIDE A RESEARCH COMPETENCE SUFFICIENT TO LOCATE, UNDERSTAND, AND EVALUATE THE FINDINGS OF HEALTH RELATED STUDIES AND TO INTERPRET THESE FOR THE BENEFIT OF STUDENTS OR THE GENERAL PUBLIC. THE CANDIDATE SHOULD BE ABLE TO EVALUATE EDUCATIONAL MATERIALS AND TO CONSTRUCT AND APPLY INSTRUMENTS FOR EVALUATING THE OUTCOMES OF HEALTH PROGRAMS.

DOCTORAL STUDY SHOULD RESULT IN A MORE COMPREHENSIVE KNOWLEDGE OF STATISTICAL PROCEDURES, RESEARCH DESIGN, AND METHODOLOGY, WITH EMPHASIS ON THE METHOD TO BE USED IN WORK FOR THE DISSERTATION.

In the fourth and final area (Section D of Table 42) of the core body of knowledge, the topic of measurement and evaluation in health education is either required or usually taken in over 75 percent of the doctoral degree programs, in about 47 percent of the master's degree and, in 80 percent of the intermediate degree programs (Section D-1 of Table 42).

With the exception of biostatistics, all topics in the research category are required or usually taken in over 65 percent

of the doctoral degree programs.

With the exception of two topics - written research report in lieu of thesis and biostatistics - the same is true for all topics in the master's degree programs by over 40 percent of the respondents. The same is the case for the intermediate degree programs except for survey of health education literature.

The data for the category of research (Section D-2 of Table 42) indicate that a greater percentage of the doctoral degree programs emphasize such topics as statistics and research design, than either the master's or intermediate degree programs.

In summary, the guidelines for the Core Body of Knowledge of the graduate curriculum in health education focus on four areas: 1) Health Science, 2) Behavioral Science, 3) Education, School and Society and 4) Evaluation and Research.

The data presented indicate the extent to which general topics within each of these four are included in graduate programs of the 45 institutions reporting. Competency of students in these four core areas could not be determined from this information. Therefore, the extent to which these guidelines are being met cannot be completely determined. The data do, however, reveal those areas most often included and those least often included in graduate programs in terms of topics required and those usually taken by over 50 percent of the students. A summary of the findings in the four core areas is as follows:

Health Sciences. This area was divided into three categories with general topics listed within each. In the Basic Science category, biology and anatomy are included in more institutions at all three levels of graduate programs than any of the five topics listed; chemistry and biochemistry were included least.

Over 50 percent of the respondents of the master's degree programs indicated that epidemiology and community health were either required or usually taken in the Public Health category. Over 50 percent reported the same for community health in doctoral degree programs. Epidemiology is the topic more often included in master's programs and the least often included in doctoral degree programs. Alcohol, drugs, and marriage and the family are the three topics most frequently included in the Special Health Content category in all three levels of graduate degrees with the topic of aging ranking last.

In general topics in the Basic Science category are less often included in graduate programs than any of the other three categories included in the Health Science area.

Behavioral Sciences. Group dynamics, learning theory, and social psychology are topics in the Psychology category which led the list and are required or usually taken in approximately 50 percent of the master's and doctoral degree programs and 40 percent of the intermediate degree programs. Decision making and psychology of language are less often included, as a requirement or usually taken, than any of the seven topics in this category. The degree of emphasis in terms

of the percent of checking Required or Usually Taken - is about the same for all seven topics at all three levels.

A similar picture is seen in the category of Sociology with the topic of community organization being more often required or usually taken than any of the six topics in the category. It is either required or usually taken in approximately 56 percent of the master's degree programs and 42 percent of the doctoral degree programs and 40 percent of the intermediate degree programs. Less than 45 percent of the institutions checked either social anthropology or cultural anthropology as required or usually taken at any level of the graduate program.

Education, The School and Society. The four categories of this area are Methodology, Philosophy and History, the School Health Program and Curriculum. Responses indicated the degree of emphasis given a topic or category. Methods of health instruction received a higher percentage of responses in master's (approximately 67 percent) and intermediate degree (60 percent) programs than for doctoral degree (41 percent) programs. The topic that led the list (i.e., either required or usually taken) in the category of Philosophy and History for master's and intermediate degree programs is history of health education with philosophy of higher education being last. The exact reverse of this is true for doctoral degree programs since philosophy of higher education is required or usually taken in more institutions than any other topic and history of health education was reported to be the least often required or usually taken.

Organization and administration received more responses in the School Health Program category at all three levels than any other topic since 65 percent or more reported it to either be required or usually taken. For doctoral degree programs, school health service and health counseling received the fewest responses of any of the topics with school health environment and health counseling receiving fewer responses in master's degree programs. Health counseling received the least for intermediate degree programs. In the category of Curriculum, curriculum in health education led the list of five topics for all three levels of graduate programs. Over 70 percent in each of the three reported it to either be required or usually taken. The nature and scope of higher education was checked for fewer master's degree programs than any other topic with structure of knowledges being checked by fewer doctoral degree programs. Three of the topics (structure of knowledge, curriculum in teacher education and nature and scope of higher education) are not required or usually taken in intermediate degree programs.

Evaluation and Research. In the category of Evaluation over 75 percent of doctoral degree programs and 80 percent of the intermediate degree programs checked measurement and evaluation in health as required or usually taken with 47 percent doing likewise for master's degree programs. Statistics, survey of health education research and the research project (thesis, dissertation, project) are either required or usually taken more often in the doctoral degree programs than either the master's or intermediate degree programs.

With the exception of biostatistics, all topics in this category are either required or usually taken by 65 percent or more of the doctoral degree programs. Research design and methods was the only topic to be required or usually taken more often in master's degree programs than doctoral degree programs. Approximately 78 percent of the master's degree programs checked it as being required or usually taken.

(6) Areas of Scholarly Study and Research

EMPHASIS AT THE MASTER'S LEVEL SHOULD BE ON COMPETENCY IN HEALTH EDUCATION WHICH NECESSITATES BREADTH OF STUDY WITHIN THE COMMON CORE. SPECIALIZATION MAY BE IN SCHOOL HEALTH EDUCATION OR COMMUNITY HEALTH EDUCATION.

To determine the amount of emphasis master's degree programs place on the common core body of knowledge mentioned in the above guideline, respondents were asked to indicate which of the general topics within each of the four core areas were required or usually taken. Table 42 presents the findings relative to the Core Body of Knowledge recommended by the 1967 Conference on graduate education sponsored by AAHPER. The focus and emphasis given to the Core Body of Knowledge in master's degree programs has been discussed in the preceeding pages under the heading "The Core Body of Knowledge." Findings show only the percentage of topics within each of the four core areas - 1) Health Science, 2) Behavioral Science, 3) Education, School and Society and 4) Education and Research - which are required or usually taken in the master's degree programs. Competence in health education

cannot be determined from these data.

Opportunity to specialize in community health, i.e. as a minor area or dual major, in addition to school health is available in 10 of the master's degree programs (see Table 31), one intermediate degree program and four doctoral degree programs.

THE DOCTORAL STUDENT IS EXPECTED TO HAVE CONTINUED EXPERIENCES IN THE COMMON CORE AREAS. THE THIRD YEAR AND DISSERTATION REQUIRED OF THE DOCTORAL CANDIDATE PERMIT A HIGH DEGREE OF SPECIALIZATION. AN INTERDISCIPLINARY APPROACH WITH A CONCENTRATION IN AREAS RELATED TO HEALTH EDUCATION IS RECOMMENDED.

The minimum time required for completion of the doctorate for eight of the 19 institutions is three years or more (see Table 34) beyond the bachelor's degree. The writing of a dissertation is required in all 19 institutions. Table 42 shows the topics that are required or usually taken in the common core areas at the master's, intermediate and doctoral degree levels. The degree, if any, of continued experience in these common core areas in the doctoral degree programs over the other degree programs could not be ascertained from this table.

Concentration in areas related to health education is required in 12 of the 19 institutions offering the doctoral degree. Six indicated this was not required and one did not respond to the question. Each respondent was asked to list the three areas most often selected by their doctoral candidates. Table 43 provides a summary of these listings. The social and behavioral science area is by far the area most often listed as one of the three areas of concentration selected by doctoral students with education being second.

TABLE 43

SUMMARY OF THE AREAS OF CONCENTRATION OUTSIDE HEALTH
EDUCATION MOST OFTEN SELECTED BY DOCTORAL CANDIDATES^a

Area	Number of Responses	Number of Institutions
Biology	1	1
Environment	1	1
Education	8	8
Family Life and Sex Education	4	4
Gerontology	1	1
Physical Education	4	4
Public Health	3	3
Research	1	1
Social and Behavioral Sciences	15	9
Total	38	12

^aBased on responses of 12 of the 19 institutions offering the doctoral degree who indicated their institution required an area of concentration. Each respondent was asked to list the three areas most often selected (two respondents listed four which gives a total of 38 responses above)

In summary, the guidelines in Areas of Scholarly Study and Research focus on the emphasis for the master's and doctoral degree programs.

The opportunity to specialize in community health education as a minor area or dual major is possible in 10 of the 47 offering

the master's degree, one of the five offering the intermediate degree and four of the 19 offering the doctoral degree. Twelve of the 19 offering the doctorate reported that concentration in an area related to health education is required for the doctorate with the writing of a dissertation being required by all 19 institutions offering the doctorate.

Experimentation and Changes in Programs

To determine the types, if any, of changes occurring within graduate programs, respondents were asked to describe any changes and/or experimentation that had occurred in their programs within the three year period of 1968-1971.

Fifteen of the 28 institutions not offering the doctoral degree reported that there had been some change in their programs within the last three years (1969-71). A little over 50 percent (8) of these 15 indicated that there had been changes in the focus and emphasis - either in the overall program or in certain courses. Kinds of changes described were: more independent study, more health oriented courses as opposed to cognate courses, reorganization of courses, more comprehensive program, addition of programs such as community health, administration of health, separation of health and physical education major, and field experience. Reasons given for these changes centered primarily around student and faculty interests and evaluation, greater awareness of community health and change in state guidelines. One respondent indicated that an attempt to follow

national guidelines had influenced the changes.

Five (one-third of the 15 reporting changes) reported that new courses had been added such as drugs and alcohol. These changes were reported to have resulted from the type of students in the program and student and faculty interest.

The two other institutions responding reported developing an undergraduate major and shifting of the starting point of the program in order to allow students the opportunity to complete the program by summer and be ready for school placement in the fall. The latter change resulted from the need to combine school and community health education in a school of public health. No reason was given for the former change.

Fourteen of the 19 institutions offering the doctoral degree reported changes in their programs within the last three years (1968-71). Three reported that no changes had occurred in their programs. A fourth did not respond to this question and a fifth submitted a copy of the program but the investigator was unable to determine what changes had taken place. Five, or approximately 35 percent of the fourteen, reported that their changes had centered around more involvement and greater emphasis on community health. The remaining changes described did not seem to focus on any one type of idea. A resume of these include: greater flexibility in independent study, more options for the Ph.D. program, more emphasis on interdisciplinary research by the Ph.D. candidates, new undergraduate health education major, addition of non-teaching education

major, addition of teaching aids--EDEX and Curriculum Aids Center-- additional courses, more flexibility of the master's degree program to allow for individual student's background, and tailor-made programs at the Ph.D. degree level.

In summary, the majority of all the institutions (29 out of 47) indicated that changes have been made in their programs during the three year period of 1968-71. These changes tended to center more around the focus and emphasis of the program. In general, the reasons given for these were trends in education and society, faculty and student needs and interests and evaluations.

Summary of Data Concerning the Program

This chapter has been concerned with the data obtained from Section III - The Program - of the questionnaire. The questions in this section were concerned primarily with the guidelines recommended for the graduate health education programs by the 1967 Conference on "Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance." Two questions at the end of Section III - The Program - focused on changes that have occurred in the programs during the three year period of 1968-71.

Generally, there is greater emphasis on preparation for public and junior college teaching in the master's degree programs and a greater emphasis on research and research procedures and college and university teaching in doctoral degree programs. Opportunity to

specialize in community health is possible in 10 of 47 master's degree programs, one of five intermediate degree programs and four of the 19 doctoral degree programs.

The recommendation that more than one criterion be used in admitting students to the program is being followed. Forty-four of the 47 reported that at least three criteria are used for admission to the graduate program. "Undergraduate GPA" followed by "personal integrity" and "professional concern" in that order are the criteria most frequently used. In addition, admission requirements for the doctoral degree program were reported to be more discriminative in 17 of the 19 programs. The majority indicated that the Graduate Record Examination or some other test score and/or a certain GPA is required for admission to the doctoral degree program.

Almost 90 percent (42 of the 47 institutions) require the recommended minimum of one academic year beyond the bachelor's degree for completing the master's degree. Eight of the 19 institutions require a minimum of three years beyond the bachelor's degree for completion of the doctorate.

Forty-one (87 percent of the 47) institutions offering the master's degree require some type of written and/or oral examination at the completion of the degree. Four of the five institutions offering the intermediate degree do likewise. All 19 institutions offering the doctorate require both written and oral examinations followed by an oral defense of the dissertation.

The guidelines state that although the master's thesis is optional, if the thesis is not required or written the student should be expected to write a research report in lieu of it. Twenty-two of the 47 institutions in this study require either the thesis or research project in lieu of the thesis for the master's degree. All 19 institutions offering the doctorate require the dissertation for the degree.

The need for programs to be flexible enough to meet the needs and educational goals of students is recommended. In general, respondents reported their programs for all levels to be flexible so that courses of study are planned and designed to meet the needs and goals of the individual student.

Field experience was reported to be required or usually taken in 31 master's degree programs, two intermediate degree programs and seven doctoral degree programs. The local health department and voluntary agencies are used the most frequently with the elementary school being used the least.

Data collected relative to the four areas of the Core Body of Knowledge recommended by the 1967 Conference indicate the percentage of programs in which a topic is required or usually taken. Following is an overall summary of results of the information obtained from the respondents concerning these areas.

