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## **Program Evaluation of a District's Elementary School Wellness Curriculum to Improve Undergraduate Training**

Katie Boyer

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**PROGRAM EVALUATION OF A DISTRICT'S ELEMENTARY SCHOOL  
WELLNESS CURRICULUM TO IMPROVE UNDERGRADUATE TRAINING**

Katie E. Boyer

Educational Leadership Doctoral Program

Submitted in partial fulfillment

of the requirements of

Doctor of Education

National College of Education

National Louis University

April 2020

**DISSERTATION**

**PROGRAM EVALUATION OF A DISTRICT'S ELEMENTARY SCHOOL  
WELLNESS CURRICULUM TO IMPROVE UNDERGRADUATE TRAINING**

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Educational Leadership Doctoral Program

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February 15, 2020

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Date Approved

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## NLU Digital Commons Document Origination Statement

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This document was created for the dissertation requirement of the National Louis University (NLU) Educational Leadership (EDL) Doctoral Program. The National Louis Educational Leadership EdD is a professional practice degree program (Shulman et al., 2006).

For the dissertation requirement, doctoral candidates are required to plan, research, and implement a major project within their school or district that relates to professional practice. The three foci of the project are:

- Program Evaluation
- Change Leadership
- Policy Advocacy

For the **Program Evaluation** focus, candidates are required to identify and evaluate a program or practice within their school or district. The “program” can be a current initiative; a grant project; a common practice; or a movement. Focused on utilization, the evaluation can be formative, summative, or developmental (Patton, 2008). The candidate must demonstrate how the evaluation directly relates to student learning.

In the **Change Leadership** focus, candidates develop a plan that considers organizational possibilities for renewal. The plan for organizational change may be at the building or district level. It must be related to an area in need of improvement, and have a clear target in mind. The candidate must be able to identify noticeable and feasible differences that should exist as a result of the change plan (Wagner et al., 2006).

In the **Policy Advocacy** focus, candidates develop and advocate for a policy at the local, state or national level using reflective practice and research as a means for supporting and promoting reforms in education. Policy advocacy dissertations use critical theory to address moral and ethical issues of policy formation and administrative decision making (i.e., what ought to be). The purpose is to develop reflective, humane and social critics, moral leaders, and competent professionals, guided by a critical practical rational model (Browder, 1995).

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## **ABSTRACT**

This doctoral research project examined elementary teachers' preparation to teach health content (Emotional, Relationships, Growth and Development, Nutrition, Physical Activity, Hygiene, Safety, Substance Use/Misuse, Diseases, Environmental/Consumer/Community Health) within the framework for a state's certification and qualifications. The study used a mixed-methods approach in a Midwest school district to discover components of undergraduate certifications, current teaching methods, and potential modifications to the curriculum. While all surveyed elementary teachers were licensed to teach the health content, many were not formally qualified to teach the material due to content gaps in their teacher preparation programs. The study concluded that undergraduate institutions preparing teachers for educator licensure need more in-depth qualifying training for pre-service teachers in the area of health for elementary education majors.

## **PREFACE**

As a physical education teacher, my philosophy revolves around life-long wellness. When I was the physical education teacher at a Midwest high school, my objectives, while following state standards for movement education, included students' personal goals and educating students on the variety of ways to live a healthy lifestyle. I introduced my students to different and unique sports, activities, fitness trends, and ways to live a healthy lifestyle. I had the best job, but when a Midwest University asked me to share my passion and teach undergraduates how to ultimately "do what I do" I took the challenge. I didn't want to leave my high school position at first, as I loved that I got to expose 200+ students daily to the joys of fitness and healthy living. But when I put it in perspective, now I develop future teachers each semester who can share the passion and understanding of wellness to their own 200+ students.

I am the Associate Professor of Education, specifically physical education, health education, and coaching, at a Midwest University. While I teach physical education, health education, and coaching courses, I also teach a Methods of Physical Education and Health for elementary majors. It was through this course content that I learned that this is the only course elementary teachers take for health content. While most school districts do not have the funds to hire a health teacher, especially at the elementary level, the responsibility becomes that of the elementary teacher to teach the health content.

When I was deciding what route to take for my research, I was initially concerned about the obesity epidemic in our country, which is now has become a pandemic affecting other countries. I wanted to know, as a physical educator, how I could help. This curiosity led to the realization that our nation's obesity epidemic may start as early as in the womb

and we need to educate females who are planning to have children someday. Elementary students are already learning about the reproductive system as young as third grade in some school districts. I wanted to know where these children were getting their information. In the Midwest state and school district where I conducted my research, it is the responsibility of the elementary classroom teacher. My next question was, “are elementary teachers qualified to teach that information?” They need to be, hence the basis of my program evaluation.

I have learned important leadership lessons from having planned and completed this research project. I have learned that implementation of curriculum starts from the top down. Administrators, principals, and school staff need to be supportive as well as passionate about any change in a school district. I have also learned that support needs to be unconditional. As a leader, I cannot implement change and not support those who are conducting the day to day responsibilities. Our state is so bound by standards and assessments that we are missing the whole picture. The whole school needs to buy in when change is suggested.

This experience has influenced my preparation and growth to lead change. I am ready to step up and make waves. After completion of this study, I will give suggestions for modifications to the current curriculum in the Midwest School District. Most importantly I want to make sure my teacher candidates are not only certified but qualified to teach the content. I am also planning to rewrite curriculum for my undergraduate physical education and health majors. I would like to see a combined wellness major so pre-service teachers are certified and qualified to teach both physical education and health.



## ACKNOWLEDGEMENTS

I am a firm believer that ‘it takes a village’. I would like to thank my cohort, support system, and family for giving me the opportunity to complete this doctoral journey.

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## DEDICATION

Dave Schlueter

R.I.P. April 6<sup>th</sup>, 2017

*Dave-*

*“I never asked for anything and don’t want to bother others. Need someone to ‘talk’ to when I am struggling. All I ask is to lend a calming hand to put my mind at ease and know I can do this. Someone to vent to, laugh at myself with, and kick my ass into gear. You are the fun in everything, so help me make this enjoyable. You have always been my strength in everything I do, keep me on the strong path”*

*-Katie (April 7<sup>th</sup>, 2017)*

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## **CHAPTER ONE: INTRODUCTION**

In my profession as a physical educator and as a reflective practitioner, I wanted to learn more about the country's obesity epidemic, which has now become a global pandemic. I wanted to see how I could play a role in decreasing the high statistics of childhood obesity in our nation. As a physical educator, fitness instructor, and mother, I used to believe that if you burned more calories than you consumed, you would have a healthy body mass index (BMI). I have learned that diet and exercise alone are not the solution. Now I am convinced from reading the research, watching the documentaries, and keeping up with latest studies, that not all calories are the same, and our bodies do not metabolize all the sugar we consume on a daily basis. After researching the cause of the obesity pandemic, I have shifted my focus from youth obesity to youth health literacy, a State's Core 21<sup>st</sup> Century Skill (state left out for anonymity). I want to aid in combating childhood obesity and metabolic syndrome with education for elementary students in grades K-5, through their classroom teachers, and, potentially, their parents and/or guardians. I want to ensure our elementary-age students and their families are given the proper research-based information on the health topics they encounter on a daily basis. I want our nation's youth to be able to make educated decisions about what they put into their bodies, what they do to their bodies, and how they handle adversity.

The program I evaluated is the Midwest School District [MWSD] elementary wellness curriculum (Midwest is a pseudonym). I researched the requirements for elementary school teachers in their licensure process to be qualified to teach the health topics required by state and national standards. I also evaluated how the Midwest School District created, implemented, and is now applying their wellness curriculum. With this

information I hope to create a curriculum for collegiate education programs, thus fostering pre-service teachers' needs to be qualified to teach health literacy topics in their future elementary classrooms.

### **Purpose of the Evaluation**

The program I evaluated is the Midwest School District's wellness curriculum. While the district has always implemented the requirement for elementary teachers to teach the health curriculum in their classrooms, four years ago, they updated the curriculum and in the 2018-2019 school year added a standards-based report card with the health content to be assessed by the classroom teacher. Elementary teachers in the Midwest School District are required to teach one hour a month of a wellness-related topic or "theme" in their classrooms. The elementary teachers are not endorsed in health education, but when they are hired in the Midwest School District, they know they are expected to teach health topics in their classrooms. Following are the Midwest School District's wellness themes:

- Emotional Health/Feelings
- Relationships with Family/Friends
- Your Body/Growth and Development/Human Sexuality
- Nutrition
- Personal Health/Physical Activity/Hygiene/Healthy Goals
- Safety
- Substance Use/Misuse
- Communicable Diseases/ Non-communicable Diseases
- Environmental/Consumer/Community Health



The previously mentioned themes are very powerful and are important for our society as a whole to embrace and have the knowledge to make educated decisions when experiencing these topics.

I became aware of the Midwest School District's wellness curriculum when I started teaching EDU 344, Methods of Teaching Physical Education and Health for Elementary Majors, at Midwest College (Midwest College is a pseudonym). Every fall and spring I am horrified when teaching EDU 344, and I realize the lack of education and/or information my college students had acquired in their elementary, middle, and high schools and mandatory health classes. I have students ranging in age from 19-25 (with some older non-traditional students) who do not know essential information about their own developing bodies and mental states, or factual information on the nine health topics; in addition, they lack the skills and confidence to teach that information to children in a safe, judgment-free environment.

For one of their assignments to help combat this lack of content knowledge, I have my students research a specific topic, write a research paper on that topic, then present a lesson matching the elementary national health standards for that topic. The National Health Education Standards (NHES) are provided by the Centers for Disease Control and Prevention (CDC) and implemented into schools by the Society of Health and Physical Education (SHAPE) as the National Health Standards (NHS). Health content teachers are required to teach to these standards in a skills-based approach to teaching health literacy. However, elementary teachers nationwide, including those in the Midwest School District, are not required to have a health endorsement to teach this content.

Through the Midwest College's Education Department, pre-service teachers meet the State's requirements by taking the 16-week, two-day-per-week course titled Methods of Elementary Physical Education and Health for Elementary Majors. I wanted to learn what other states' requirements are of their pre-service teachers and what their current requirement is for meeting standards in health literacy at the elementary level. If we are not providing our elementary teachers the skills required to teach health literacy at the elementary level, how will our elementary students learn the skills to take care of themselves? I agree with a standards-based approach to teaching the health topics, but I also see the need for more time devoted to researching current trends and strategies for age-specific learning outcomes.

My greatest personal objective is that I am raising children with the "Industrial Global Diet" as described in the documentary, *The Skinny on Obesity* (2013). I want to know if, by educating our youth how to make their own choices and not be influenced and intimidated by media or social norms, we can reverse the staggering statistics our youth face to their health and well-being. I try to model this behavior as a teacher and, more importantly, as a parent. My hope is for my research to educate parents to be good role models as well.

Educators need to provide research-based information to our youth and not just offer opinions or promote personal agendas. These agendas could include personal diets (Paleo, Vegan, Atkins), personal beliefs (religious, biases, stereotypes), personal fitness plans (CrossFit, Farrells, Yoga), or any type of personal practice (holistic medicine, vaccinations, breast feeding). Before they create a lesson, I have my class research their specific topic. To simply state using shampoo is to make your hair smell good is not

research-based, educational, or professional when teaching a lesson on personal hygiene, which is part of health topic 5 to be taught by the end of January for the Midwest School District (See Appendix A).

I have also witnessed misleading information that can be corrected with time and effort. For example, when I was watching cartoons on the Public Broadcasting Service (PBS) with my four-year-old, I saw characters comparing afterschool snacks and asking children what they thought was the healthy choice. They were comparing an apple to a Snickers bar. The main purpose was to endorse the healthier snack. However, in my opinion, it would be more valid and effective to compare apples to apple sauce or Snickers to a granola bar. This type of factual, useful, educational information can be taught in the classroom setting.

Other misleading information that has come to a national debate is the dairy farmers' concern with calling soy milk and almond milk, "milk." It is not a dairy product, and it is misleading. Why would this be important to teach our youth? People may not realize that soy and almond milk are not actual dairy products; therefore, if they are using it as a substitute for the dairy they need, they may not be getting all the vitamins and minerals recommended. But, if they are using it for a substitute because they are intolerant of dairy, then it is a good option. One suggestion is to simply call it a juice instead of milk. This example shows how information health educators can inform students or how youth and elementary teachers may not be taught information like this in their undergraduate training. Elementary teachers are being asked to teach topics and information that require a separate major for a specialist.

Elementary-age students are in the prime learning stages of their life; they can comprehend more than we give them credit for as educators. They can also manipulate, as in give us the answers we are looking for. Of course an apple is the healthier option, but, more importantly, we should ask what would their choice be and why. Soy milk is a healthy alternative for milk, but does it have enough calcium that the child needs? Reading labels is an important skill to learn in order to find these and other answers. Elementary health educators can teach children the why and how with proper education.

### **Rationale**

“Education is the process of creating sound mind in the sound body.”

-Aristotle

My passion for wellness goes beyond my personal well-being. After teaching health concepts for seven years, my main concern is the growing numbers of obese children. I know I will not cure the epidemic, but I would like to see more education and retention of health literacy concepts. I want to see our youth educated on real food versus fake foods. I want them to know that not all calories are treated equally but that they need calories to fuel their bodies. I also want them to know that in consuming too much processed food, thus sugar, their body stores what it doesn't need as fat. An excess of fat leads to the health crisis we have with obesity; thus obesity leads to other chronic health issues facing our youth. The notion that this is the first generation that may not outlive their parents, is a terrifying statement which I have seen in textbooks, documentaries, news reports, journals, websites, and other print media. The documentary titled *The Skinny on Obesity* ties our epidemic back to the womb, thus suggesting more education

for women who plan on getting pregnant. Clearly, pregnancies could start now as early as elementary age girls.

The Centers for Disease Control and Prevention (CDC) states that the percentage of children with obesity in the United States has more than tripled since the 1970s. They go on to state that about one in five school-aged children (ages 6-19) is obese. A study conducted through Johns Hopkins University found individuals who are considered obese have health issues that include cardiovascular diseases (heart attacks, heart failure) diabetes, and different cancers (CDC, 2017a). Individuals who are considered obese spend more in their lifetime on health insurance, some up to \$30,000 more, than a person considered healthy. These are not just adult issues anymore; the CDC (2017a) informs us that obese children are at higher risk for having other chronic health conditions and diseases that impact their physical health, such as asthma, sleep apnea, bone and joint problems, type 2 diabetes, and risk factors for heart disease.

In the long term, childhood obesity is associated with obesity as an adult. Dr. Bruce Y. Lee, executive director of the Global Obesity Prevention Center at Johns Hopkins and his team predicted about “8.1 million of today’s children age 8 through 11 would be obese by 2020 if they maintained their current level of physical activity” (Rossman, 2017, para. 8). The CDC (2017a) maintains that children who are obese or overweight may be bullied and teased more, and are thus more likely to suffer social isolation, depression, and lower self-esteem, which are all issues related to the health topics elementary teachers are required to teach in their classrooms.

The following definition for health literacy is the foundation for the national governing body the Society of Health and Physical Education (SHAPE) America's

guidance document, *Appropriate Practices in School-Based Health Education*: “Health literacy is an individual's capacity to access information, resources and services necessary to maintaining and promoting health” (SHAPE, 2016, p. 1). The Midwest School District gives elementary students the information by implementing the updated wellness curriculum and assessment plan. However, I believe the elementary teachers need more resources and services to help students maintain their personal health, and schools need more promotion of healthy lifestyles. This objective can be reached by focusing on the whole student and incorporating lessons into everyday activities and routines.

A critical issue in the Midwest School district is the lack of knowledge and training by those teaching the health topics in their classrooms. According to the head of the state’s Board of Educational Examiners, L. Bice, the State (state left out for anonymity) Administrative Code reads that pre-service elementary teachers are required to have course hours in three of the four subject areas of art, music, physical education, and health. Elementary teachers in the Midwest School District are certified by state requirements. They have to be certified for licensure, but the curriculum for undergraduates is not universal or consistent in all institutions. Most often, the health course is taught by adjunct professors and informal survey evidence suggests it is viewed by students as a course they are required to take. For licensure, but don’t know health is a subject they may responsible for in their elementary classrooms.

Often students think the objective is to learn how to teach physical education if the school where they are hired does not have a PE teacher. Not all elementary school districts require the elementary teacher to teach the health content in their classrooms. Some districts have a specialist endorsed in elementary health content teach health

education. In the case of the Midwest School District, they require the elementary teachers to teach the health content, so if a teacher does not feel they have had the proper training in their undergraduate coursework, the district needs to provide opportunities for continuing education on the health topics.