The Basic Science category, of the Health Science Area, was emphasized less than the other two categories - Public Health and Special Health Content - in this core area. Community Health was the area in the Public Health category that was included most often

in all graduate programs with epidemiology being the area emphasized primarily in master's degree programs. Topics receiving the highest percentage of responses in the Special Health Content area are: alcohol, drugs, accident prevention and marriage and the family. Aging received the lowest percentage in this category for all levels.

There were three categories in the Behavioral Science area - 1) Psychology, 2) Sociology and 3) Anthropology. None of the topics in any of these three categories were required or usually taken by more than approximately 50 percent of the students in any of the three graduate programs. In the Psychology category group dynamics, learning theory, and social psychology were more often required or usually taken in all three graduate programs than any of the seven topics in this category. In the category of Sociology only one topic - community organization - is required or usually taken by as much as 50 percent in any degree program (master's and intermediate degree programs). A similar situation was reported in the category of Anthropology. Neither of the two topics - social anthropology or cultural anthropology - are usually taken or required by as much as 45 percent by any of the three graduate degree programs.

A summary of the findings in the third core area--Education, The School and Society--suggests the following. The category of Methodology is required or usually taken in 67 percent of the master's and 60 percent of the intermediate degree programs and approximately 40 percent of the doctoral degree programs. In the category of

Philosophy and History, history of health education led the list (i.e., either required or usually taken) for master's and intermediate degree programs with philosophy of higher education being last. In doctoral degree programs the reverse is the case with philosophy of higher education being first, i.e., required or usually taken, in more doctoral programs than any other topic in the category with history of health education being the least often required or usually taken. In the category of the School Health Program organization and administration was the topic included as a requirement or one usually taken by the greatest percentage of programs at all three levels. Curriculum in health education in the category of Curriculum was emphasized by over 70 percent at all three levels of graduate programs, leading the list in this category.

There were two categories in the area of Evaluation and Research. The topic that was considered the most important in the first category--Evaluation--was measurement and evaluation in health education. Over 75 percent of the doctoral degree programs, approximately 47 percent of the master's degree programs and 80 percent of the intermediate programs reported it to be either required or usually taken. Data for the second category--Research--suggest that doctoral degree programs place more emphasis on statistics, survey of health education research and written research reports (theses, dissertations and projects) than either the master's or intermediate degree programs.

Concentration in areas related to health education is required in 12 of the 19 institutions offering the doctorate. Social and behavioral science areas are the areas reported to be the most often

selected by doctoral degree students. This and requiring of the dissertation enable those in the doctoral program the opportunity for specialization.

Utilization of field experience (i.e., the institutions reported that at least one field experience was required or usually taken) was reported in 31 of the master's degree programs, seven of the doctoral degree programs and two of the intermediate degree programs. The local health department and voluntary health agencies were the agencies used by the greatest percentage of the institutions; the elementary school was used the least. Opportunity to specialize in community health education is possible in 10 of the 47 master's degree programs, four doctoral degree programs and one intermediate degree program.

A total of 29 institutions reported changes and/or experimentation in their programs during the 1968-71 three year period. Fourteen of these were in institutions offering the doctorate with 15 in institutions not offering the doctorate. More of the changes in the institutions offering the doctorate centered primarily around a greater emphasis in community health. Changes in institutions not offering the doctorate centered around addition of new courses, development of a more comprehensive program, separation of health and physical education, and providing field experience. In general, reasons for all of these changes centered around student and faculty interest and trends and needs in education and society.

CHAPTER VII

STRENGTHS AND WEAKNESSES OF GRADUATE SCHOOL/COLLEGE HEALTH EDUCATION PROGRAMS AS VIEWED BY ADMINISTRATORS

Data for this Chapter were obtained from Section IV - Major Strengths and Weaknesses - of the questionnaire. The purpose of this section was to determine the strong and weak points of present graduate school/college health education programs as viewed by the administrators of the programs.

Each respondent was asked to respond to five questions concerning the strengths and weaknesses of graduate preparation in school/college health education. They were requested to make these responses in relation to the profession as a whole and not the respondent's own institution. In the initial question the respondent was provided a list of 22 areas (see Table 44) of present curricula patterns, i.e., topics and areas included in courses of study of graduate programs in school/college health education. He was asked to rate these areas in graduate preparation relative to their being strong and weak. As a follow-up to this question recommendations for ways of improving the areas considered to be weak were requested. Questions three and four asked the respondents to state one major factor which was "right" in present graduate school/college health education programming (curriculum) and one major factor which was "wrong" in

TABLE 44
STRENGTHS AND WEAKNESSES OF AREAS IN GRADUATE SCHOOL/COLLEGE
HEALTH EDUCATION PROGRAMS^a

	<u>Strong</u>	<u>Moderately Strong</u>	<u>Weak</u>	<u>No Opinion</u>	<u>No Re- sponse</u>
Basic sciences such as biology, anatomy, phy- siology, etc.	26.3	36.8	10.5	10.5	15.7
Public and community health	18.4	42.1	36.8	0	2.6
Special health content areas such as drugs, family life, etc.	31.5	50.0	18.4	0	0
Behavioral sciences such as psychology, sociology, anthropology, etc.	13.1	47.3	34.2	2.6	2.6
Methods of health instruc- tion	36.8	44.7	13.1	2.6	2.6
History of health education	5.2	26.3	55.2	13.1	0
Philosophy of health edu- cation	10.5	39.4	47.3	2.6	0
History of education	13.1	42.1	31.5	5.2	7.8
Philosophy of education	23.6	63.1	7.8	5.2	0
School health services	31.5	44.7	21.0	2.6	0
Healthful school environ- ment	21.0	52.6	26.3	0	0
Health counseling	10.5	34.2	55.2	0	0
Organization and adminis- tration of school health program	47.3	42.1	10.5	0	0
Curriculum theory	26.3	47.3	18.4	5.2	2.6
Curriculum in health edu- cation	31.5	63.1	5.2	0	0

TABLE 44--Continued

	<u>Strongly</u>	<u>Moderately Strong</u>	<u>Weak</u>	<u>No Opinion</u>	<u>No Re- sponse</u>
Curriculum in teacher education	7.8	50.0	26.3	7.8	7.8
Nature and scope of higher education	2.6	26.3	52.6	15.7	2.6
Measurement and evaluation in health education	7.8	39.4	50.0	2.6	0
Measurement and evaluation in education	15.7	36.8	36.8	7.8	2.6
Research statistics and design	18.4	36.8	44.7	0	0
Field experience: in school	10.4	26.3	55.2	5.2	2.6
in the community	2.6	7.8	42.1	2.6	44.7
Other	0	0	2.6	0	97.3

^aBased on responses of 38 administrators and recorded by percentage of responses.

present graduate school/college health education programming. In the final question the respondent was asked to evaluate research projects (theses, intermediate degree projects and dissertations) produced in the field of school/college health education as a whole during the three year period of 1968-71.

Evaluation of Areas in Curriculum with Recommendations
of Ways to Alleviate Weaknesses

Table 44 shows the areas of graduate preparation deemed by the administrators as weak and strong in the profession as a whole. Data in this Table were based on the responses of 38 respondents who completed the question.

The follow-up question to the data presented in Table 44 requested the respondent to suggest ways for alleviating the weakness of the areas he considered (checked) to be weak.

Only five areas were reported to be weak by 50 percent or more of these 38 respondents. These five areas are: 1) history of health education, 2) health counseling, 3) nature and scope of higher education, 4) measurement and evaluation in health education, and 5) field experience in the school. Two other areas - research statistics and design and philosophy of health education - were considered by as many as 45 percent of these 38 respondents to be weak. Almost half of the 22 items in Table 44 were considered to be weak by less than 30 percent of the 38 respondents.

A summary of the recommendations suggested for alleviating the seven areas reported by 45 percent or more to be weak are as follows:

History of health education. Twelve of the 21 checking this area as weak made these recommendations: improve instruction, provide better qualified faculty, add course to curriculum in this area, and attract more qualified students.

Health counseling. The 10 out of the 21 reporting health counseling to be a weak area made these suggestions: increase the total units of the program, include courses in related fields such as guidance, place more emphasis on the practical and functional aspects of the program, and improve the quality of instruction and students in the program.

Nature and scope of higher education. Fifty percent of the 20 checking this as a weakness made recommendations very similar to those recommended for alleviating the weakness in health counseling. Better instruction, higher qualified students and faculty, increase total courses with special course in this area, more emphasis on the practice aspects, and more emphasis in doctoral programs were the types of recommendations.

Measurement and evaluation in health education. The recommendations made by 12 of the 19 checking this area to be weak focused on adding more qualified staff and students, improving instruction, placing greater emphasis in this area by adding courses for this purpose, doing more research in tests and measurements, and emphasizing the practical aspects of the program.

Field experience in school. While 21 (55.2 percent) of the 38 respondents believed this to be a weak area in school/college graduate

programs, only five (23.8 percent) made recommendations for alleviating such. Emphasizing the practical aspects, increasing the length of the program, and adding a quarter of field experience or additional work for the degree were the kinds of recommendations suggested. One of the respondents who checked this to be weak noted that this would be difficult to include because many students enrolled in graduate programs are part time - i.e., teachers who are already employed as teachers.

Philosophy of Health Education. Include additional courses to cover the topic, place more emphasis in present courses, and add staff able to cover the subject were the kinds of recommendations made by 13 of the 18 respondents who indicated philosophy of health education to be weak.

Research statistics and design. Alleviating the weakness in research statistics and design could be achieved by requiring the thesis or research project, adding and requiring more research and statistics courses in this area, better prepared college teachers and establishing an inter-institutional seminar in health education to serve as a guide for graduate research. These were a summarization of the recommendations made by 10 of the 17 respondents indicating research statistics and design to be weak.

Major Factors Considered To Be "Right" in Graduate
School/College Health Education
Programming (Curriculum)

Forty-one of the 47 respondents participating in this survey completed an open-ended question concerning one factor which they

considered to be "right" in the curricula of graduate school/college health education programs. The factor most often mentioned as "right" in programming (curriculum) was flexibility of the programs. For example, the programs were believed to be designed and planned on an individual basis to meet the specific needs, goals and interests of the student. Some 29 percent (12) of the 41 reporting cited this factor.

Providing programming that meets the needs of society and deals with contemporary and current problems of society was considered by four (9.7 percent) to be the single most important "right" factor in the curricula. Another four respondents listed the separation of physical education from health education while four others suggested the emphasis on the behavioral aspects of health education curriculum. A trend toward preparation in and inclusion of both school and community health background was reported by four (9.7 percent) additional respondents to be the one "right" factor in the curricula.

The remaining 13 (31.7 percent) responses made to this question were diverse and did not focus on any single factor. These responses include the following: standards of programs, concept theory of education, closer tie with education of all teachers, dedication of professionals in the field, emphasis on personal nature, providing personnel for colleges, applying science to people, behavioral objectives, and emphasizing methodology.

Major Factors Considered to be "Wrong" in Graduate
School/College Health Education
Programming (Curriculum)

Forty of the 47 respondents participating in this survey completed an open-end question concerning the one factor which they considered to be "wrong" and inappropriate in the curricula of graduate school/college health education programs. Inflexibility and rigidity of programs was cited by the most respondents (7 of the 40 or 17.5 percent). The second factor reported was the combination of health and physical education with faculty still teaching in both areas. Four, or 10 percent, of the 40 listed this as being the one inappropriate factor.

Each of the following three factors were listed by three (7.5 percent) of the 40 respondents: 1) over concentration in the health content areas such as drugs and sex education, rather than emphasizing a broad based comprehensive program, 2) lack of strong interdisciplinary program and 3) lack of opportunity for practical application - field experience. Three other factors were listed by two respondents (5 percent) each. These were: 1) lack of relevancy of the programs, 2) too great an emphasis on research and 3) poorly informed college professors.

The remaining 14 (35 percent) responses made to this question were diverse and did not focus on any single factor. These responses included the following: lack of qualified undergraduates, failure to involve students more in curriculum development, future education needs,

irrelevant to needs of society, indifference to research and evaluation, too little emphasis on community health, lack of sequence, and lack of facilities for specialized teachers in health education.

Evaluation of Research in the Graduate Programs of School/College
Health Programs for the Profession as a Whole

In an attempt to determine the quality of research being done, respondents were requested to evaluate the theses, intermediate degree projects, and dissertations produced in the field of school/college health education as a whole within the previous three years (1968-1971) in terms of such factors as topics covered, type of research, and design. Table 45 indicates how the respondents evaluated the research produced in the field as a whole during these three years.

TABLE 45

EVALUATION OF THESES, INTERMEDIATE DEGREE PROJECTS AND DISSERTATIONS
IN SCHOOL/COLLEGE HEALTH EDUCATION FOR THE PERIOD, 1968-71
(Numbers in each column represent the percent of the 47
respondents checking that category)

	<u>Master's Theses</u>	<u>Intermediate Degree Research Project</u>	<u>Doctoral Dissertations</u>
Very Satisfactory	0	0	2.1
Satisfactory	46.8	8.5	29.7
Not Satisfactory	23.4	8.5	19.1
Cannot Say	21.2	14.8	8.5
No Response	8.4	58.0	40.3

The data in this table suggest that master's theses were considered to be the most satisfactory of the research produced. Approximately 46 percent of the 47 reported them to be satisfactory. In terms of percent of responses, master's theses were also reported to be the least satisfactory (23.4 percent). However, it would be difficult, from these data, to make a firm conclusion since some 48 percent of the respondents did not evaluate dissertations; some 80 percent did not evaluate intermediate degree projects, whereas only about 30 percent of the 47 respondents failed to evaluate theses. The reason for this could be due to the fact that only five and 19 of the respondents were from institutions offering the intermediate and doctoral degrees respectively. Therefore, many of the respondents might have lacked adequate knowledge to evaluate such research activities.

Reasons Why Research is Unsatisfactory in Health Education

Nineteen respondents offered suggestions for upgrading the research or reasons as to why health education research was not satisfactory. Five of these 19 were respondents who did not check any research to be unsatisfactory. The remaining 14 checked at least one of the three types of research to be unsatisfactory. A summary of these responses was made in relation to the three types of research shown in Table 45.