Another critical issue the Midwest School District faces is the time and consistency of the current wellness curriculum. Elementary teachers are bound by standards-based assessments in science, math, literacy, social studies, and 21<sup>st</sup> Century skills, under which health literacy falls along with technology literacy, financial literacy, and employability. I empathize with elementary teachers and the stress they have with all of the national, state, district, and school requirements they must meet. They have all of the content responsibility for students along with the nurturing of their students, and ensuring their own personal well-being.

I believe all the health topics can be taught in the elementary classroom and can be integrated into other subjects to help alleviate the time issue. The district leaders need to enforce consistency by making the requirements for wellness consistent across the district and not letting some schools take a different approach. For example, in some schools the wellness curriculum is a collaborative approach by utilizing the school nurse and school guidance counselor; those schools could share in the successes and all schools in the district should have that opportunity to collaborate learning with the specialist in their field.

The biggest stakeholders in this program evaluation are our elementary-aged students: future citizens, future college students, future employees, future parents, future teachers, future coaches, future role models...the list can go on. If we do not educate

students on how to take care of themselves, how will they grow into adults who are teachers and parents who need to teach the next generation? When I invited a mental health counselor to speak in my course for elementary education teachers on mental health for elementary-aged students, the main take-away from his message was that teachers need to seek mental health for themselves. He suggested even if they were not “ill” they should still go talk to someone. He stressed the importance of the role that elementary teachers have not only to educate their students, but in filling the gaps for love, security, caring, and encouragement students may not be getting at home.

Teaching and providing not only educational content, but also social and emotional support for students, is a huge responsibility that pre-service teachers may not realize they are taking on. As a result, elementary teachers and pre-service teachers are stakeholders in my program evaluation since they are the focus of my efforts to ultimately impact their own students. The Midwest School District will be greatly impacted by my research because they employ 70% of their teachers from the Midwest Community’s 4-year Colleges and Universities. In an interview, the superintendent of the Midwest School District stated that he supported my research for this very reason. He said if what I am doing makes our undergraduate programs better, I have his support for the district. Ultimately and more importantly, I am hoping the educational community at large will be affected and colleges will evaluate their undergraduate programs for teacher education and see the importance of health education for elementary school teachers.

### **Goals of the Program Evaluation**

A goal of my program evaluation is to provide continuing education for current elementary teachers in the nine topics required to teach the health curriculum. Through



my research, I plan to use the data to see where the gaps are in knowledge, education, and implementation in the elementary classroom. Another goal for my program evaluation is to provide better training and qualifications for pre-service teachers in health content. This undergraduate training for licensure will close the gap in knowledge of, education in, and implementation of the health topics in elementary classrooms.

I started in the Midwest School District with their elementary wellness curriculum, and a goal for the future is expanding the wellness curriculum to the Middle Schools and High Schools to help fill the gap in education among our youth. SHAPE has eight national health standards (See Appendix B) that every teacher with a health major or endorsement has to meet when teaching health literacy topics. The elementary teachers in the Midwest District are not required to have a health major or even an endorsement. They are required and know they are expected to teach health in their classrooms with themes and auxiliary materials provided by the district. I believe the topics taught need to go beyond teachers' individual opinions and doing a simple worksheet to meet the national standards for health literacy. I want to better prepare pre-service teachers to teach the eight health themes with research-based information and empathy for those children who do not fit the textbook "norm."

According to the CDC (2017), "school districts can develop wellness policies to meet the unique needs of each school under its jurisdiction," but there are eight minimum requirements all school districts are required to meet. One requirement states, "At least once every three years, measure the extent to which schools are in compliance with the local school wellness policy" (CDC, 2017, p. 2). The Midwest School District has had

their current wellness policy active for three years now, and I would like to contribute to the progress made in attaining their original goals.

The following is how SHAPE, the national governing body for health, explains the goal of health education:

The goal of health education is to provide students with the knowledge and skills needed to lead healthy lifestyles. A skills-based approach is a best practice for delivering high-quality health education. Health literacy is an important measure of the effectiveness of health education and is critical to ensuring that students have the ability to be healthy throughout their lives. Health-literate people are able to address their own health needs along with the needs of others. They are able to obtain and apply knowledge and skills to enhance their own health and the health of others — both now and in the future as their needs change throughout their lives. (Society of Health and Physical Education 2016, para 4-6)

I believe this quote is worth noting for how it compares to what the Midwest District's goals are with their health curriculum in the elementary schools. The curriculum revolves around skill-based learning and standards-based assessment. The committee who wrote the curriculum wanted elementary-aged students to be able to make healthy choices and to be given medically correct, factual information pertaining to the nine topics required. I believe for this to happen, the elementary teachers need to be qualified to teach students this information and help elementary students apply the knowledge and skills to their lives.

The Midwest School District's learning outcomes for the wellness curriculum match the eight NHES requirements. A goal of my program evaluation is to ensure that

all pre-service teachers are getting a version of my EDU 344, Methods of Elementary Physical Education and Health for Elementary Teachers. After my research is complete, my goal is to have written a solid curriculum for my EDU 344 class and share my syllabus with other institutions so our pre-service teachers have the knowledge and confidence to integrate these themes into their classrooms. This program evaluation will relate to student learning by providing elementary-aged students with the proper education in health content, taught by trained, qualified teachers, and information for undergraduate programs to provide this training and qualification to pre-service teachers.

### **Exploratory Questions**

In order to determine if elementary teachers are properly trained to teach wellness topics in their classrooms, I focused on the following primary and secondary research questions:

#### *Primary Research Question*

My primary research question was, “How effective is the elementary wellness program in the Midwest School District in educating students, K-5, on lifelong health literacy concepts?”

### **Exploratory Questions**

My primary exploratory questions included:

- What do the elementary teachers, district wellness and health curriculum coordinator, and superintendent in the Midwest School District report is working well in the health wellness curriculum?

- What do the elementary teachers, district wellness and health curriculum coordinator, and superintendent in the Midwest School District report is not working well in the health wellness curriculum?

- What do the elementary teachers, district wellness and health curriculum coordinator, and superintendent in the Midwest School District report as the greatest challenges in the health wellness curriculum?

- What do the elementary teachers, district wellness and health curriculum coordinator, and superintendent in the Midwest School District report as ways to improve the health wellness curriculum?

My secondary exploratory questions included:

- In what ways do elementary teachers feel prepared/not prepared from their teacher education program to incorporate health literacy topics in the classroom?

-How are the elementary classroom teachers using a standard-based approach with student learning outcomes for health literacy topics?

-How are the elementary classroom teachers qualified by their state standards to teach the health topics governed by national and state standards?

-What are colleges and universities currently doing to prepare pre-service teachers/teacher candidates to teach health literacy topics/skills?

-How can colleges and universities better prepare pre-service teachers to teach health literacy skills in their classrooms?

The data I collected gave me insight into many of my research questions. I have ideas about how to implement training, statistics to provide evidence of the need for qualifications, and insight as to what changes can be made to the Midwest District's current wellness curriculum. There are good things happening already, and I am excited to provide data to make the curriculum better as well and better prepare our teachers in the future.

### **Conclusion**

Ultimately, a successful wellness curriculum will help protect our youth from the obesity epidemic associated with the metabolic syndrome we are facing as a nation. Every health theme inspired by the eight National Health Education Standards contributes to the obesity epidemic somehow. Feelings, relationships, safety, nutrition, and knowing your body (body systems) all relate to how we eat, when we eat, what we put in our bodies, and how we metabolize food. My philosophy regarding weight gain/loss has changed; the emphasis is not on burning more calories than we take in, but WHAT we take in.

I do not foresee battling big businesses as they are funding many of our nation's wellness programs, research, and educational scholarships. I am hoping to educate our youth and their parents, through education for teachers, on the factors contributing to obesity and focus on the positives of eating healthy, making healthy choices, and being active; all of this can be achieved by following a standards-based approach to the wellness curricula at their elementary schools. The current attack on sugar in our diets has been a hot topic in research discussions. Health literacy is not a new concept; I want to guarantee elementary classroom teachers in the Midwest School Districts and

graduates of the Midwest College's elementary education program are presenting the information matching state and national standards.