Five respondents reported only master's theses to be unsatisfactory. Following is a summary of the reasons given by these five

for unsatisfactory theses: 1) the master's degree student lacks adequate research background to do unsatisfactory research, 2) the studies were more often done on programs or crisis issues such as drugs rather than on the broader areas of health education, 3) they lack creativity and were often short ranged and 4) there were too many insignificant surveys.

The two respondents who reported only dissertations to be unsatisfactory suggested that they needed to be more action oriented and cover the subject in more depth.

One respondent who indicated only intermediate degree research projects to be unsatisfactory suggested these were unsatisfactory because there was too much survey research and they were concerned more with school health education rather than emphasizing research on subject content such as drugs and nutrition.

Three who reported both dissertations and theses to be unsatisfactory suggested that the research was often irrelevant and not action oriented. In addition, it failed to affect people at the "grass roots" level and produce changes in public school health programs.

Two indicated that both intermediate degree projects and dissertations were unsatisfactory during the three year period of 1968-1971. They suggested that there is a need for more behavior oriented research and less attention to survey and descriptive studies along with the need to develop sociological methodology.

One respondent reported that all three types of research--theses, intermediate degree projects and dissertations--were unsatisfactory during this three year period. His rationale included that (1) they were often stereotyped, i.e., there was an over emphasis on such topics as drugs; (2) they often lacked applicability to health education, per se; and (3) they were more related and applicable to such fields as sociology and psychology.

The five respondents who did not check any to be unsatisfactory, but who submitted responses relative to improving health education research suggested that the upgrading of research would improve as research courses orient the student more to the sociological model and less toward the experimental model. Also, there is a greater need for regular on-going funding for health education research in order to get beyond surveys and conduct more longitudinal experimental studies. Finally, these same respondents indicated that the research should be more practical and applicable to real life situations at all levels.

Summary

The focus of this Chapter has been the strength and weaknesses of current graduate programs as viewed by administrators of the program. The five areas considered to be the weakest are: 1) history of health education, 2) health counseling, 3) nature and scope of higher education, 4) measurement and evaluation in health education, and 5) field experience in the school. General recommendations for

alleviating these were: 1) add courses to the curriculum, 2) attract better qualified students for graduate programs, 3) add qualified faculty and 4) include more practical experience, i.e. field experience, in the curriculum.

The factor most often considered to be "right" in programming (curriculum) is flexibility. This was reported by 29 percent of those responding to this question. This was followed by such factors as providing a curriculum that meets the needs of society, separation of health and physical education, emphasizing behavioral aspects of health, and the trend toward including both school and community health in the curriculum.

Inflexibility and rigidity of programs was reported to be "wrong" by more respondents (7 of 40) than any other single factor. The second factor most often mentioned (4 of 40) was the combination of health and physical education with faculty still teaching in both areas. These were followed by over concentration in health content areas such as drugs and sex education, lack of a strong interdisciplinary program, and lack of field experience.

The current master's theses are considered to be satisfactory by over 45 percent of the 47 respondents in this study with dissertations being considered satisfactory by almost 30 percent. Twenty-three percent reported theses not satisfactory with almost 20 percent indicating the same for the dissertation. Over 80 percent gave no response to the quality of intermediate degree projects. An overview of the reasons submitted for the unsatisfactory research in health

education includes: too much emphasis on topics such as drugs and sex education, lack of action oriented research, too many survey types of research, and a lack of relevant research. Recommendations made for improving the research were: include more preparation in sociological model of research and less of the experimental, provide funding for long term studies, and doing research that is more practical and applicable to real life.

CHAPTER VIII

FUTURE DIRECTIONS OF GRADUATE SCHOOL/COLLEGE HEALTH EDUCATION AS VIEWED BY ADMINISTRATORS

Data for this Chapter were obtained from Section V - The Future - of the questionnaire. The purpose of this section was to determine the direction graduate school/college health education programs should go within the next two decades as viewed by the administrators of the programs.

Each respondent was asked to respond to four questions concerning the focus, direction, and mission of graduate programs within the next two decades. The first question requested that the respondent check the degree of emphasis that 16 suggested areas of school/college health education programming (see Table 46) should receive in graduate programs within the next 10 years. Then, for those areas the respondent believed to need "Strong Emphasis" within the next 10 years, he was requested to state one or more reasons why he believed this. Question three dealt with the directions school/college health education programs appear to be moving. The final question was concerned with the mission of graduate school/college health education programs in the 1970's and 1980's.

TABLE 46

EMPHASIS THAT SHOULD BE GIVEN TO TOPICS IN SCHOOL/COLLEGE GRADUATE HEALTH EDUCATION
PROGRAMS WITHIN THE NEXT TEN YEARS^a

	<u>Strong Emphasis</u>	<u>Moderate Emphasis</u>	<u>No Emphasis</u>	<u>No Opinion</u>	<u>No Response</u>
Educational technology (hardware)	15.5	73.3	0	6.6	4.4
Health education for the disadvantaged and multi-ethnic groups	55.5	42.2	0	0	2.2
Early childhood (pre-school) health education	42.2	51.1	4.4	2.2	0
Computer/mechanized information systems	22.2	66.6	8.8	0	2.2
Decision-making for behavior change (motivation)	84.4	11.1	2.2	0	2.2
Role of government in health affairs	37.7	55.5	2.2	4.4	0
Comprehensive health planning and programs	53.3	44.4	0	2.2	0
Public relations in health education (i.e., com- municating <u>about</u> health education programs)	57.7	37.7	4.4	0	0
Value-clarification education; value issues and conflicts in health matters	64.4	28.8	2.2	2.2	2.2
Ethical and moral implications in matters of health	48.8	33.3	11.1	4.4	2.2

TABLE 46--Continued

	<u>Strong Emphasis</u>	<u>Moderate Emphasis</u>	<u>No Emphasis</u>	<u>No Opinion</u>	<u>No Response</u>
Individualized, personalized instruction in health education	44.4	48.8	2.2	2.2	2.2
Teacher health and personal effectiveness (i.e., self concept)	48.8	37.7	6.6	4.4	2.2
Cooperative teaching (with medical, dental, social scientists, etc.)	46.6	46.6	2.2	2.2	2.2
Health for a metropolitan society	37.7	51.1	2.2	4.4	4.4
"Gamesmanship" - simulation techniques	8.8	48.8	17.7	17.7	6.6
Accountability in health education	40.0	53.3	0	6.6	0
Other (i.e., as listed in III-A, pages 7-11): Political action	24.4	0	0	0	75.5

^aBased on responses of 45 administrators and recorded by percentages of responses.

Program Areas That Need to be Emphasized Within the
Next Ten Years and Reasons for This Emphasis

Table 46 reveals the areas and topics which 45 administrators believe should be emphasized in the next ten years. Five topics received "Strong Emphasis" by over 50 percent of the respondents with two other topics receiving "Strong Emphasis" by slightly under 50 percent of the respondents. A summary of the reasons given for checking these seven topics are as follows:

Health education for the disadvantaged and multi-ethnic group.

The ideas of 17 of the 25 checking "Strong Emphasis" for this topic could be synthesized into these three statements: 1) There is a need for more relevant and action oriented health education programs to deal with the problems where they are, 2) many of the major health problems in our society are in this area; consequently, health education represents a great need for these groups and 3) a lack of equality, a trend in education to reach all people in society, plus increased government funding for these groups demand strong emphasis be given to this topic in the next ten years.

Decision-making for behavior change (motivation). A summary of the reasons of 26 of the 38 checking this item is as follows: decision-making is really the reason education and health education exist, knowledge apart from behavior is insignificant and irrelevant; this process can in effect help solve health problems, the ultimate goal, function and mission of health education is in essence to influence behavior; and, in attempting to influence attitudes and

behavior and to assist individuals to make intelligent decisions relative to health matters emphasis must be focused on decision-making.

Comprehensive health planning and programs. Sixteen of the 24 checking "Strong Emphasis" supplied reasons which can be synthesized as follows: to be the most effective in meeting health problems of society health education must be concerned with the total aspects of health, it needs the support and interest of all other programs, as society becomes larger and more complete, the necessity for comprehensive and long range health planning; and, health education must become an integral part of the community in cooperative and comprehensive efforts to improve and effect the health of people from the total (comprehensive) point of view which could thus, lead to prevention of health problems and reduce the necessity for so much medical treatment.

Public relations in health education (i.e., communicating about health education programs). The four main reasons for giving this a "Strong Emphasis" rating provided by 19 of the 26 checking it include the following: current needs and demands made this necessary; emphasizing this area will aid in showing the relevancy and interpreting the health education to the public; public support and acceptance is necessary if health education is to survive, grow and expand; and, this can be attained by informing and communicating the nature of health education programs.

Value clarification education; value issues and conflicts in health matters. Eighteen of the 29 respondents gave reasons for checking this as needing "Strong Emphasis." In summary they suggested that: some of the current needs indicate that this is an area that should receive attention; health is a personal matter; health education is interested in influencing personal behavior of people; emphasis on value clarification is one way and means of influencing behavior and attitudes which is the ultimate goal of health education; there is a need to do more than present knowledge and facts; and it is necessary to focus on value clarification if we are going to assist the individual in developing the decision making process so vital for behavior change.

Ethical and moral implications in matters of health. In summary, 15 of the 22 respondents provided the following reasons for considering this as needing "Strong Emphasis": ethical matters are a vital part of one's living; health is personal; dealing with these ethical issues helps the individual solve health problems and make intelligent decisions relative to health; and, in essence these cannot really be separated from facts for this is where man lives and is the level at which he deals with health issues and problems.

Teacher health and personal effectiveness. A synthesis of the reasons listed by 15 of 22 respondents concerning their "strongly emphasizing" this topic includes: one of the most important components in effective health education is the teacher; one of the most important keys to his effectiveness is being healthy and a living example of what he teaches, since what he does and is influences his

teaching; and, in order to accomplish the tasks and goals of health education, teachers who are personally effective and hold a "healthy" self concept are vital and are necessary in the endeavor.

Directions Graduate School/College Health Education
Programs Appear to be Moving in the 1970's

Forty respondents completed an open-ended question concerning the future directions of health education in the 1970's. They were asked to state the direction they saw graduate school/college health programs moving now and in the 1970's.

Responses to the question were somewhat varied. In general, however, the responses of a greater number (67.5 percent or 27) focused around these four areas: 1) relationship of school and community, 2) inter-disciplinary and multi-disciplinary approach, 3) specialization and 4) research.

Approximately 28 percent suggested that there will be a greater relationship between school and community health.. Evidence of this will be manifested by: 1) more community experiences, 2) stronger ties with community agencies, 3) including both school health education and community health education in the same program, and 4) training students to deal with community and school health problems.

About 18 percent see graduate school/college health education moving in the direction of some type of inter-disciplinary or multi-disciplinary approach. A summary of their responses indicate that: 1) greater cooperation and involvement with other disciplines such as

psychology and sociology and related fields such as medicine, nursing and social work will occur, 2) persons entering the program will represent a greater diversity of disciplines such as sociology and dental hygiene, and 3) there will be better coordination of the program regardless of departmental connections and course offerings.

The area of specialization within health education was the third (about 13 percent) area most often listed as a direction in which graduate school/college would be moving in the 1970's. Specializing in special health content areas such as drugs and sex education and special health program areas such as curriculum, communications and program theory was suggested by these respondents.

Research, which was mentioned by 10 percent of the 40 responding was the fourth area most frequently mentioned. A summary of their responses suggest that there will be a move toward the development of research specialists in health education; as well as a move toward the use of research methodology employed by the allied health sciences and focusing more on applied research studies. In addition, it was suggested that there will be a move away from the biological and behavioral emphasis in health instruction and toward the direction of research.

The remaining responses to this question were varied and did not focus on any one aspect to any significant degree.

Mission of Graduate School/College Health
Education in the 1970's and 1980's

Forty respondents completed an open-ended question in which they

were asked to state what they see as the mission of graduate school/college health education in the 1970's and 1980's. Although the question asked respondents to describe what they viewed the mission of graduate programs to be for both 1970's and the 1980's, respondents did not make this distinction concerning each decade.

Approximately 63 percent of the responses focused around health education personnel, i.e., the type of person needed in the next two decades to meet the needs of society. In summary, the respondents believed that: 1) health education graduate programs must prepare persons who can deal effectively with people and the behavioral aspects of health education, and who can work effectively with others and function at both the school and community level, 2) there will be a need to prepare specialists in health content and program areas who could serve as consultants and guides to instruction, development and organization of school health education curricula, and who can also serve in a public relations capacity; 3) graduate schools should prepare high quality graduates as teachers, researchers and leaders; and, 4) an increase of health educators will be needed but this increase should not be accomplished at the expense of diluting the quality of students in health education.

Some 12 percent focused their comments regarding the future on the health education program which included: 1) improving the quality of the program and research with more relevant research and 2) more inter-disciplinary programs and individualized instruction. Ten percent suggested the mission to be in the area of public

relations suggesting that it will be important to help school leaders at all levels and school professionals such as counselors and administrators to develop an accurate understanding of health education in order to get their support. The remaining responses were diverse and did not focus on any one area to any significant extent.

Summary

The concern of this Chapter has been on the future direction in which graduate programs in school/college health education should move in the next one and two decades as viewed by the administrators of the program.

The seven areas of the program reported by approximately 50 percent or more of the respondents to need "Strong Emphasis" in the next ten years are: 1) health education for the disadvantaged and multi-ethnic groups, 2) decision-making for behavior change, 3) comprehensive health planning and programs, 4) public relations in health education, 5) value clarification education - values and conflicts in health matters, 6) ethical and moral implications in matters of health and 7) teacher health and personal effectiveness.

The majority of administrators see graduate programs moving in three directions in the 1970's: 1) more inter-disciplinary and multi-disciplinary approach, 2) closer relationship of school and community health education and 3) more specialization in areas such as drugs and sex education. They see the mission of graduate programs

for the 1970's and 1980's as preparing health education personnel who (1) can work at the school and community level, (2) are specialists in health content and program areas, and (3) can serve as leaders, teachers and researchers.

CHAPTER IX

INTERPRETATIONS AND RECOMMENDATIONS

An exploration of the status of graduate school/college health education programs and the future directions which these programs should take has been the focus of this study. The purposes of this study have been threefold: 1) to compare present practices of faculty and programs with some of the guidelines recommended for the Faculty and the Program by the 1967 AAHPER National Conference on graduate education - Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education, and Dance; 2) to ascertain, from administrators, their assessment of the strengths and weaknesses of present graduate programs; and 3) to determine, from the administrators, their impressions and ideas of the focus and direction graduate programs should take in the next 10 to 20 years.

The study developed from a perceived need for a follow-up study to the 1967 Conference to determine the degree of correspondence between institutions offering graduate degrees in school/college health education and some of the guidelines established at this Conference. In addition, a determination of opinions of administrators with regard to some of the present strengths and weaknesses and future directions was also considered useful information for providing further direction in program improvement.

A survey of the responses of all institutions offering a master's, intermediate and/or doctoral degree in school/college health education was conducted using a questionnaire as the instrument of data collection. The survey was begun in early June, 1971, and completed November 15, 1971. Forty-seven of the 71 institutions offering a graduate degree in school/college health education returned a completed questionnaire. This constituted a 66.1 percent return.

A summary of the findings of this study appears at the end of Chapters IV through VIII. Chapter IV provides information concerning a description of the institutions and departments included in the study in terms of such factors as age, enrollment, degrees granted and administrative structure. Chapter V presents the data concerning the faculty guidelines recommended by the 1967 Conference. Chapter VI reports data which are concerned with 1) the graduate program (curriculum) to determine the extent to which institutions correspond to the Program guidelines recommended by the 1967 Conference and 2) the changes and/or experimentation that occurred in graduate programs during the three year period of 1968-1971. The summary at the end of Chapter VII reveals the areas of graduate programs (curriculum) deemed strong and weak by administrators of the programs. Chapter VIII indicate the areas of graduate programs reported to need strong emphasis in the next two decades.

The purposes of this Chapter are: 1) present some interpretation and impressions of the study derived by the investigator; and 2) to make some recommendations for further studies.

Some Interpretations of the Data

The growth, both in number of institutions offering graduate degrees and students being graduated in school/college health education as a single major is on the increase. While almost three-fourths of the 47 graduate programs of health education in this study are affiliated with physical education in some way--at the departmental, school, college, or division level only 11 are affiliated at the departmental level. This seems to indicate that the ties of health education with physical education are becoming further removed in the administrative structure with health education being significantly recognized as a field of study separate and apart from physical education. Thus, as the need for the specialist has become evident and recognized, health education and physical education have been establishing separate programs as opposed to the traditional dual or combination major.

The guideline that suggests that those who advise research studies should have done research or have been engaged in other experiences in the special field of the research project he is advising may not be practical or necessary. The findings in this study indicated that the majority (84 out of 139) of those advising had done research or written articles or books in at least one area or on one topic in which he was advising. However, of the total 647 projects being advised at the time of this study, only a little over one-third (241 - 37.2 percent) were in areas in which the faculty member advising had done research or written books or articles.

It is important and helpful for those advising to have experiences in research, but the guidelines might be more realistic and equally, if not more, beneficial if written to suggest that the advisor should have done research using the type of methodology employed by the advisee as opposed to having written or done research in the field or area under study by the advisee.

The areas of specialization of faculty in special health content, as well as the emphasis given to special health content areas in the graduate program, suggest that the programs are emphasizing the two areas - drugs and sex education or/and family life education - that are most prominent in the news. Not only are these of prominence in the news media today, but they are two areas in which there is a need for education. Health education programs appear to be attempting to prepare students to be able to deal effectively with these two needs in our current society. It has also been found in this study, however, that graduate programs are virtually omitting the topic of aging. Of the 11 areas listed in the category of "Special Health Content," the topic of aging was reported to be included as a topic required or usually taken in each of the three levels of graduate programs less often than any of the 11 in the category. To recognize aging as one of the natural and normal developments of man and to recognize it as a developmental period in man's life which requires special understanding and adaptation - physically, mentally, socially and economically - is to indicate that education, and specifically health education, can and should assume a responsibility

in helping man to experience a quality life during this period.

As longevity increases, and the population of the aged increases there will be and is a need for aiding man in understanding and accepting this process. If health education is going to meet the demands of a changing world, it will be necessary to prepare health educators to be able to perform as a health educator in all areas of man's development including aging. Consequently, in this writer's opinion, graduate programs need to place more emphasis on aging than is now being done.

Field experience is available - in the community and/or school - in 31 of the master's degree programs, two intermediate degree programs, and seven doctoral degree programs. The type of field experience most often reported to be required or usually taken was field experience in the community as opposed to the school. This is most likely due to the fact that many of the students enroll in the graduate program with a school health type of field experience and no community type field experience. While this is understandable, there probably should also be some type of field experience in the school and/or college since graduates of the program in school/college health education generally accept a position in a school or college or university setting. In addition, field experience in the school was reported to be weak by over half of the 38 administrators reporting on strengths and weaknesses of areas of the graduate program. The educational experience of students in graduate school could be enhanced by including an adequately supervised field experience in the setting

where he is most likely to work following completion of his graduate program.

At the crux of health education is the objective to favorably influence the individual's health behavior and to aid him in the process of making intelligent decisions relative to his health. If health education is to successfully meet these objectives, it must prepare the professional health educator in the understanding of areas such as "decision-making" and "value systems" so vital in behavior change. Data in this study indicate a gross lack of preparation of health educators at the graduate level in these two areas. Less than 30 percent of each of the three levels of graduate programs is including the topic of "value systems" or value clarification regarding health matters, and less than 25 percent is including "decision-making" as a requirement or topic of importance.

Two areas most often reported by the administrators to need "Strong Emphasis" within the next 10 years in graduate programs were "Decision-Making for Behavior Change" and "Value Clarification Education; Value Issues and Conflicts in Health Matters." Over 80 percent indicated that they believed "Decision-Making for Behavior Change" should receive "Strong Emphasis," while "Value Clarification Education; Value Issues and Conflicts in Health Education" received a similar rating by 64 percent.

Therefore, if data in this study are accurate, a change in the existing focus of graduate programs in these two areas should be observed within the next 10 years.

There appears to be some move toward more involvement in community health. The opportunity to specialize in community health as a dual major or minor area is available in 10 of the 47 master's degree programs and four of the 19 doctoral degree programs. In addition, 11 of 40 (about 28 percent) responding to the question concerning the direction graduate education appears to be moving in the 1970's indicated that they see it moving toward a closer alliance with community health. This appears to be especially true at the doctoral level since more of the changes made during the three year period 1968-71 in doctoral degree programs were reported to center around a greater emphasis on community health than any other area.

There appears to be a wide variety of topics included in graduate programs (curriculum) for school/college health education with a great deal of flexibility within programs. There were only two items in which there was unanimous agreement: 1) the dissertation is required for the doctoral degree; and 2) all doctoral programs require a written and oral examination on course work followed by an oral defense of the dissertation. This lack of unanimity may indicate an attempt to design courses of study that will prepare the student for the type of position he desires in light of the background he brings to the program. It may also mean that either there are no established or core of competencies necessary for a school/college health educator, or individuals are entering the field with such diverse backgrounds that it is difficult to show a great deal of unanimity in a study such as this.

Recommendations for Future Studies

In order to gain a broader knowledge of graduate programs in school/college health education, it is recommended that the following studies be made:

- 1) A survey of recent graduates of graduate programs to determine the effectiveness of their graduate education by ascertaining 1) an analysis of their present positions, 2) the type of curriculum they took in their graduate programs, and 3) their evaluation of the experience they had in the graduate program.
- 2) An evaluation of the 1967 graduate program guidelines published by AAHPER by graduate faculty, who are responsible for developing and implementing the program, and recent graduates who can relate their needs based on the demands of their current positions.
- 3) A study to determine if there are certain basic competencies needed by any person going into the field of school/college health education curricula and determining, on the basis of the student's previous background, if specific areas and topics should be included in his course of study as a basic foundation.
- 4) A study to identify what the future health needs of our society will be within the next ten to twenty years. This

would aid institutions in establishing graduate curricula in health education that will prepare professionals who will be qualified to meet these needs.

APPENDICES

APPENDIX A

QUESTIONNAIRE PREPARED
FOR THIS STUDY

QUESTIONNAIRE TO DETERMINE THE STATUS OF GRADUATE PROGRAMS
IN SCHOOL/COLLEGE HEALTH EDUCATION

Instructions

This questionnaire consists of five parts: Background Information, Faculty Information, Program Information, Major Strengths and Weaknesses, and The Future.

In many instances, questions can be answered with either one word, placing a check mark (✓), or circling YES or NO.

A few open-ended questions have been included. Please answer these in as much detail as needed. If sufficient space has not been allowed, continue your answer on the back page.

Please note that some questions apply only to the master's program, or the intermediate program, or/and the doctoral program; other questions apply to all three programs. Answer only those questions that pertain to your degree program(s). Also note that the questionnaire is concerned only with graduate programs designed to prepare school and college health educators.

All information supplied in this questionnaire will be kept confidential. A summary of the results will be sent to those responding to the questionnaire.

Please return the completed questionnaire no later than July 8, 1971, to:

Patricia Dunn
2812 New Hope Road
Raleigh, North Carolina 27604

Enclosure: Stamped envelope for return of the questionnaire.

I. BACKGROUND INFORMATION

Name of Respondent _____

Title _____

Institution _____

Address _____

Zip Code _____

A) What year did your institution begin offering graduate degrees in school/college health education?

master's degree _____

intermediate degree _____

doctoral degree _____

B) Check (✓) the type of graduate degree(s) which are offered by your institution in school/college health education.Master's Degrees

_____ M.A.

_____ M.S.

_____ M.Ed.

_____ M.A.T.

_____ Other (specify) _____

Intermediate Degrees

_____ H.S. Director

_____ Other (specify) _____

_____ None

Doctoral Degrees

_____ Ph.D.

_____ Ed.D.

_____ H.S.D.

_____ D.P.E.

_____ Other (specify) _____

_____ None

C) How many students were enrolled (i.e., registered for one or more courses during the 1971 spring quarter or semester) in the school/college health education?

master's program M _____ F _____

intermediate program M _____ F _____

doctoral program M _____ F _____

D) In addition to those who were registered for one or more course (#C above), how many other students are considered "prospective degree candidates" in the school/college health education curriculum (i.e., were not registered for a course spring quarter or semester)?

master's program M _____ F _____

intermediate program M _____ F _____

doctoral program M _____ F _____

(Note: the following E, F and G refer only to school/college health education)

- E) What is perceived to be the maximum number you can enroll with your present staff and facilities for the

master's program? _____

intermediate program? _____

doctoral program? _____

- F) How many degrees did you grant during the 1969-1970 academic year, including summer of 1970?

master's degrees _____

intermediate degrees _____

doctoral degrees _____

- G) How many degrees do you expect to grant in 1970-1971 academic year, including this (1971) summer?

master's degrees _____

intermediate degrees _____

doctoral degrees _____

- H) Check (✓) the degrees held by the chairman of health education and list the area of concentration in which the degree was completed.

Degrees Held

Area of Concentration

_____ bachelor's

_____

_____ first master's

_____

_____ second master's

_____

_____ intermediate

_____

_____ doctoral

_____

- I) What are the administrative affiliations of health education? Check (✓) as many as appropriate.

College

School

Division

Department

_____ Ed.

_____ Ed.

_____ HPER

_____ HPER

_____ HPER

_____ HPER

_____ H & Safety

_____ H & Safety

_____ H & PED.

_____ H & PED.

_____ H. Sci.

_____ H. Ed.

_____ P. Ed.

_____ Pub. H.

_____ H. Ed.

_____ H. Sci.

_____ Other (specify)

_____ Allied H.

_____ Other (specify)

_____ P. Ed.

_____

_____ Other (specify)

_____

_____ Other (specify)

- J) Check (✓) the system which is used in your institution for scheduling classes.

quarter system _____

semester system _____

II. FACULTY INFORMATION

- A) What is the total number of graduate faculty in health education (persons approved for graduate teaching and advising)? _____
- B) How many hold a doctoral degree?
or the equivalent? _____
- C) How many of the total number of graduate faculty are men? _____
- D) How many of the total are part-time in health education (i.e., teach in some other area such as physical education, recreation)? _____
- E) How many of the total are part-time faculty members (i.e., teach only 50% or less on your campus; visiting professor or adjunct professor; etc.)? _____
- F) How many of the total number are above age 30? _____
- G) How many of the total number are above age 45? _____
- H) Of the total number of graduate faculty in health education, how many different institutions are represented in the undergraduate degrees each one holds? _____
- I) Of the total number of graduate faculty in health education, how many different institutions are represented in the highest degree each one holds? _____
- J) Please state the number of credit hours considered to be the expected total load a staff member must assume each quarter/semester as a member of the graduate faculty. _____
- K) When computing the total load for graduate faculty, which of the following are considered in determining this load (i.e., activities for which the faculty member is given credit hours toward the total load)?
- 1) Classes taught _____
  - 2) Thesis and dissertation advising _____
  - 3) Individual studies directing _____
  - 4) College committees and projects _____
  - 5) Community services and projects _____
  - 6) Services to professional organizations _____
  - 7) Personal research and scholarly projects _____
  - 8) Administrative duties _____
  - 9) Other (specify) _____
- L) Does your department have a formula for determining faculty load? If so, please describe or attach copy of it. _____

*Equivalence is to be interpreted as extensive experience, national reputation and authoritative status in health education.

- H) What is the maximum number of research projects your department permits a faculty member to advise (i.e., serve as the major advisor) at any given time?

master's theses _____

intermediate projects _____

combination of theses and dissertations _____

none established _____

- I) Does one member of the graduate faculty coordinate all research activities in health education? _____

- O) Which of the following are provided for assistance to the graduate faculty? Check (✓) those provided and indicate the degree to which you feel they are adequately provided at your institution.