## **CHAPTER TWO: REVIEW OF LITERATURE**

### **Introduction**

To begin evaluating the Midwest School District's Wellness curriculum, I will explain what defines a wellness curriculum. The explanation will include the importance of health literacy in elementary classrooms given the current state of our nation as well as the health topics covered in the curriculum. My program evaluation will involve comparison to national and state standards, including the Centers for Disease Control and Prevention (CDC) National Health Education Standards (NHES), Society of Health and Physical Educators (SHAPE) health standards, the State Core and the 21<sup>st</sup> Century Skills health literacy grade level benchmarks and requirements for elementary teachers through the Board of Educational Examiners (BOEE). Then I will show the relation of those standards to elementary teachers' qualifications, hesitations, and apprehensions for teaching the health topics by promoting best practices to teach health literacy concepts in elementary (K-5) classrooms.

### **Wellness Curriculum**

A vital component to the mission of public education (Appendix D) is a student's health and well-being. The Association for Supervision and Curriculum Development (ASCD) in collaboration with the Centers for Disease Control and Prevention (CDC) "created a new model for health and learning in schools. The new model, the Whole School, Whole Community, Whole Child (WSCC) (see Figure 1) is based on the Whole Child Initiative and focuses on all aspects of a child's well-being to promote lifelong success" (Brewer, 2017, p. 17). This type of model representing the whole person (see

Figure 1) is not a new concept, but I am elated to see more focus on the elementary-aged child.



*Figure 1. WSCC Model*

From “Whole School Whole Community, Whole Child (WSCC),” Centers for Disease Control and Prevention, CDC Healthy Schools, 2020.

<https://www.cdc.gov/healthyschools/wsc/index.htm>. Copyright 2020 by CDC.

The physical education and health department at Slippery Rock University, in an effort to improve the major, hired experts in the field after failed attempts at creating something new and original on their own. The external reviewers suggested looking at comprehensive programs and a “look at preparing students to see their boundaries of influence as the entire school, not just the gymnasium or health classroom” (Brewer,



2017, p. 17). Incorporating classroom activities that promote health, physical activity, and lifelong wellness should not be seen as an intimidating task, but as an opportunity to enhance the learning process.

According to the CDC (2017), “the National Health Education Standards (NHES) were developed to establish, promote and support health-enhancing behaviors for students in all grade levels, K-12” (para. 1). The NHES provide all stakeholders with expectations for health education coursework and are used as a framework to develop the Healthy Behavior Outcomes (HBO) which the CDC promotes to K-12 schools to use in creating their own curriculum. Primarily, the HBO are a standards-based approach to ensure our youth are achieving personal health and wellness. School districts are advised to use these criteria to develop their own curriculum while meeting state and local standards. For the Midwest School District, the standards and benchmarks they use align directly with the CDC and the NHES.

The Midwest School District Wellness Committee implemented the wellness curriculum for elementary classrooms in 2014-2015 school year. It was developed by a committee of ten individuals including the Health Wellness Curriculum Coordinator, a kindergarten teacher, second grade teacher, fourth grade teacher, a high school physical education teacher, an elementary physical education teacher, a school nurse, two school counselors, and the district nurse from the district health services. The superintendent oversees procedures and implementation. Per the Midwest School District’s board of education policies, wellness falls under Student Personnel: Health and Safety Regulations. The school board “supports a healthy environment where students learn and participate in positive and healthy lifestyle practices” (Midwest School District, 2013).

The law goes on to state that the superintendent is responsible to direct the Wellness Committee, whose responsibility is to monitor and review the district-wide policy and procedures.

I am a professional member of the Society of Health and Physical Education (SHAPE) and get daily e-mails from SHAPE America, an all-member forum. On this forum the question was asked by an undergraduate student “what sex education curriculum schools/districts used.” I was amazed by the variety and accessibility of how many resources were out there to teach just one topic in the health curriculum. One model that was mentioned by numerous individuals was the Michigan Model for Health Curriculum. This model is a nationally recognized curriculum that is research-based and aligned to state and national standards. I mention this to highlight the importance of research-based information and using the state and national standards as a guide to teaching such sensitive subjects.

I was overjoyed to learn that colleges and universities were requiring their undergraduates to sign up for this special interest group (SIG) and professional organization, and I was proud this student was inquiring about materials to use as a future professional. This student understood the importance of health literacy for the physical education and health major. I will now explain and show the importance for the elementary teacher.

### **Importance of Health Literacy in Elementary Classrooms**

With the obesity pandemic, opioid epidemic, school shootings, growing number of youth suicides, and bullying in schools/cyber bullying out of school, there is a need for education on these topics. The U.S. Department of Human and Health Services (HHS)

along with the CDC recognizes that students in the United States are engaging “in behaviors that place them at risk for the leading causes of morbidity and mortality among youth and adults” (CDC, 2016, p. 1). This supports the fact that our youth are considered the first generation that may not outlive their parents. The behaviors they engage in (tobacco use, unhealthy dietary behavior, inadequate physical activity, alcohol and drug use, sexual behaviors, and intentional/unintentional injuries) are often established during childhood and adolescence and extend into adulthood; therefore, it is important to prevent such behaviors at an early age. Education about and prevention of these behaviors can be done in a school setting. Having teachers, guidance counselors, nurses, lunch room personnel, and any school staff help promote skills that can help develop lifelong healthy behaviors will help in this critical role schools have in ensuring the safety and health of elementary-aged students. Our students are in school and in contact with teachers and resources five days a week, eight hours a day. Those 40 hours spent with a teacher may be more than some students see their parents or guardians. Teachers play a crucial role in helping students learn to lead healthy and productive lives and assist in reducing risk behaviors.

The National Research Council and Institute of Medicine reports that family, schools, and communities can help with preventative behaviors by promoting comprehensive early education programs (O’Connell, Boat, & Warner, 2009). One particular study on preventing mental, emotional, and behavioral disorders concluded that these programs contributed to less child maltreatment, less use of special education services, less grade retention, and higher grade completion. It also went on to report findings in higher high school graduation rates, college attendance, fewer arrests by age

19, higher rates of employment, and higher monthly earnings. I believe we as educators need to address the topics, issues, and behaviors related to mental, emotional, and behavioral disorders at a young age in the elementary classroom. Educating teachers and administrators is the first step in promoting a quality comprehensive early education program.

In an effort to improve the health of all Americans, the U.S. Department of Health and Human Services (HHS) launched a 10-year science-based agenda called Healthy People 2020 to complete the vision for a society in which all people live long, healthy lives. The Healthy People 2020 agenda recognizes the importance of health education for school-aged children and establishes four relevant objectives that all involve increased requirements, goals, and promotion of health concepts, knowledge, and skills in the elementary schools (ODPHP, 2018). (See Appendix E.)

Focusing on the whole child and lifetime wellness, the WSCC includes 10 components (see Appendix D) that are essential for improving health and academic achievement. These ten components correlate with the Six Dimensions of Wellness (see Figure 2) created by Dr. Bill Hettler, through the National Wellness Institute (NWI) and cited in textbooks, including the one I use for Methods of Teaching Elementary Physical Education and Health, EDU 344 (citation omitted to preserve anonymity).



*Figure 2. The Six Dimensions of Wellness.*

*From "The Six Dimensions of Wellness," by W. Hettler, National Wellness Institute, n.d.*  
[https://www.nationalwellness.org/page/Six\\_Dimensions](https://www.nationalwellness.org/page/Six_Dimensions). Copyright n.d. by National Wellness Institute.

The Six Dimensions of Wellness wheel (Figure 2) highlights social (environmental), emotional, physical, intellectual, spiritual, and occupational (social) health as necessities to live and function as a human being and is equally important to one's health. The dimensions directly correlate to the eight National Health Education Standards and the nine themes the Midwest School District requires their elementary classroom teachers teach to elementary-aged students K-5. The nine themes include: emotional health/feelings, relationships with family/friends, your body/growth and development/human sexuality, nutrition, personal health/physical

activity/hygiene/healthy goals, safety, substance use/misuse, communicable diseases/non-communicable diseases, and environmental/consumer/community health.

Among the many health topics required, nutrition education has increased policies and practices in the schools since 2000, according to the School Health Policies and Practices Study (SHPPS, 2016). The 2015-2020 Dietary Guidelines for Americans set by the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) added the promotion of nutrition education to their lists of strategies to aid in following the dietary recommendation set by these government organizations. An article from the *Journal of School Health* emphasizes that a “structured public education environment is ideal for providing nutrition education to children and adolescents because it allows for nutrition topics to be integrated with other subjects” (Price, 2017, p. 716). When I discuss best practices, I will discuss ways to integrate all the health topics into the classrooms. Other topics that have received increased emphasis in school districts since 2000 include violence prevention, suicide prevention, emotional and mental health, and physical activity and fitness. It is interesting as these increases in “trends over time” match the unhealthy behaviors our students are engaging in which I mentioned earlier (CDC, 2016).

Not to overlook the importance of families in educating children, a case study on teachers’ perceptions on health education and nutrition for kindergarten students in Kuwait, stated teachers reported parents’ involvement affects a child’s nutrition and health. I believe all unhealthy behaviors are affected if a parent or parents are uninvolved in a child’s life. However, as teachers, we cannot constantly put blame on the parent. As educators, we chose to take on that dual role in a child’s life when we chose education as

a profession. It is the responsibility of the teacher to be educated in health topics to help recognize warning signs and educate the students in our classrooms on the dangers, resources, and potential outcomes of unhealthy behaviors.

President Obama signed Every Student Succeeds Act (ESSA) into law on December 10, 2015. That act promotes a well-rounded education and ensures that vital information is provided to educators, families, students, and communities through annual statewide assessments (ED, 2018). Our teachers are required to meet national and state standards in the subject of health literacy in the elementary classrooms. Yet, according to the School Health Policies and Practice Study (SHPPS), a national survey conducted by the CDC to assess school districts' health policies, including staffing, elementary schools were not even asked if newly hired staff who teach health education will have undergraduate or graduate training in health education. Furthermore, only middle schools and high schools were considered when districts were asked if new hires who teach health education will be certified, licensed, or endorsed by the state to teach health education. Why were the questions not asked for elementary school level? States have their own requirements for elementary teachers. In the following section, I will explain the requirements and point out the need for more training for elementary classroom teachers.

### **Requirements for Elementary Schools to Implement Health Literacy Topics in the Classroom**

The National Health Education Standards (NHES) provide outcomes outlined specifically for students and what they are expected to know by grades 2, 5, 8, and 12, promoting personal, family, and community health skills. These standards are a reference

for health education curricula and provide a framework to develop a standards-based curriculum for most state health education programs.

The School Health Policies and Practice Study (SHPPS), reported that 39.6% of school districts out of 13,320 in the study's sample frame "require those who teach health education to earn continuing education credits on health education topics or instructional strategies" (2016, p. 10). The study also reported on the percentage of districts that adopted a policy requiring those "who teach health education to receive professional development on specific health topics, and those districts who actually receive funding for professional development on those topics to those who teach health education" (CDC, 2016, p. 12). Notably, the only topic that required professional development for over half of the districts (54.6%) was violence prevention (bullying or fighting). Professional development for suicide prevention was required by 47.9% of districts and emotional and mental health by 41.2%. The remaining 15 topics were required by under 40% of districts, with oral health at 27.2%. Out of the topics that actually received funding for professional development, 78.4% of districts funded violence prevention, 68.8% suicide prevention, 61.0% injury prevention and safety, and 60.1% physical activity and fitness. The other 15 topics all fell under 60% for districts funding professional development. I found these statistics valuable to prove the point our elementary teachers need more undergraduate requirements, professional development, or continuing education to teach the required health topics professionally and competently.

Just as school districts have health education standards to follow, all states have requirements for licensure in teacher education. The Iowa Board of Educational Examiners requires 3 hours for elementary majors in the following: Methods of teaching



elementary physical education, health, and wellness; methods of teaching visual arts for the elementary classroom; and methods of teaching performance arts for the elementary classroom (Board of Educational Examiners, 2017). The course may be titled differently in all teacher education programs, but it is a requirement to have a course to incorporate physical activity, health, and wellness in elementary classrooms in the state of Iowa. It is arguable whether this makes an elementary teacher qualified to teach health literacy topics in his/her classroom.

An informal e-mail conversation with the health and wellness curriculum coordinator for Midwest Community School District stated that teachers have always had the expectations to teach health at the elementary level. This point was reiterated in my search for requirements for elementary teachers in an article on pre-service teachers' attitudes on teaching health education (Maney, Monthley, & Carner, 2000); Maney et al. stated it is the responsibility of the elementary teacher at the K-6 level to teach health education in the classroom. I am concerned with the reality that elementary teachers receive little to no training pertaining to health topics.

The health and wellness curriculum coordinator in the MWSD said the curriculum coordinators have worked to have the district's curriculum more updated and organized into the themes and monthly lessons. The wellness curriculum in the Midwest Community Schools has a great foundation (See Appendix A), and the district outcomes match the NHES standards and correlate with the SHAPE health standards. The Iowa Core standards has health literacy standards and benchmarks listed under the 21st Century Skills.

This research will enhance preparation programs for those teachers not seeking a health endorsement. The research will also seek the needs of current teachers who would like continuing education to meet the needs of the 21<sup>st</sup> Century student.

### **Qualifications Affecting Attitudes towards Teaching Health Topics**

According to a research article in the *Journal of Health Education Teaching*, only 35.5% of teachers who reported teaching at least one health course during the 2011-12 school year had an undergraduate or graduate degree in health education (Cardina, 2014). Also, Cardina found, only 57.6% of teachers who were teaching at least one health education class reported being certified by their state to teach that class. These findings highlight the inadequate academic preparation of teachers who are teaching health education courses. The article also stated having a major in health education was not a requirement for earning qualifications, whether that be a certificate, license, or endorsement in health education. Clearly, school districts are allowing teachers to teach health education classes without having a specific health education degree. Teachers are also considered qualified if they have a physical education degree or a general elementary education degree. Another thought-provoking statistic from the SHPPS is the percentage of health services coordinators with an undergraduate major or minor or graduate degree in specific areas. Only 23.4% of health service coordinators have background in education, while 80.3% have a nursing degree. All other degrees, including counseling (3.0%) and social work (1.8%), totaled less than 8%. So not only are elementary teachers insufficiently knowledgeable on health topics they are required to teach, but also the personnel in charge of creating a school district's health curriculum lack expertise in biology, psychology, and public health.

These statistics and realizations were a continuous theme in my review of literature on pre-service teachers' qualifications to teach health topics. If a teacher's professional training is insufficient, it may affect his/her motivation to teach the topics and might possibly make him/her less confident when teaching the content.

A Canadian study on the factors affecting willingness to teach sexual health education reiterated the fact that we have teachers who have not specialized or received training on a topic, yet they are expected to teach those topics (Cohen, Byers, Sears, 2012). In this case, the teachers are required to teach sexual health, but they do not always do so willingly. The research found teachers would cover non-controversial topics (puberty and reproduction) but would not cover more sensitive topics (sexual orientation and sexual pleasure). Overall, knowledge and experience make teachers more willing to teach sensitive subjects.

An example of how school districts can offer professional development is continuing education classes. For example, an adjunct at the Midwest College will be offering a class for continuing education for elementary teachers in the surrounding areas on incorporating the health themes into their elementary classrooms. So, if an elementary teacher is feeling underprepared or not qualified to teach the health topics required by the wellness curriculum, that individual could take that continuing education course, get credit for professional development, and gain knowledge and/or confidence to introduce sensitive topics in a non-threatening, non-judgmental manner.

My research shows the importance of teaching health literacy topics and skills at the elementary level following a standards-based approach. It will help current

elementary teachers prepare and produce quality lessons, and it will help future teachers be qualified and prepared to teach health content in their elementary classrooms.

### **Best Practices for Teaching Health Literacy Topics in the Elementary Classrooms**

Recommendations from the study on pre-service teachers' attitudes on teaching health education included mentoring, peer-to-peer teaching involving students, and daily pen-forums that allows students to engage in conversations (Maney et al., 2000). I was introduced to the term "cross-cutting" in my literary findings and it simply means teaching health topics through interdisciplinary means (CDC, 2017). I teach this method of integration to my pre-service elementary education majors in the health and physical education class which they are required to take for licensure. There are many resources available to elementary teachers looking to improve the delivery of health content in their classrooms.

The book I use for my Methods of Teaching Elementary Physical Education, Health and Wellness course (EDU 344) is available through SHAPE and was developed/written for the very purpose of integrating physical activity and health into elementary classrooms. I teach my students that they do not need to recreate but rather incorporate free resources which are available online to get ideas for integrated lessons: those sources include Pinterest, PECentral.com, and PEUniverse.com, just to name a few popular websites among physical educators and health content educators. SHAPE America has put out a document promoting best practices that districts, principals and teacher preparation programs are encouraged to reference; the document prefates, "Best practice in health education includes having certified and/or highly trained health

educators teaching health at all levels” (SHAPE, 2015. para. 1). It provides techniques, in-class scenarios, and recommendations for teachers.