<u>Type of Assistance</u>	<u>More than adequate</u>	<u>Adequate</u>	<u>Less than adequate</u>
_____ research assistants	_____	_____	_____
_____ teaching assistants	_____	_____	_____
_____ audio-visual techniques	_____	_____	_____
_____ computer & machine operator	_____	_____	_____
_____ clerical & secretarial aid	_____	_____	_____
_____ departmental or division librarian	_____	_____	_____
_____ other (specify)	_____	_____	_____

- P) Does your institution grant a sabbatical leave in each seven year period of service for the purposes of self-improvement and professional service? _____

- Q) Does the faculty member receive remuneration during this leave? _____
If so, please describe the type, duration and extent of remuneration.

R) How many of the current staff have had a sabbatical leave? _____

S) Check (✓) whether the following are available in your department for professional growth of graduate faculty members and indicate the number that participated this academic year (1970-1971), including summer.

<u>Professional Growth</u>	<u>Available</u>	<u>Number Participating this Academic Year</u>
1) Periodic leave of absence, i.e., a quarter or semester, to engage in special projects such as developing a curriculum for a school system, etc.	_____	_____
2) Opportunity to attend professional conferences or conventions.	_____	_____
3) Financial assistance to attend professional conferences or conventions.*	_____	_____
4) In-service education such as:		
a) Keeping abreast of literature, research and recent developments	_____	_____
b) Participation in student conferences, oral examinations and seminars	_____	_____
5) Other (specify) _____	_____	_____

T) Check (✓) which of the following are recognized in terms of salary increments and promotions in rank.

Teaching competence and leadership	_____
Research competence and productivity	_____
Creative activity and artistic endeavor	_____
College and community service	_____
Other (specify) _____	_____

*Please indicate amount available per faculty member annually if computed in that manner.

\$ _____

- U) Answer questions 1 through 9 for each GRADUATE faculty member in health education by circling either YES or NO.
Answer questions 10 through 15 with the appropriate figures or words.

	STAFF #1	STAFF #2	STAFF #3	STAFF #4	STAFF #5	STAFF #6	STAFF #7
1. Does he hold a doctoral degree?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
2. Is he part-time, i.e.							
a) teach in some other area such as P. Ed.?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
b) teach only 50% or less on your campus?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
3. Within the last 3 years has he published any							
a) research?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
b) books or articles?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
4. Has he participated in any college or university activities and projects (i.e., served on student government advisory committees, faculty senate committees, etc.) outside of the Health Education Department this academic year? (1970-1971)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
5. Has he engaged in community health projects and activities during this academic year? (1970-71)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
6. Is he qualified to teach special health content courses in one or more areas such as drugs, nutrition, environment, etc.	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
7. Is he qualified to teach one or more special program areas such as curriculum, evaluation, etc.?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
8. If he has an area(s) of speciality, does he teach at least one graduate course a year in his:							
a) special health content area? (see 6 above)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
b) special health program area? (see 7 above)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
9. Does he teach at least one undergraduate course annually?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
10. If he has an area(s) of specialization (see 6 and 7 above), please list.							
11. How many master's theses is he currently advising? (major advisor)							
12. How many intermediate degree research projects is he currently advising? (major advisor)							
13. How many doctoral dissertations is he currently advising? (major advisor)							
14. How many of the above (11, 12, 13) are in areas or on topics in which he has done research or written articles or books?							
15. What is the average number of credit hours he teaches per quarter or semester?							

	STAFF #8	STAFF #9	STAFF #10	STAFF #11	STAFF #12	STAFF #13	STAFF #14
1. Does he hold a doctoral degree?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
2. Is he part-time, i.e.							
a) teach in some other area such as P. Ed.?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
b) teach only 50% or less on your campus?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
3. Within the last 3 years has he published any							
a) research?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
b) books or articles?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
4. Has he participated in any college or university activities and projects (i.e., served on student government advisory committees, faculty senate committees, etc.) outside of the Health Education department this academic year? (1970-1971)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
5. Has he engaged in community health projects and activities during this academic year? (1970-71)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
6. Is he qualified to teach special health content courses in one or more areas such as drugs, nutrition, environment, etc.	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
7. Is he qualified to teach one or more special program areas such as curriculum, evaluation, etc.	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
8. If he has an area(s) of speciality, does he teach at least one graduate course a year in his:							
a) special health content area? (see 6 above)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
b) special health program area? (see 7 above)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
9. Does he teach at least one undergraduate course annually?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
10. If he has an area(s) of specialization (see 6 and 7 above), please list.							
11. How many master's theses is he currently advising? (major advisor)							
12. How many intermediate degree research projects is he currently advising? (major advisor)							
13. How many doctoral dissertations is he currently advising? (major advisor)							
14. How many of the above (11, 12, 13) are in areas or on topics in which he has done research or written articles or books?							
15. What is the average number of credit hours he teaches per quarter or semester?							

III. THE PROGRAM

- A) Check (✓) the criteria used for admission to the graduate program in the school/college health education.

_____ teaching experience (other than student teaching)

professional preparation:

_____ major in health education

_____ minor in health education

_____ dual health and physical education major

_____ biology major

_____ nursing major

_____ Other (specify) _____

_____ communication skills

_____ personal integrity

_____ professional concern

_____ undergraduate grade point average

_____ GRE and/or other test scores

_____ Other (specify) _____

- B) Are admission standards for the doctoral program more selective than those established for the master's and/or intermediate programs? _____

If so, please stipulate or attach a copy.

- C) The 1967 guidelines describe four core-areas of learning experiences common for the school/college health education program at the graduate level. On the following pages (8-12) are these four areas with suggested general topics (not necessarily courses, per se) listed under each. Check (✓) those which are REQUIRED (of all students) and those USUALLY TAKEN (taken by the majority of the students in the program) for your master's, intermediate and doctoral programs in school/college health education.

Note: The general topics listed are not intended to represent the specific titles of courses--only general areas included in the graduate program.

If you have a copy of your program and it provides this information, you may send it in preference to checking the items which follow.

AREAS

1) HEALTH SCIENCE AREA

Basic Science

- Human biology
- Human anatomy
- Chemistry
- Biochemistry
- Microbiology
- Other (specify)

[illegible]

Public Health

- a. Public Health Organization
b. Epidemiology
c. Community health
d. World Health
e. Other (specify) _____

Three empty 5x2 grids for writing numbers.

Special Health Content Areas

- a. Aging
- b. Alcohol
- c. Drugs
- d. Alcohol and Drugs
- e. Environmental health
- f. Consumer Health
- g. Nutrition
- h. Accident Prevention
- i. Mental Hygiene
- j. Marriage and Family Life
- k. Disease control
- l. Personal Health
- m. Other (specify) _____

[illegible]

2) BEHAVIORAL SCIENCE AREA

Psychology

- a. Social Psychology
- b. Psychology of Personality
- c. Developmental Psychology (growth and development)
- d. Learning theory
- e. Psychology of Language
- f. Group Dynamics
- g. Decision making
- h. Other (specify) _____

[illegible]

Sociology

- a. Medical Sociology
- b. Value Systems
- c. Communication theory
- d. Mass Communications
- e. Community organization
- f. Belief structure
- g. Other (specify) _____

[illegible]Anthropology

- a. Cultural Anthropology
b. Social Anthropology
c. Other (specify) _____

3) EDUCATION, THE SCHOOL AND SOCIETY

Methodology

- a. Methods of Health Instruction _____
- b. Other (specify) _____

4) EVALUATION AND RESEARCHEvaluation

- a. Measurement & Evaluation in Health Education
- b. Measurement and Evaluation in Education
- c. Other (specify) _____
- _____
- _____

Master's		Intermediate		Doctoral	
REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN

Research

- a. Statistics
- b. Biostatistics
- c. Research Design & Methods
- d. Survey of Health Education Research
- e. Thesis-Dissertation/Project
- f. Written Research Report (In lieu of thesis)
- g. Other (specify) _____
- _____
- _____

Other (miscellaneous - specify)

- D) Check (✓) the field experiences which are offered for graduate credit in terms of whether they are REQUIRED (i.e., of all students) or USUALLY TAKEN (i.e., taken by a majority of the students).

These are experiences in which the student receives graduate credit by engaging in such activities as teaching, working on a special project, assisting a professional in a school/college, public or private health agency.

<u>Field Experience</u>	Master's		Intermediate		Doctoral	
	REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN
1. College health program						
2. High school health program						
3. Elementary health program						
4. Local health department						
5. Voluntary health agency						
6. Other (specify) _____						

- E) Do you use the term "common core" to describe those courses you checked on pages 8-12. Please attach any clarifying details. _____

- F) Is there any required sequence of courses for the

master's program? _____

intermediate program? _____

doctoral program? _____

- G) Is a language(s) required for the

master's degree? _____

intermediate degree? _____

doctoral degree? _____

- H) To what extent is the graduate curriculum flexible to meet the needs, interests and career expectations of individual students? Please specify for each degree offered.

- I) What is the minimum time, beyond the bachelor's degree, allowed for completing the degrees? (specify by number of quarters or semesters)

master's degree _____

intermediate degree _____

doctoral degree _____

- J) What is the maximum time (i.e., calendar years) allowed for completing the degrees?

master's degree _____

intermediate degree _____

doctoral degree _____

- K) What type of evaluation is required for the master's and intermediate degrees? Check (✓).

	<u>Master's Degree</u>	<u>Intermediate Degree</u>
1. Written only (Over-all knowledge and understanding of field of health education)	_____	_____
2. Oral only (Over-all knowledge and understanding of field of health education)	_____	_____
3. Written and oral without thesis (Over-all understanding of field of health education)	_____	_____
4. Written, followed by oral covering thesis or research report when completed	_____	_____
5. Other (specify) _____	_____	_____
6. None	_____	_____

- L) What type of evaluation is required for the doctoral degree? Check (✓).

1. Written and oral after course work (Over-all knowledge and understanding of field of health education and related area of concentration)	_____
2. Written and oral after course work (Over-all knowledge and understanding of health education and related area of concentration) followed by oral defense of dissertation when completed	_____
3. Written examination only, following course work (Over-all knowledge and understanding of field of health education and related area of concentration)	_____
4. Written and oral after course work (Over-all knowledge and understanding of health education) followed by oral defense of dissertation when completed	_____
5. Other (specify) _____	_____
6. None	_____

M) Please indicate how the doctoral committee is constituted.

11) Do you require a concentration in a field outside health education, such as child development, sociology, etc., in a related area to health education in your doctoral program? _____

If so, what are the three areas most often selected?

1. _____
2. _____
3. _____

O) How do the master's, intermediate and doctoral programs compare and/or differ in terms of emphasis in relation to the following? Indicate by checking (✓).

	More Emphasis in Master's	More Emphasis in Intermediate	More Emphasis in Doctoral	About Equal Emphasis	No Emphasis
1. Preparation for public school & junior college teaching	_____	_____	_____	_____	_____
2. Preparation for college or university teaching	_____	_____	_____	_____	_____
3. Preparation for supervision and coordination of health education	_____	_____	_____	_____	_____
4. Research procedures	_____	_____	_____	_____	_____
5. Concentration in a related area to health education such as child development, sociology, etc.	_____	_____	_____	_____	_____
7. Independence of study	_____	_____	_____	_____	_____
8. Other (specify)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- P) May persons receiving graduate degrees in school/college health education specialize in community health as a dual or a minor area of concentration for the

master's degree? _____

intermediate degree? _____

doctoral degree? _____

- Q) Has there been any experimentation and/or changes in your program within the last three years?

If so, please describe these changes.

What influenced these changes and/or experimentation? Have the Guidelines influenced you in any way to make these changes?

IV. MAJOR STRENGTHS AND WEAKNESSES

- 1) Check (✓) the areas of graduate preparation in school/college health education you consider to be weak (i.e., definitely need improving) and those you consider to be strong (i.e., being done well). Please make this judgment in relation to the current professional demands of health educators with graduate preparation for the profession as a whole - not your institution.

	<u>Strong</u>	<u>Moderately Strong</u>	<u>Weak</u>	<u>No Opinion</u>
A) Basic sciences such as biology, anatomy, physiology, etc.	_____	_____	_____	_____
B) Public and community health	_____	_____	_____	_____
C) Special health content areas such as drugs, family life, etc.	_____	_____	_____	_____
D) Behavioral sciences such as psychology, sociology, anthropology, etc.	_____	_____	_____	_____
E) Methods of health instruction	_____	_____	_____	_____
F) History of health education	_____	_____	_____	_____
G) Philosophy of health education	_____	_____	_____	_____
H) History of education	_____	_____	_____	_____
I) Philosophy of education	_____	_____	_____	_____
J) School health services	_____	_____	_____	_____
K) Healthful school environment	_____	_____	_____	_____
L) Health counseling	_____	_____	_____	_____
M) Organization and administration of school health program	_____	_____	_____	_____
N) Curriculum theory	_____	_____	_____	_____
O) Curriculum in health education	_____	_____	_____	_____
P) Curriculum in teacher education	_____	_____	_____	_____
Q) Nature and scope of higher education	_____	_____	_____	_____
R) Measurement and evaluation in health education	_____	_____	_____	_____
S) Measurement and evaluation in education	_____	_____	_____	_____
T) Research statistics and design	_____	_____	_____	_____
U) Field experience: in school	_____	_____	_____	_____
in the community	_____	_____	_____	_____
V) Other (specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 2) For those checked "Weak" on page 15, and about which you feel strongly, list the corresponding letter(s) and state one or more recommendations to alleviate these weaknesses.
- 3) State one major factor which you feel is "right" in graduate school/college health education programming (curriculum) today.
- 4) State one major factor which you feel is "wrong" in graduate school/college health education programming (curriculum) today.
- 5) Evaluate the theses and dissertations produced in the field of school/college health education as a whole, not your institution, within the last three years in terms of topics covered, type of research, design, etc. Check (V).