It is also encouraging that school districts are creating high-quality curriculum programs. In my research, I came across a health education curriculum from a Howard County Public School System, out of Maryland. Their website broke down their program goals as well as grade level expectations. The website also explained that at the elementary level the classroom teachers were responsible for course content.

In a study done on an after-school program teaching health literacy topics involving Hispanic elementary students, researchers had students in the study who were identified as spillover students, those who were not in the afterschool program but agreed to be measured and take the surveys (Heer, Koehly, Pederson, & Morera, 2011). This study explained that simply having exposure to the eight health literacy topics taught through the National Health Education Standards (NHES) can have positive results with our youth. When students are talking about issues, topics, and taking part in a new initiative, others learn and benefit just from secondhand exposure. Even though our teachers at the elementary level in the Midwest Schools do not have a health endorsement, they can still have an impact on a student’s understanding and actions towards health concepts (Heer et al., 2011).

According to the Midwest School District Strategic Plan, the district’s mission is to “develop world-class learners and citizens of character in a safe and inclusive learning community” (citation omitted to preserve anonymity). The nine health themes constructed for the wellness curriculum that match the eight National Health Education Standards, directly relate to building “citizens of character.” The health themes also

directly relate to the strategic plan in goal number two that states “create healthy and contributing citizens” (Midwest Community School Board, 2017, para. 2). This research relates to the district’s priorities in making sure students are taught these skills from qualified and prepared teachers in a safe learning environment.

A recommended practice by the CDC is The School Health Index (SHI), a self-assessment and planning guide. The SHI helps:

1. Identify strengths and weaknesses of a school’s policies and programs for promoting health and safety.
2. Develop an action plan for improvement (student health and safety).
3. Involve teachers, parents, students, and the community in improving school policies, programs, and services (CDC, 2017 p. 1).

The SHI devotes a module to each of the ten components of the WSCC (Appendix D) and includes discussion questions that address pertinent policies, processes, and practices.

With more research, it will be interesting to see what each state requires regarding who teaches health content at the elementary level. It will also be interesting to see how many states require college courses guided by national and state standards to prepare pre-service teachers to incorporate health topics into their classrooms.

### **Conclusion**

The literature I found supports the need for a standards-based health curriculum in the elementary school setting. There is no doubt that our nation’s youth face serious challenges to their health and well-being. I am seeking to find ways to educate our current elementary teachers as well as our future elementary teachers on the importance of teaching health literacy topics that are research- and standards-based. Additionally, it

is vital to give them the tools to incorporate the material into their classrooms with little interruption to their already busy tasks of educating our youth in core subjects. I truly want education professionals to see the need, find the passion, and seek the knowledge and skills to develop the “whole” student.

## **CHAPTER THREE: METHODOLOGY**

### **Research Design Overview**

The program evaluation I am conducting focuses on the Midwest School District's Wellness Curriculum. To correlate my research with Patton's (2003) definition of a program evaluation, I am systematically collecting information about the wellness program in the Midwest Schools, identifying characteristics of the program, and will use results to make judgments about the program. I want to improve or further develop the program's effectiveness for our elementary-aged students, inform decisions about future programming, and/or increase understanding of the program for future educators and current elementary teachers (Patton, 2008, p. 39).

I adopted a utilization-focused program evaluation, which is an evaluation done for and with specific intended primary uses for specific, intended users (Patton, 2008, p. 37). My intended use is to further education, qualifications and/or certifications, and teaching strategies for the intended users who are current elementary school teachers and students in teacher preparation education programs.

Through this utilization-focused program evaluation, I used a mixed methods approach. I attempted to focus on useful data collection for developmental use after the evaluation and collaboration with all stakeholders to make health literacy topics desirable to teach and higher quality wellness programs for our elementary-age students. In hosting a survey to current elementary classroom teachers in the Midwest School District. I used quantitative methods. In informal interviews with the superintendent, Wellness Curriculum Coordinator, and teachers from the Midwest School District, I used qualitative methods. I also had informal interviews/conversations with individuals whom



I felt were directly related and working with some aspect of each health literacy topic. This was part of an internship project, and I talked to a mental health counselor, a pediatrician, a pediatric dentist, a juvenile defender, a human services worker, the owner of a local resource center, a dietician, two police officers (one of whom works in the Midwest School District as the onsite officer), and an individual who works for a local pregnancy clinic and provides sex education in the schools.

Methodological Appropriateness is matching the evaluation design to the evaluation situation (Patton, 2008). I wanted my data to be useful to the Midwest School District, the city and surrounding towns, as well as undergraduate programs. My research was intended to be appropriate and meaningful for all stakeholders. Coming full circle with the intent of utilization-focused evaluation to have useful data, I informed elementary teacher preparation programs on the importance of implementing health literacy topics in their undergraduate programs now knowing what the qualifications are for elementary teachers. I informed the Midwest School District of any hesitations and concerns from current elementary teachers to teach the subject in their elementary classrooms.

Through my mixed methods approach, including a survey and informal interviews/conversations, I have answered my research questions including: what is working well with the current wellness curriculum, what is not working, what the challenges are, and ways to improve the current wellness program. I have used the qualitative design of content analysis to reach that human connection with the stakeholders of my study to understand the apprehensions, needed guidance and education, and ways to educate future teachers on the health literacy topics that make up

a wellness curriculum. Through this content analysis, I have identified patterns, themes, or biases within the Midwest School District's elementary teachers' surveys to help develop opportunities for future education, certifications, and needs (Leedy, 2013). To help find the answers to my research questions, I needed help, insight, and experiences from the participants I will describe in the following section.

### **Participants**

The key participants in my study were the elementary classroom teachers in the Midwest School District, both male and female. Average number of years they had taught in the district was 16, with a range of 1 to 30+ years. There were no student participants in this study, so no data was gathered directly from students. I did informally survey my undergraduate classes and have conversations with them about past knowledge from their individual health class experiences.

### **Data Gathering Techniques**

Gathering data for my program evaluation was personally challenging and enjoyable as well as ultimately rewarding. Because I knew that most days elementary teachers are busy and get bombarded with numerous e-mails that they don't get to until the end of the day, I felt that an electronic e-mail survey would not get the response rate I desired. I chose to do a paper-pencil administration of my survey and collect them so the only responsibility of the volunteer respondent was to answer questions thoughtfully.

First, I set up a meeting with the superintendent of the Midwest School District to propose my program evaluation of the district's wellness curriculum. I explained I was not out to find fault or to criticize their program but to research what could be done better and how to improve our undergraduate program to meet the needs of future elementary

teachers. The superintendent gave me his approval, stating that they hire 70% of their teachers out of the city of Midwest's colleges and universities so anything that would help make them better met with the district's approval. After I was comfortable that they understood my purpose and goals, I asked if I had permission to survey all of the elementary teachers in the district and indicated that I wanted to do a paper-pencil model. The superintendent gave me permission to do so and suggested that I use the instructional time they had on Friday mornings to conduct the survey. In the Midwest School District, they have an hour late start every Friday morning for in-service. The superintendent then informed me of a meeting a few weeks later in which all of the principals of the 13 elementary schools would be meeting. They gave me the contact information of the director of elementary education who heads that group and organizes the meeting with the principals.

Then I proceeded to contact the director of elementary education, and I was on the agenda for the next meeting with all 13 of the elementary principals. At that meeting, I was prepared with letters of consent for the principals, pens, and copies of my survey for the elementary school teachers for the principals to review. We set two dates for me to host my surveys and split the schools by time and distance to allow me to get to each of them. With the realization that I would not be able to make it to all 13 elementary schools on my own, I had already asked colleagues and fellow cohort members to help distribute the survey. So, with the two dates in place, letters of consent signed, numbers of surveys needed for each school, and free pens in hand, I was ready to plan my distribution.

The next step was preparing copies of my survey and letters of consent for elementary teachers and stuffing envelopes. I stuffed over three hundred envelopes with a

sheet explaining my program evaluation and survey instructions, a survey, two blank letters of consent, and a pen. I bought eight, red, flat baskets to fit 20-25 envelopes, extra pens, a clipboard for a focus group sign-up, and my business cards for my colleagues and fellow cohort members to take with them into their designated schools. I had typed up instructions, directions to schools, and thank-you messages/notes for each of my helpers to take along with the baskets. I had five co-workers from the department of education at the Midwest College and three members of my doctoral cohort help me host surveys on two Fridays. What an adrenaline rush and feeling of accomplishment and gratitude! We ended up distributing 219 surveys and 202 were completed. I only kept data for 200, as two of the surveys did not have the letter of consent form signed.

## **Survey**

The survey data I gathered was both quantitative and qualitative in nature, with twenty questions ranging from open ended to yes/no and single answer. I had specific quantitative data that was important to my research, such as from which college or university the elementary teachers had earned their teaching license. I also had a desire to know opinions, thoughts, and advice from current teachers on what was working well or not well and what changes could be made with the current wellness curriculum that I inquired about through qualitative open-ended questioning.

All of the surveys were voluntary and were handed out and collected at an in-service for the Midwest Community School District. The survey was printed and was designed to take no more than 10 minutes (Appendix E) as was the agreement with the superintendent and principals for giving me the time during their instructional time with faculty and staff. The elementary teachers handed in their signed consent form along with

their completed or incomplete survey to the program evaluation representative. The survey was then placed in a file basket and transported back to my office at Midwest College.

### **Ethical Considerations**

I conducted my research by following all ethical practices I was aware of. I typed up informed consent forms (See Appendix G) and made sure all participants had a copy. I made sure through the consent form that they knew their participation was voluntary and that they could discontinue participation at any time. They were verbally informed (See Appendix H) that they did not have to fill out the survey or that they can could discontinue filling it out at any time. They were also made aware that their participation in this study did not involve any physical or emotional risk beyond that of everyday life. There were no physical or emotional risks involved in my research. They were also made aware that while the results of my study may be published or otherwise reported to scientific bodies, their identity would in no way be revealed. They were also made aware that they could request a copy of my completed study by contacting me directly.

### **Data Analysis Techniques**

My data analysis began by separating the completed surveys from the informed consents and keeping separate data from the response rate from each school. I also numbered each survey and kept the data on which surveys went with specific schools in the district if I ever had plans to use that information in the future. But I ensured there was no way anyone would know who filled out a specific survey with the unlikely exception that there would be only one male or one female in the building). Then I made

copies of each survey, a copy of the “front” and a second set of copies for the “back.” Once I had all of the surveys colligated, I was ready to start recording data.

First I started by cutting specific questions from the copied versions of the surveys and looked for themes. While this was somewhat effective for me, I didn’t see how this would be productive when it came to my yes and no questions or my single answer questions. I was given an Excel example to track my data and used that for the rest of my analysis. I have an Excel sheet for each open-ended question and a separate sheet for single-answer questions. With the single-answer questions, I simply used the descriptive statistics and entered them with the correlating survey number. An example would be question number fourteen, “What gender do you identify as?” I had all the survey numbers in column one and recorded an, M, F, or U (unanswered) in column two.

For the open-ended questions, I started to look for themes and recorded them in the columns; I then put X’s in the columns that the correlating survey participant made a point relating to that theme or keyword. I would also add any unique or useful comments in column one by their participant/survey number.

### **Conclusion**

My goal of my program evaluation is to inform, educate, and empower current elementary teachers and new elementary education teachers to teach health literacy topics in their classrooms. Evaluation has matured as a genuinely interdisciplinary and multi-method field of professional practice. A balanced approach to methods has become commonplace with increasing emphasis on using mixed methods. Increased attention to evaluation use has contributed to this methodological diversity. Methodological rigor alone has not proven an effective strategy for increasing use (Patton, 2008).

The strength of an evaluation is not defined by a particular method. The strength of an evaluation is “within the context of the question, time and cost restraints, the design, the technical adequacy of data collection and analysis, and the presentation of findings” (Patton, 2008, p. 463). I had a well-organized plan in collecting my data, and I was excited to analyze the data in the following chapters and find answers to my research questions. I will start using the results to create health education preparation courses for pre-service teachers as well as inform the Midwest District for their use in organizational change.

## **CHAPTER FOUR: RESULTS**

### **Findings**

For this program evaluation, I studied the current wellness curriculum in the Midwest School District (MWSD). To evaluate how the new curriculum is being implemented and accepted, I collected and analyzed voluntary surveys that included qualitative and quantitative data from each of the thirteen elementary schools' classroom teachers in the MWSD, grades K-5.

#### **Midwest School District Elementary Classroom Teachers *Voluntary Survey***

I handed out 219 surveys (Appendix I), and I left 10 extras with principals. There were 202 surveys filled out, but 2 did not have a signed consent form, so these were not included in data analysis. I had recorded that 6 had only completed the front of the two-sided survey, but I still used this data as I did have signed consent forms from those respondents. I recorded my response rate at 92%, with 202 out of 219 of my surveys having questions answered and used in analysis. I have analyzed each question and will present them in the order they were given on the survey. The tables in my analysis are labeled/correlated with each question number.

The first question on my survey was one of my primary questions, "What do you think is working well in the health curriculum for the Midwest Community Elementary Schools?" The new wellness curriculum was implemented over four years prior, and elementary teachers are required to teach 60 minutes a month, one topic at a time (See Appendix A). Altogether, there are nine topics that elementary teachers in the Midwest School District are required to give proper instruction on each month. Out of the 200 surveys returned and filled out, there were 13 (6%) respondents who did not answer the



first question. I found three major themes emerge from question #1, in which elementary teachers answered what they thought was working well with the wellness curriculum. I asked this question, along with question #2, so I could get a feel for the context, culture, and conditions working with the current wellness curriculum. The themes for question #1 included the curriculum overall (127, 63.5%), manipulatives used to teach the health lessons (87, 43.5%), and to topic-specific information (56, 28%). The following tables, Table 1.1, Table 1.2, and Table 1.3 break down the three themes that emerged from question #1. Because of these responses, I feel there are very positive things happening with the wellness curriculum in the Midwest School District, and the mere fact that the district has a wellness curriculum confirms that the district is standing by the its wellness policy.

My goal for this program evaluation is not to find fault in things that are not going well but to improve what is already happening and help undergraduate students, future teachers, and current elementary teachers have the content knowledge, ideas for creative lessons, and confidence to teach the curriculum in their elementary classroom. My data show that overall the elementary teachers appreciate the curriculum: 63.5% of respondents stated in some way that the curriculum is good, organized, updated, or well-thought out and 12.5% of respondents are, like myself, glad they have a health curriculum. Only 25% of the teachers referred to the topics working well in the curriculum, so this may be cause for alarm as this may be a warning that the other 75% of elementary teachers do not feel comfortable with the topics they are asked to teach. This information helps knowing that teachers are familiar with the curriculum (127, 63.5%)

and my hope is to make resources and training in the specific topics more accessible to our current elementary teachers.

*Table 1.1 Curriculum is working well*

Theme: <b>Curriculum is working well</b> – n = 127 (63.5%)	
Curriculum is good, organized, updated, well thought-out	39 (19.5%)
Curriculum is at grade level (age appropriate lessons)	21 (10.5%)
We have a curriculum	25 (12.5%)
Lessons are short, quick, easy	20 (10%)
Class discussions	10 (5.0%)
Assessments	8 (4.0%)
Consistency (every teacher follows, students know prior vocabulary)	4 (2.0%)

*Table 1.2. Manipulatives*

Theme: <b>Manipulatives used are working well</b> – n = 87 (43.5%)	
Textbooks	24 (12.0%)
Materials readily available	23 (11.5%)
Pacing Guide	17 (8.5%)
One Note	8 (4.0%)
Easy to use manual	8 (4.0%)
Resources provided to students (packets, worksheets, handouts)	7 (3.5%)

*Table 1.3 Topic-specific information*

Theme: <b>Topic-specific information about what is working well</b> – n = 56 (28%)	
Topics that are covered	50 (25.0%)
Difficult topics addressed early on in student's life	3 (1.5%)
Use of guest speakers	2 (1.0%)
Yoga in schools	1 (.05%)

The second question on my survey was another one of my primary questions; question #2 was, “What do you think is **not** working well in the health curriculum for the Midwest Community Elementary Schools?” The three themes that emerged were that of time, curriculum, and teaching support for the content. The most common theme reported by the teachers was not having enough time to teach the health topics in the classroom with 97 (48.5%) respondents referring to the issue (Table 2.1). With the issue of time came the complaints that there were too many topics to cover and there was no help teaching the health content from the physical education, or wellness, teacher.