	<u>Master's theses</u>	<u>Intermediate Degree Research Project</u>	<u>Doctoral dissertations</u>
Very Satisfactory	_____	_____	_____
Satisfactory	_____	_____	_____
Not Satisfactory	_____	_____	_____
Cannot Say	_____	_____	_____

If you do not consider them at least "satisfactory," why? How can we upgrade the current health education research?

THE FUTURE

- A) Check (✓) the degree of emphasis that should be given in the following areas and topics of school/college health education graduate programs in the next ten years.

	<u>Strong Emphasis</u>	<u>Moderate Emphasis</u>	<u>No Emphasis</u>	<u>No Opinion</u>
1) Educational technology (hardware)	_____	_____	_____	_____
2) Health education for the disadvantaged and multi-ethnic groups	_____	_____	_____	_____
3) Early childhood (pre-school) health education	_____	_____	_____	_____
4) Computer/mechanized information systems	_____	_____	_____	_____
5) Decision-making for behavior change (motivation)	_____	_____	_____	_____
6) Role of government in health affairs	_____	_____	_____	_____
7) Comprehensive health planning and programs	_____	_____	_____	_____
8) Public relations in health education (i.e., communicating <u>about</u> health education programs)	_____	_____	_____	_____
9) Value-clarification education; value issues and conflicts in health matters	_____	_____	_____	_____
10) Ethical and moral implications in matters of health	_____	_____	_____	_____
11) Individualized, personalized instruction in health education	_____	_____	_____	_____
12) Teacher health and personal effectiveness (i.e., self-concept)	_____	_____	_____	_____
13) Cooperative teaching (with medical, dental, social scientists, etc.)	_____	_____	_____	_____
14) Health for a metropolitan society	_____	_____	_____	_____
15) "Gamesmanship" - simulation techniques	_____	_____	_____	_____
16) Accountability in health education	_____	_____	_____	_____
17) Other (i.e., as listed in III-A, pages 7-11) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- B) For those checked "Strong Emphasis" on page 18 and about which you feel strongly, list the corresponding number(s) and state one or more reasons for this/these belief(s).
- C) In what direction do you see graduate school/college health education moving now? In the 1970's?
- D) What do you see as the mission of graduate school/college health education in the 1970's? 1980's?

APPENDIX B

FACULTY AND PROGRAM GUIDELINES FROM THE REPORT OF THE NATIONAL
CONFERENCE ON "GRADUATE EDUCATION IN HEALTH EDUCATION,
PHYSICAL EDUCATION, RECREATION EDUCATION,
SAFETY EDUCATION, AND DANCE"
SPONSORED BY AAHPER IN 1967

GUIDELINES

Guidelines as appeared in the report of the national conference on graduate education--Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance¹--and interpreted by the investigator served as the basis for the development of sections II--The Faculty and III--The Program of the questionnaire.

Guidelines used in this study appear below in all capital letters. Questions from the questionnaire which deal with the particular guideline are in lower case.

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¹American Association for Health, Physical Education, and Recreation. Report of a National Conference, Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance (Washington, D.C.: American Association for Health, Physical Education, and Recreation, 1967), pp. 30-33, 54-57.

THE FACULTY GUIDELINES
(taken from pages 30-33 of the Conference report)

A MEMBER OF THE GRADUATE FACULTY IN HEALTH EDUCATION SHOULD HOLD AN EARNED DOCTORATE OR ITS EQUIVALENT.

II-B)² How many hold a doctoral degree?
or the equivalent?

EACH MEMBER OF THE GRADUATE FACULTY SHOULD BE QUALIFIED IN ONE OR MORE AREAS OF SPECIALIZATION.

II-U) Answer questions 1 through 9 for each GRADUATE faculty member in health education by circling YES or NO. Answer questions 10 through 15 with the appropriate figures or words:

6. Is he qualified to teach special health content courses in one or more areas such as drugs, nutrition, environment, etc.?
7. Is he qualified to teach one or more special program areas such as curriculum, evaluation, etc.?
10. If he has an area(s) of specialization (see 6 and 7 above), please list.

THE FACULTY SHOULD BE SELECTED SO THAT THE GRADUATE PROGRAM IS TAUGHT BY PROFESSORS WHO HAVE RECEIVED THEIR UNDERGRADUATE AND TERMINAL DEGREES FROM MANY DIFFERENT INSTITUTIONS.

II-A) What is the total number of graduate faculty in health education (persons approved for graduate teaching and advising)?

II-H) Of the total number of graduate faculty in health education, how many different institutions are represented by the undergraduate degrees each one holds?

II-I) Of the total number of graduate faculty in health education, how many different institutions are represented in the highest degree each one holds?

---

²Roman numeral and letter or arabic number beside each question indicate the section and number of the question as it appears in the questionnaire.

THE FACULTY SHOULD BE COMPOSED OF BOTH MEN AND WOMEN.

- II-C) How many of the total number of the graduate faculty are men?

AGE DISTRIBUTION SHOULD BE CONSIDERED IN THE SELECTION AND RETENTION OF FACULTY.

- II-P) How many of the total number are above age 30?
 II-G) How many of the total number are above age 45?

Faculty Load

THE MAXIMUM LOAD OF THE GRADUATE FACULTY SHOULD BE THE EQUIVALENT OF TEACHING NINE SEMESTER HOURS. AT LEAST HALF OF THE PROFESSOR'S CREDITED LOAD MAY BE DEVOTED TO SUCH ACTIVITIES AS RESEARCH, SCHOLARLY ENDEAVORS, CREATIVE CONTRIBUTIONS, PUBLICATIONS AND PROFESSIONAL LEADERSHIP.

- II-J) Please state the number of credit hours considered to be the expected total load a staff member must assume each quarter/semester as a member of the graduate faculty.
- II-K) When computing the total load for graduate faculty, which of the following are considered in determining this load (i.e., activities for which the faculty member is given credit hours toward the total load)?
- 1) Classes taught
  - 2) Thesis and dissertation advising
  - 3) Individual studies directing
  - 4) College committees and projects
  - 5) Community services and projects
  - 6) Services to professional organizations
  - 7) Personal research and scholarly projects
  - 8) Administrative duties
  - 9) Other (specify)
- II-L) Does your department have a formula for determining faculty load? If so, please describe or attach a copy of it.
- II-U) Answer questions 1 through 9 for each GRADUATE faculty member in health education by circling YES or NO. Answer questions 10 through 15 with the appropriate figures or words;
15. What is the average number of credit hours he teaches per quarter or semester?

THE MAXIMUM NINE HOURS OF FORMAL CLASS ASSIGNMENT PER WEEK SHOULD BE REDUCED IN PROPORTION TO THE PERCENTAGE OF TIME DEVOTED TO STUDENT ADVISING AND COUNSELING, THESIS AND DISSERTATION ADVISING, THE DIRECTION OF INDIVIDUAL STUDY AND TO COLLEGE AND COMMUNITY SERVICE AS DETERMINED BY LOCAL POLICY. MEMBERSHIP ON COMMITTEES, PARTICIPATION IN SPECIAL ASSIGNMENTS WITHIN THE TOTAL ACADEMIC ENVIRONMENT, AND SERVICE TO THE COMMUNITY ARE FACTORS WHICH SHOULD BE CONSIDERED IN THE COMPUTATION OF TEACHING LOADS.

II-U) Answer Questions 1 through 9 for each GRADUATE faculty member in health education by circling YES or NO. Answer questions 10 through 15 with the appropriate figures or words:

4. Has he participated in any college or university activities and projects (i.e., served on student government advisory committees, faculty senate committees, etc.) outside of the Health Education department this academic year (1970-1971)?
5. Has he engaged in community health projects and activities during this academic year (1970-1971)?
11. How many master's theses is he currently advising (major advisor)?
12. How many intermediate degree research projects is he currently advising (major advisor)?
13. How many doctoral dissertations is he currently advising (major advisor)?
15. What is the average number of credit hours he teaches per quarter or semester?

NO FACULTY MEMBER SHOULD ADVISE MORE THAN FIVE DOCTORAL DISSERTATIONS AT A GIVEN TIME. IF MASTER'S THESES CONSTITUTE PART OF ALL THE LOAD AN INCREASED NUMBER MAY BE JUSTIFIED?

II-M) What is the maximum number of research projects your department permits a faculty member to advise (i.e., serve as the major advisor) at any given time?

master's theses _____
intermediate projects _____
combination of theses and dissertation _____

II-U) Answer questions 1 through 9 for each GRADUATE faculty member in health education by circling YES or NO.

Answer questions 10 through 15 with the appropriate figures or words:

11. How many master's theses is he currently advising?
(major advisor)
12. How many intermediate degree research projects is he currently advising (major advisor)?
13. How many doctoral dissertations is he currently advising? (major advisor)

Supporting Staff

THE GRADUATE FACULTY SHOULD BE ASSISTED BY SUCH PERSONNEL AS RESEARCH ASSISTANTS OR FELLOWS, DEPARTMENTAL LIBRARIANS, AUDIO-VISUAL TECHNICIANS, COMPUTER AND MACHINE OPERATORS, SECRETARIES AND CLERKS.

- II-0) Which of the following are provided for assistance to the graduate faculty? Check (✓) those provided and indicate the degree to which you feel they are adequately provided at your institution.

<u>Type of Assistance</u>	<u>More than adequate</u>	<u>Adequate</u>	<u>Less than adequate</u>
research assistants	_____	_____	_____
teaching assistants	_____	_____	_____
audio-visual technician	_____	_____	_____
computer & machine operators	_____	_____	_____
clerical & secretarial aid	_____	_____	_____
department or division librarian	_____	_____	_____
other (specify)	_____	_____	_____

Leave Policy

EACH GRADUATE FACULTY MEMBER SHOULD BE GRANTED A SABBATICAL LEAVE IN EACH SEVEN YEAR PERIOD OF SERVICE FOR THE PURPOSE OF SELF-IMPROVEMENT AND PROFESSIONAL SERVICE.

- II-P) Does your institution grant a sabbatical leave in each seven year period of service for the purposes of self-improvement and professional service.
- II-Q) Does the faculty receive remuneration during this leave? If so, please describe the type, duration and extent of remuneration.

- II-R) How many of the current staff have had a sabbatical leave?

FACULTY SHOULD BE GRANTED PERIODIC LEAVES OF ABSENCE IN ORDER TO UNDERTAKE A SIGNIFICANT ACADEMIC PROJECT FOR WHICH THEIR RECOGNIZED SPECIALIZED COMPETENCE IS REQUESTED OR WHEN AN UNUSUAL AND SIGNIFICANT OPPORTUNITY BECOMES AVAILABLE TO THEM.

- II-C) Check (✓) whether the following are available in your department for professional growth of graduate faculty members and indicate the number that participated this academic year (1970-71), including summer:

<u>Professional Growth</u>	<u>Available</u>	<u>Number Participating This Academic Year</u>
1) Periodic leave of absence, i.e., a quarter or semester, to engage in special projects such as developing a curriculum for a school system, etc.	_____	_____

Teaching

THE GRADUATE FACULTY SHOULD TEACH COURSES IN HIS AREA OF SPECIALITY. WHERE UNDERGRADUATE PROGRAMS EXIST IT IS DESIRABLE FOR HIM TO TEACH AN UNDERGRADUATE COURSE AS WELL.

- II-U) Answer questions 1 through 9 for each GRADUATE faculty member in health education by circling YES or NO. Answer questions 10 through 15 with the appropriate figures or words:

8. If he has an area(s) of speciality, does he teach at least one graduate course a year in his:
  - a) special health content area?
  - b) special health program area?
9. Does he teach at least one undergraduate course annually?

TEACHING COMPETENCE SHOULD BE RECOGNIZED IN TERMS OF SALARY INCREMENTS, AWARDS, AND PROMOTIONS IN RANK.

A FACULTY MEMBER'S DEMONSTRATED IMAGINATION, RESOURCEFULNESS, AND CAPACITY FOR INDEPENDENT THINKING ARE IMPORTANT REQUISITES TO SUCCESSFUL TEACHING, LEADERSHIP, RESEARCH, CLINICAL WORK AND ARTISTIC ENDEAVOR, AND SHOULD BE RECOGNIZED IN TERMS OF SALARY INCREMENTS AND PROMOTIONS IN RANK.

II-T) Check (✓) which of the following are recognized in terms of salary increments and promotions in rank.

- ☐ Teaching competence and leadership
- ☐ Research competence and productivity
- ☐ Creative activity and artistic endeavor
- ☐ College and community service
- ☐ Other (specify)

IT IS SUGGESTED THAT A GRADUATE FACULTY OF FOUR IS THE MINIMUM NUMBER NECESSARY FOR A GRADUATE PROGRAM IN HEALTH EDUCATION.

II-A) What is the total number of graduate faculty in health education (persons approved for teaching and advising).

II-D) How many of the total are part-time in health education (i.e., teach in some other area such as physical education, recreation)?

II-E) How many of the total are part-time faculty members (i.e., teach only 50% or less on your campus; visiting professor or adjunct professor, etc.)?

Research

A GRADUATE FACULTY MEMBER SHOULD BE ENGAGED OR HAVE BEEN ENGAGED IN RESEARCH, CREATIVE PROJECTS, AND/OR SCHOLARLY WORK IN THE SPECIAL FIELD OF THE THESIS OR DISSERTATION FOR WHICH HE IS THE MAJOR ADVISOR.

II-U) Answer questions 1 through 9 for each GRADUATE faculty member in health education by circling YES or NO. Answer questions 10 through 15 with the appropriate figures or words:

11. How many master's theses is he currently advising? (major advisor)
12. How many intermediate degree research projects is he currently advising (major advisor)?
13. How many doctoral dissertations is he currently advising? (major advisor)

14. How many of the above (11,12,13) are in areas or on topics in which he has done research or written articles or books?

GRADUATE FACULTY MEMBERS INVOLVED IN ADVISING RESEARCH PROJECTS SHOULD PUBLISH RESULTS PERIODICALLY.

- II-U) Answer questions 1 through 9 for each GRADUATE faculty member in health education by circling YES or NO. Answer questions 10 through 15 with the appropriate figures or words.

3. Within the last three years has he published any
 a) research?
 b) books or articles?

ONE MEMBER OF THE GRADUATE FACULTY SHOULD COORDINATE ALL RESEARCH ACTIVITIES OF HEALTH EDUCATION.

- II-N) Does one member of the graduate faculty coordinate all research activities in health education?

RESEARCH COMPETENCE AND PRODUCTIVITY SHOULD BE RECOGNIZED IN TERMS OF SALARY INCREMENTS AND PROMOTIONS IN RANK.

- II-T) Check (✓) which of the following are recognized in terms of salary increments and promotions in rank.

☐ Teaching competence and leadership
☐ Research competence and productivity
☐ Creative activity and artistic endeavor
☐ College and community service
☐ Other (specify)

In-Service Education

CONSTANT ATTENTION TO THE IMPROVEMENT OF PROFESSIONAL AND RESEARCH SKILLS AND KEEPING ABREAST OF LITERATURE, RESEARCH, AND RECENT DEVELOPMENTS IS ESSENTIAL. FACULTY PARTICIPATION IN STUDENT CONFERENCES, ORAL EXAMINATIONS, AND SEMINARS SHOULD BE ENCOURAGED.

- II-S) Check (✓) whether the following are available in your department for professional growth of graduate faculty members and indicate the number that participated this academic year (1970-1971), including summer.

<u>Professional Growth</u>	<u>Available</u>	<u>Number Participating this Academic Year</u>
2) Opportunity to attend professional conferences or conventions	_____	_____
3) Financial Assistance to attend professional conferences or conventions*	_____	_____
4) In-service education such as:		
a) Keeping abreast of literature, research and recent developments	_____	_____
b) Participation in student conferences, oral examinations and seminars	_____	_____

*Please indicate amount available per faculty member annually if computed in that manner.

THE PROGRAM GUIDELINES
(taken from pages 54-57 of the Conference report)

Degrees and Expected Outcomes

MASTER'S DEGREE PROGRAMS IN HEALTH EDUCATION ARE DESIGNED TO PREPARE TEACHERS, SUPERVISORS AND COORDINATORS FOR ELEMENTARY AND SECONDARY SCHOOLS AND COLLEGE INSTRUCTORS AND HEALTH EDUCATORS FOR COMMUNITY ORGANIZATIONS.

DOCTORAL PROGRAMS IN HEALTH EDUCATION ARE DESIGNED TO PREPARE UNIVERSITY AND COLLEGE TEACHERS, RESEARCH WORKERS AND LEADERS AT THE HIGHER LEVELS OF RESPONSIBILITY IN SCHOOLS, COLLEGES, UNIVERSITIES, AND COMMUNITIES.

- III-0) How do the master's, intermediate and doctoral programs compare and/or differ in terms of emphasis in relation to the following? Indicate by checking (✓).

	More Emphasis in <u>Master's</u>	More Emphasis in <u>Intermediate</u>	More Emphasis In <u>Doctoral</u>	About Equal <u>Emphasis</u>	No <u>Emphasis</u>
1. Preparation for public school & junior college teaching	_____	_____	_____	_____	_____
2. Preparation for college or uni- versity teach- ing	_____	_____	_____	_____	_____
3. Preparation for supervision and coordination of health educa- tion	_____	_____	_____	_____	_____
4. Research procedures	_____	_____	_____	_____	_____

III-P) May persons receiving graduate degrees in school/college health education specialize in community health as a dual or minor area of concentration for the

master's degree? _____
intermediate degree? _____
doctoral degree? _____

DIFFERENT KINDS OF GRADUATE DEGREES MAY BE GRANTED.

I-B) Check (✓) the type of graduate degree(s) which are offered by your institution in school/college health education.

<u>Master's Degrees</u>	<u>Intermediate Degrees</u>	<u>Doctoral Degrees</u>
_____ M.A.	_____ H.S. Director	_____ Ph.D.
_____ M.S.	_____ Other (specify)	_____ Ed.D.
_____ M.Ed.	_____	_____ H.S.D.
_____ M.A.T.	_____ None	_____ D.P.E.
_____ Other (specify)		_____ Other (spec- ify)
_____		_____ None

Admission Requirements

THE STANDARDS FOR ADMISSION TO GRADUATE WORK IN HEALTH EDUCATION SHOULD MEET THOSE ESTABLISHED BY THE INSTITUTION'S GRADUATE SCHOOL OR COUNCIL. THE HEALTH EDUCATION DEPARTMENT OR COMMITTEE SHOULD MAKE CAREFUL ASSESSMENT OF THE APPLICANT'S POTENTIAL FOR GRADUATE STUDIES BY USE OF THE APPRAISAL METHODS DISCUSSED IN THE SECTION PERTAINING TO THE GRADUATE STUDENT. THESE ARE:

ADMISSION SHOULD BE BASED ON A NUMBER OF SELECTION FACTORS RATHER THAN A SINGLE ABSOLUTE STANDARD. THIS IS TRUE IN "MARGINAL" CASES. THE FOLLOWING CRITERIA ARE SUGGESTED FOR CONSIDERATION: (A) AN APPLICANT'S PROFESSIONAL PREPARATION; (B) PREVIOUS EXPERIENCE; (C) INTELLIGENCE AND KNOWLEDGE; (D) COMMUNICATION SKILLS; (E) PERSONAL INTEGRITY AND (F) PROFESSIONAL INTEREST AND WILLINGNESS TO WORK.

ADMISSION STANDARDS FOR THE DOCTORAL DEGREE SHOULD BE MORE SELECTIVE THAN THOSE ESTABLISHED FOR THE MASTER'S DEGREE.

III-A) Check (✓) the criteria used for admission to the graduate program in school/college health education.

_____ teaching experience (other than student teaching)

_____ professional preparation:

_____ major in health education

_____ minor in health education

_____ dual health and physical education major

_____ biology major

_____ nursing major

_____ Other (specify) _____

_____ communication skills

_____ personal integrity

_____ professional concern

_____ undergraduate grade point average

_____ GRE and/or other test scores

_____ Other (specify) _____

- III-B) Are admission standards for the doctoral program more selective than those established for the master's and/or intermediate programs? _____

If so, please stipulate or attach a copy.

Degree Requirements

THE SUCCESSFUL COMPLETION OF THE MASTER'S PROGRAM SHOULD REQUIRE A MINIMUM OF ONE ACADEMIC YEAR, WITH COMPLETION OF THE DOCTORAL PROGRAM REQUIRING A MINIMUM OF THREE YEARS BEYOND THE BACHELOR'S DEGREE.

- III-I) What is the minimum time, beyond the bachelor's degree, allowed for completing the degrees? (specify by number of quarters or semesters)

master's degree? _____
 intermediate degree? _____
 doctoral degree? _____

A FINAL COMPREHENSIVE WRITTEN AND/OR ORAL EXAMINATION TO TEST THE CANDIDATE'S OVERALL KNOWLEDGE AND UNDERSTANDING OF THE FIELD OF HEALTH EDUCATION SHOULD BE ADMINISTERED AT THE COMPLETION OF THE PROGRAM OF STUDY FOR THE MASTER'S DEGREE. AN ORAL EXAMINATION IN ADDITION TO THE MASTER'S THESIS OR RESEARCH REPORT IS RECOMMENDED.

- III-K) What type of evaluation is required for the master's and intermediate degrees? Check (✓)

	<u>Master's Degree</u>	<u>Intermediate Degree</u>
1. Written only (Over-all knowledge and understanding of field of health education)	_____	_____
2. Oral only (Over-all knowledge and understanding of field of health education)	_____	_____
3. Written and oral without thesis (Over-all understanding of field of health education)	_____	_____
4. Written, followed by oral covering thesis or research report when completed	_____	_____
5. Other (specify) _____	_____	_____
6. None		

THE MASTER'S THESIS MAY BE OPTIONAL. WHEN A THESIS IS NOT REQUIRED, A STUDENT SHOULD BE EXPECTED TO PREPARE A WRITTEN RESEARCH REPORT THAT DEMONSTRATES HIS ABILITY TO INVESTIGATE A PROBLEM AND PRESENT HIS FINDINGS EFFECTIVELY. THE DISSERTATION IS REQUIRED FOR THE DOCTORAL DEGREE.

- III-C) The 1967 guidelines describe four core-areas of learning experiences common for the school/college health education program at the graduate level. On the following pages (8-12) are these four areas with suggested general topics (not necessarily courses, per se) listed under each. Check (✓) those which are REQUIRED (of all students) and those USUALLY TAKEN (taken by the majority of the students in the program) for your master's, intermediate and doctoral programs in school/college health education.

	Master's		Intermediate		Doctoral	
4. <u>EVALUATION AND RESEARCH</u>	REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN
<u>Research</u>						
a. Statistics						
b. Biostatistics						
c. Research Design & Methods						
d. Survey of Health Education Research						
e. Thesis-Dissertation/Project						
f. Written Research Report (in lieu of thesis)						
g. Other (specify) _____						

CHAIRMAN OF THE DISSERTATION COMMITTEE SHOULD BE FACULTY MEMBERS QUALIFIED IN THE AREA OF HEALTH EDUCATION OR IN THE AREA UNDER INVESTIGATION.

- II-0) Answer questions 1 through 9 for each GRADUATE faculty member in health education by circling YES or NO. Answer questions 10 through 15 with the appropriate figures or words:

6. Is he qualified to teach special health content courses in one or more areas such as drugs, nutrition, environment, etc.
7. Is he qualified to teach one or more special program areas such as curriculum, evaluation, etc.?
11. How many master's theses is he currently advising? (major advisor)
12. How many intermediate degree research projects is he currently advising? (major advisor)
13. How many doctoral dissertations is he currently advising? (major advisor)
14. How many of the above (11, 12, 13) are in areas or on topics in which he has done research or written articles or books?

COMMITTEES TO SUPERVISE THE PREPARATION OF AND TO APPROVE THE THESIS OR DISSERTATION SHOULD BE APPOINTED IN ACCORDANCE WITH THE POLICY OF THE GRADUATE SCHOOL OR OTHER ADMINISTRATIVE UNIT GRANTING DEGREE.

III-M) Please indicate how the doctoral committee is constituted.

Organization of Courses

THE SEQUENCE OF COURSES IS DETERMINED BY DEPARTMENTAL REQUIREMENTS IN THE AREAS OF STUDY SELECTED AND MAY VARY WITH INSTITUTIONS. THE PROGRAM FOR THE GRADUATE STUDENT SHOULD BE PLANNED TO DEVELOP THE BEST POSSIBLE INTEGRATION OF COMMON CORE COURSES AND SUPPORTING EXPERIENCES FOCUSED ON THE HEALTH EDUCATION CAREER OBJECTIVES OF THE STUDENT.

III-F) Is there any required sequence of courses for the

master's program? _____
 intermediate program? _____
 doctoral program? _____

III-H) To what extent is the graduate curriculum flexible to meet the needs, interests and career expectations of individual students? Please specify for each degree.

The Core Body of Knowledge

THE GRADUATE CURRICULUM MUST BE FLEXIBLE ENOUGH TO MEET THE PARTICULAR NEEDS AND INTERESTS, AND CAREER EXPECTATIONS OF THE INDIVIDUAL STUDENT BUT SUFFICIENTLY WELL STRUCTURED SO THAT EACH STUDENT ON RECEIVING HIS DEGREE IS COMPETENT IN THE COMMON CORE AREAS. (IT SHOULD BE NOTED THAT LEARNING EXPERIENCES CANNOT BE IDENTIFIED AS MASTER'S OR DOCTORAL LEVEL REQUIREMENTS.

HEALTH SCIENCES - IN ADDITION TO A REASONABLE BACKGROUND IN SELECTED BASIC SCIENCES, SUCH AS HUMAN BIOLOGY, ANATOMY AND PHYSIOLOGY, CHEMISTRY, AND MICROBIOLOGY, GRADUATE STUDY SHOULD INCLUDE DEPTH IN SPECIAL HEALTH CONTENT AREAS, SUCH AS NUTRITION, MENTAL HEALTH, ACCIDENT PREVENTION, DISEASE CONTROL, MARRIAGE, AND FAMILY LIFE.

BEHAVIORAL SCIENCES - THE GRADUATE CURRICULUM SHOULD INCLUDE SUFFICIENT PREPARATION IN THE BEHAVIORAL SCIENCES, PARTICULARLY PSYCHOLOGY (SOCIAL PSYCHOLOGY), SOCIOLOGY, AND SOCIAL (CULTURAL) ANTHROPOLOGY TO PROVIDE BACKGROUND FOR UNDERSTANDING SELECTED CONCEPTS WITH APPLICATION TO HEALTH EDUCATION, I.E., DECISION MAKING, BELIEF STRUCTURE, PSYCHOLOGY OF LANGUAGE, VALUE SYSTEMS, LEARNING THEORY, COMMUNICATION THEORY, COMMUNITY ORGANIZATION, AND GROUP DYNAMICS.

EDUCATION, THE SCHOOL, AND SOCIETY - THE CONTENT OF THIS CORE AREA SHOULD PROVIDE THE GRADUATE STUDENT WITH GREATER KNOWLEDGE AND UNDERSTANDING OF THE PSYCHOLOGICAL AND SOCIAL FOUNDATIONS OF EDUCATION, I.E., HOW PEOPLE LEARN: THE PLACE OF EDUCATION AND SCHOOLS IN SOCIETY: AND HISTORY AND PHILOSOPHY OF EDUCATION, INCLUDING HEALTH EDUCATION. IN ADDITION, THERE SHOULD BE EMPHASIS ON CURRICULUM THEORY, THE STRUCTURE OF KNOWLEDGE, AND METHODS OF IMPROVING HEALTH EDUCATION IN SCHOOLS, COLLEGES, AND COMMUNITIES. A KNOWLEDGE OF THE NATURE AND SCOPE OF HIGHER EDUCATION, INCLUDING TEACHER AND GRADUATE EDUCATION, SHOULD BE REQUIRED OF DOCTORAL STUDENTS.

EVALUATION AND RESEARCH - THE MASTER'S PROGRAM SHOULD PROVIDE A RESEARCH COMPETENCE SUFFICIENT TO LOCATE, UNDERSTAND, AND EVALUATE THE FINDINGS OF HEALTH RELATED STUDIES AND TO INTERPRET THESE FOR THE BENEFIT OF STUDENTS OR THE GENERAL PUBLIC. THE CANDIDATE SHOULD BE ABLE TO EVALUATE EDUCATIONAL MATERIALS AND TO CONSTRUCT AND APPLY INSTRUMENTS FOR EVALUATING THE OUTCOMES OF HEALTH PROGRAMS. DOCTORAL STUDY SHOULD RESULT IN A MORE COMPREHENSIVE KNOWLEDGE OF STATISTICAL PROCEDURES, RESEARCH DESIGN, AND METHODOLOGY, WITH EMPHASIS ON THE METHOD TO BE USED IN WORK FOR THE DISSERTATION.

- III-C) The 1967 guidelines describe four core-areas of learning experience common for the school/college health education program at the graduate level. On the following pages

(8-12) are these four areas with suggested general topics (not necessarily courses, per se) listed under each. Check (✓) those which are REQUIRED (of all students) and those USUALLY TAKEN (taken by the majority of the students in the program) for your master's, intermediate and doctoral programs in school/college health education.

Note: The general topics listed are not intended to represent the specific titles of courses--only general areas included in the graduate program.

If you have a copy of your program and it provides this information, you may send it in preference to checking the items which follow

<u>AREAS</u>		<u>Master's</u>		<u>Intermediate</u>		<u>Doctoral</u>	
		<u>REQUIRED</u>	<u>USUALLY TAKEN</u>	<u>REQUIRED</u>	<u>USUALLY TAKEN</u>	<u>REQUIRED</u>	<u>USUALLY TAKEN</u>
1) <u>HEALTH SCIENCE AREA</u>							
<u>Basic Science</u>							
a.	Human biology						
b.	Human anatomy						
c.	Chemistry						
d.	Biochemistry						
e.	Microbiology						
f.	Other (specify) _____						
<u>Public Health</u>							
a.	Public Health Organization						
b.	Epidemiology						
c.	Community health						
d.	World health						
e.	Other (specify) _____						

	Master's		Intermediate		Doctoral	
	REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN
<u>Psychology (Continued)</u>						
f. Group Dynamics						
g. Decision Making						
h. Other (specify) _____						

Sociology

- a. Medical Sociology
- b. Value Systems
- c. Communication theory
- d. Mass Communications
- e. Community organization
- f. Belief structure
- g. Other (specify) _____

Anthropology

- a. Cultural Anthropology
- b. Social Anthropology
- c. Other (specify) _____

3) EDUCATION, THE SCHOOL AND SOCIETYMethodology

- a. Methods of Health Instruction
- b. Other (specify) _____

	Master's		Intermediate		Doctoral	
	REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN
<u>Philosophy and History</u>						
a. School and Society						
b. Philosophy of Education						
c. Philosophy of Higher Education						
d. Philosophy of Health Education						
e. History of Health Education						
f. Other (specify) _____						
<u>School Health Program</u>						
a. School Health Program						
b. Health Counseling						
c. School Health Service						
d. School Health Environment						
e. Organization and Administration of School Health						
f. Other (specify) _____						
<u>Curriculum</u>						
a. Curriculum Theory						
b. Curriculum in Health Education						
c. Structure of Knowledge						
d. Curriculum in Teacher Education						
e. Nature and scope of Higher Education						
f. Other (specify) _____						

		Master's		Intermediate		Doctoral	
		REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN	REQUIRED	USUALLY TAKEN
4) <u>EVALUATION AND RESEARCH AREA</u>							
<u>Evaluation</u>							
a. Measurement & Evaluation in Health Education							
b. Measurement and Evaluation in Education							
c. Other (specify) _____							
<u>Research</u>							
a. Statistics							
b. Biostatistics							
c. Research Design & Methods							
d. Survey of Health Education Research							
e. Thesis-Dissertation/Project							
f. Written Research Report (in lieu of thesis)							
g. Other (specify) _____							
Other (miscellaneous - specify)							
_____							
_____							
_____							

Areas of Scholarly Study and Research

EMPHASIS AT THE MASTER'S LEVEL SHOULD BE ON COMPETENCY IN HEALTH EDUCATION WHICH NECESSITATES BREADTH OF STUDY WITHIN THE COMMON CORE. SPECIALIZATION MAY BE IN SCHOOL HEALTH EDUCATION OR COMMUNITY HEALTH EDUCATION.

THE DOCTORAL STUDENT IS EXPECTED TO HAVE CONTINUED EXPERIENCES IN THE COMMON CORE AREAS. THE THIRD YEAR AND DISSERTATION REQUIRED OF THE DOCTORAL CANDIDATE PERMIT A HIGH DEGREE OF SPECIALIZATION. AN INTER DISCIPLINARY APPROACH WITH A CONCENTRATION IN AREAS RELATED TO HEALTH EDUCATION IS RECOMMENDED.

Refer to question III-C represented above for the guidelines concerning the core body of knowledge.

III-C) Do you require a concentration in a field outside health education, such as child development, sociology, etc., in a related area to health education in your doctoral program? _____

If so, what are the three areas most often selected?

1. _____
2. _____
3. _____

IN CONJUNCTION WITH THE PROGRAM, SCHOOLS, COMMUNITY, AND GOVERNMENTAL AGENCIES SHOULD BE UTILIZED TO PROVIDE PROFESSIONAL LABORATORY EXPERIENCES FOR ALL STUDENTS.

III-D) Check (✓) the field experiences which are offered for graduate credit in terms of whether they are REQUIRED (i.e., of all students) or USUALLY TAKEN (i.e., taken by a majority of the students).

These are experiences in which the student receives graduate credit by engaging in such activities as teaching, working on a special project, assisting a professional in a school/college, public or private health agency.

Field Experience

1. College health program
2. High school health program
3. Elementary health program
4. Local health department
5. Voluntary health agency
6. Other (specify) _____

[illegible]

APPENDIX C

INSTITUTIONS RECEIVING QUESTIONNAIRE--

AND SUPPLYING USEABLE DATA

List of Institutions Receiving Questionnaire
and Reporting Useable Data¹

ALABAMA

AUBURN UNIVERSITY,⁺ Auburn

ARIZONA

ARIZONA STATE UNIVERSITY, Tempe

UNIVERSITY OF ARIZONA,⁺ Tucson

ARKANSAS

STATE COLLEGE OF ARKANSAS,⁺ Conway .

UNIVERSITY OF ARKANSAS, Fayetteville

CALIFORNIA

CALIFORNIA STATE COLLEGE,⁺ Los Angeles

CHICO STATE COLLEGE, Chico

CALIFORNIA STATE COLLEGE, Long Beach

FRESNO STATE COLLEGE, Fresno

LOMA LINDA UNIVERSITY,⁺ Loma Linda

SACRAMENTO STATE COLLEGE,⁺ Sacramento

SAN DIEGO STATE COLLEGE,⁺ San Diego

SAN FERNANDO VALLEY STATE COLLEGE,⁺ Northridge

SAN FRANCISCO STATE COLLEGE, San Francisco

SAN JOSE STATE COLLEGE, San Jose

UNIVERSITY OF CALIFORNIA, Berkeley

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¹School Health Education Study, Institutions Offering Programs of Specialization in Health Education. (Washington, D.C.: SHES, January, 1970), pp. 33-45, 50-55.

⁺Institution supplying useable data for this study.

CALIFORNIA (continued)

UNIVERSITY OF CALIFORNIA,⁺ Los Angeles

UNIVERSITY OF THE PACIFIC, Stockton

UNIVERSITY OF SOUTHERN CALIFORNIA, Los Angeles

COLORADO

UNIVERSITY OF NORTHERN COLORADO, Greeley

FLORIDA

UNIVERSITY OF FLORIDA,⁺ Gainesville

GEORGIA

UNIVERSITY OF GEORGIA, Athens

ILLINOIS

GEORGE WILLIAMS COLLEGE, Downer's Grove

NORTHWESTERN UNIVERSITY, Evanston

SOUTHERN ILLINOIS UNIVERSITY,-- Carbondale

UNIVERSITY OF ILLINOIS,⁺ Urbana-Champaign

WESTERN ILLINOIS UNIVERSITY, Macomb

INDIANA

BALL STATE UNIVERSITY,⁺ Muncie

INDIANA STATE UNIVERSITY, Terre Haute

INDIANA UNIVERSITY,⁺ BloomingtonPURDUE UNIVERSITY,⁺ West Lafayette

KENTUCKY

EASTERN KENTUCKY UNIVERSITY, Richmond

WESTERN KENTUCKY UNIVERSITY,⁺ Bowling Green

LOUISIANA

LOUISIANA STATE UNIVERSITY, Baton Rouge

MARYLAND

UNIVERSITY OF MARYLAND, College Park

MASSACHUSETTS

BOSTON UNIVERSITY,⁺ Boston

UNIVERSITY OF MASSACHUSETTS, Amherst

MICHIGAN

CENTRAL MICHIGAN UNIVERSITY,⁺ Mount PleasantMICHIGAN STATE UNIVERSITY,⁺ East Lansing

UNIVERSITY OF MICHIGAN, Ann Arbor

WAYNE STATE UNIVERSITY,⁺ Detroit

MINNESOTA

MANKATO STATE COLLEGE,⁺ MankatoUNIVERSITY OF MINNESOTA,⁺ Minneapolis

NEW JERSEY

JERSEY CITY STATE COLLEGE,⁺ Jersey CityMONTCLAIR STATE COLLEGE,⁺ Upper Montclair

TRENTON STATE COLLEGE, Trenton

NEW MEXICO

UNIVERSITY OF NEW MEXICO,⁺ Albuquerque

NEW YORK

ADELPHI UNIVERSITY, Garden City

BROOKLYN COLLEGE,⁺ BrooklynHERBERT H. LEHMAN COLLEGE OF THE CITY UNIVERSITY OF NEW YORK,⁺
New York

HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK,⁺ New York

NEW YORK UNIVERSITY,⁺ New York

STATE UNIVERSITY OF NEW YORK, Buffalo

STATE UNIVERSITY OF NEW YORK COLLEGE,⁺ Brockport

STATE UNIVERSITY OF NEW YORK COLLEGE, Cortland

STATE UNIVERSITY OF NEW YORK COLLEGE,⁺ Plattsburgh

SYRACUSE UNIVERSITY, Syracuse

TEACHERS COLLEGE, COLUMBIA UNIVERSITY, New York

WAGNER COLLEGE, Staten Island

NORTH CAROLINA

UNIVERSITY OF NORTH CAROLINA,⁺ Chapel Hill

UNIVERSITY OF NORTH CAROLINA,⁺ Greensboro

OHIO

KENT STATE UNIVERSITY,⁺ Kent

THE OHIO STATE UNIVERSITY,⁺ Columbus

UNIVERSITY OF TOLEDO,⁺ Toledo

OREGON

OREGON STATE UNIVERSITY,⁺ Corvallis

UNIVERSITY OF OREGON,⁺ Eugene

PENNSYLVANIA

EAST STROUGSBURG STATE COLLEGE, East Stroudsburg

TEMPLE UNIVERSITY,⁺ Philadelphia

SOUTH CAROLINA

UNIVERSITY OF SOUTH CAROLINA, Columbia

TENNESSEE

EAST TENNESSEE STATE UNIVERSITY, Johnson City

UNIVERSITY OF TENNESSEE,⁺ Knoxville

TEXAS

SAM HOUSTON STATE UNIVERSITY,⁺ Huntsville

SOUTHWEST TEXAS STATE UNIVERSITY, San Marcos

TEXAS A&M UNIVERSITY, College Station

TEXAS SOUTHERN UNIVERSITY, Houston

TEXAS WOMAN'S UNIVERSITY,⁺ Denton

THE UNIVERSITY OF TEXAS,⁺ Austin

UTAH

BRIGHAM YOUNG UNIVERSITY,⁺ Provo

UNIVERSITY OF UTAH,⁺ Salt Lake City

UTAH STATE UNIVERSITY, Logan

WASHINGTON

CENTRAL WASHINGTON STATE COLLEGE,⁺ Ellensburg

UNIVERSITY OF WASHINGTON,⁺ Seattle

WEST VIRGINIA

WEST VIRGINIA UNIVERSITY, Morgantown

WISCONSIN

UNIVERSITY OF WISCONSIN, Madison

WISCONSIN STATE UNIVERSITY, LaCrosse

APPENDIX D
INTRODUCTORY LETTER

THE OHIO STATE UNIVERSITY

COLUMBUS, OHIO 43210

June 11, 1971

As you know, in 1967 AAHPER sponsored a national conference for graduate education. Guidelines for school/college health education were recommended at this conference and published by AAHPER in the report, Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education and Dance.

In an attempt to provide some useful information for the profession in which we are engaged, this study proposes to determine the extent to which graduate programs in school/college health education correspond to some of these guidelines. In addition, we are also interested in learning what you view as some of the major strengths and weaknesses of graduate school/college health education and what you believe its focus and emphases should be in the 1970's and 80's.

The success and real value of the details involved in this study will depend upon administrators of the programs. Enclosed is a questionnaire for the purpose of collecting the necessary information. Based on the trial runs of the questionnaire, it is estimated it will take 1½ to 2½ hours to complete. Your cooperation in completing and returning it by July 8 will be greatly appreciated. In order that we may know your decision to participate, a postal card is enclosed for your convenience in replying.

All information obtained in the questionnaire will be kept confidential. A summary of the findings will be sent to those returning the completed questionnaire.

We will be most grateful for your assistance.

Sincerely yours,

Patricia Dunn

Advisor to the study: Dr. Mary K. Beyrer

Enclosures: Questionnaire
Return postal card
Return stamped addressed envelope

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