The next theme that emerged was related to specific curriculum concerns (Table 2.2). There were 39 (19.5%) respondents who stated there was a need for updated or more practical assessments for the units. Other issues with the curriculum included some topics were very challenging to discuss; there was no teacher input when creating the curriculum; and that following the textbook, per the curriculum, hinders class discussion on topics. In addition, teachers felt that the curriculum could be cross-curricular, but they were told to keep health content during the allotted health time (for which they found it hard to allot adequate time, per the previous issue stated). It was also stated that there needs to be a better or clearer connection to the Iowa Core standards, and the curriculum needs to be more culturally and socioeconomically sensitive.

The last theme that emerged was need for more teacher support in the classroom when it comes to teaching the health curriculum (Table 2.3). There were 30 (15%) respondents who felt they needed more hands-on activity ideas, resources to refer to or to learn from, and more materials to teach lessons. The complaint of not enough materials for a class set (19 or 9%) emerged and was common throughout the survey answers. The

teachers also felt the lack of training and professional development was not working considering the complexity of teaching the topics required by the district. It was also stated there needed to be more clarification on district expectations of elementary teachers teaching health in their classrooms. This response came to my attention as 31.5% of respondents made mention of lack of resources not working well with the curriculum, while only 43% in question one made mention that there were adequate materials, manipulative, and support. This definitely needs to be looked at closely as I believe all teachers should feel supported and have classroom materials to enhance their lessons, especially when mandated to teach the content. Principals and administrators need to be made aware of this concern. There were 14 (7%) respondents who did not answer question #2. As in question #1, I asked this question so I could gain a better understanding of how the teachers feel about the current elementary wellness curriculum in the MWSD Midwest School District. The issue of lack of time (97, 48.5%) to teach was not a surprise to me as I had informal conversations with teachers before I conducted my research, and this was always the primary concern. When I tried to get my undergraduate students in to observe health lessons being taught for my course, it was difficult to schedule those placements since teachers never knew when they would be covering the content. Health topics seemed to be covered, “when we have time,” and there was never enough time in a day.

The answers to survey question #2 further revealed that issues related to curriculum included the need for updated assessments (39, 19.5%); as of the fall 2019, all health content in the Midwest District elementary schools has standards-based assessments. This is a graded subject on the students’ report cards. The assessments are

graded as a met or not met with a formal assessment tool such as a rubric, quiz, or worksheet.

The response that struck me was that teachers need clarification (3, 1.5%) from the district on what is to be taught for health. In a written response, one teacher stated that their principal told them to not worry about covering health if they did not have them time to get to it, while another respondent was concerned because their principal was adamant that health content be covered, and the comment was that it wasn't fair some schools allowed the nurse or guidance counselor to teach the content. This reflects the community/culture and expectations varying in the district. While all schools in the MWSD are equal and have equal opportunities, not all schools have equal circumstances and/or opportunities. This needs to be considered when creating a district-wide policy and there may need to be exceptions written for some schools in the district. This could come in the form of more training/information of the population for that particular school, more resources on the school grounds, or easier access to professionals who can help answer particular questions for certain demographics.

This question opened my eyes to concerns other than just not enough time to teach the health content. I will be using the responses related to cross-curricular solutions, collaborative teaching, lack of enough classroom materials for every student, need for more professional development, and inconsistency throughout the district to help write suggested policy.

*Table 2.1 Time to teach*

Theme: <b>Not enough time to teach</b> – n = 115 (57.5%)	
Not enough time	97 (48.5%)
Too many topics to cover	11 (5.5%)
No help/support from health/wellness teacher	11 (5.5%)

*Table 2.2 Issues with curriculum*

Theme: <b>Issues with curriculum</b> – n = 70 (35%)	
Need better assessments	39 (19.5)
Challenging topics to discuss (human sexuality 9)	13 (6.5%)
No teacher input	6 (3%)
Following textbook hinders discussion	5 (2.5%)
Connection to Iowa Core	3 (1.5%)
Stressed not to make cross-curricular	2 (1%)
Not culturally/socioeconomically sensitive	2 (1%)

*Table 2.3 Teaching support necessary*

Theme: <b>Teaching support necessary</b> – n = 63 (31.5%)	
Need more hands-on activities, resources, materials	30 (15 %)
Not enough materials for entire class	19 (9.5%)
Preparation (no training, lack of professional developments)	11 (5.5%)
Clarification (from district on expectations)	3 (1.5%)

The following chart (Table 3.1) shows the responses to question #3 that asked, “Which topic(s), in your opinion, are the easiest to incorporate into your classroom setting?” I was interested in knowing which topics elementary teachers felt comfortable and qualified to teach in their classrooms. The data obtained shows me that the

elementary teachers felt most comfortable teaching safety lessons which could incorporate topics such as suspicious persons, bike, fire, tornado, sun, shooter, and internet safety with developmentally appropriate topics differentiated by grade level. Consider the Your Body/Growth and Development for example; it may be easier for a kindergarten teacher to teach students their body parts than it is for a third-grade teacher to teach about menstruation and erections. While this question is interesting, it will not aid in my request for a policy change. I believe all topics are important and that all elementary teachers need more training and education in all of the topics.

*Table 3.1 Topics Incorporated into Teaching*

<b>Topic</b>	<b>Easiest to incorporate</b>	<b>Did not answer</b>
Safety	173 (86.5%)	14
Relationships with Family/Friends	172 (86%)	18
Emotional Health/Feelings	155 (77.5%)	15
Personal Health/Physical Activity/Hygiene/Healthy Goals	148 (74%)	
Nutrition	135 (67.5%)	24
Environmental/Consumer/Community Health	84 (42%)	28
Your Body/Growth and Development/Human Sexuality	54 (27%)	45
Communicable Diseases/ Non-communicable Diseases	47 (23.5%)	39
Substance Use/Misuse	43 (21.5%)	45

Question #4 asked, “Which topic(s) do you need more information on to incorporate into your classroom?” I asked this question to see which topics elementary teachers felt were the most difficult to teach or those topics which they did not feel comfortable or qualified to teach in their classrooms. (See Table 4.1) With their responses, I was looking for topics that needed more professional development or guidance from outside resources in the classroom to teach. This data will help in proposing which topics need more professional development and advanced training for current elementary teachers.

I learned that communicable/non-communicable diseases and substance use/abuse had a higher percentage of teachers who felt they needed more information on the topics compared with the human sexuality and growth/development topic in which some teachers were very vocal about not wanting to teach when the new curriculum was implemented. But, as stated with question # 3, I do not see this question aiding in my defense for a policy change that all undergraduates need substantial courses to teach the standards and topics. This data may help to defend the need for certain professional development or classroom resources for teachers such as the school nurse talking about medical information for communicable vs. non-communicable diseases or a police officer talking about substance use and misuse.

With vaping and e-cigarettes being a new topic and threat in the Midwest School District, there is a definite need for more professional development to provide teachers with knowledge of new terms and research related to current topics of well-being of our youth. Current teachers also need resources for when students open up about what happens at home; some written responses to this question included concern for when students say their parents drink or use drugs, when abuse is disclosed, when there is a history of trauma, or when students don't have access to proper hygiene. This also has an effect on teachers' self-care as some may feel the weight of their students' problems on their own mental and physical well-being. Because I am concerned about this, I assign my undergraduates to write their own personal behavior plan for how they will cope with the emotions and stress of taking on their students' issues and worries.



The next question addresses the benefits of teaching the health topics in the elementary classroom, and results show that exposing the students to the topics helps them open up about personal issues in their classroom.

Table 4.1 shows responses to the survey question #4

*Table 4.1 Topics about Personal Issues*

<b>Topic</b>	<b>Need more information</b>	<b>Did not answer</b>
Communicable Diseases/ Non-communicable Diseases	114 (57%)	39
Substance Use/Misuse	113 (56.5%)	45
Your Body/Growth and Development/Human Sexuality	102 (51%)	46
Environmental/Consumer/Community Health	93 (46.5%)	27
Nutrition	42 (21%)	23
Emotional Health/Feelings	34 (17%)	15
Personal Health/Physical Activity/Hygiene/Healthy Goals	28 (14%)	24
Safety	19 (9.5)	14
Relationships with Family/Friends	12 (6%)	17

In question #5 respondents were asked to share, “What do you feel are the benefits for your students from incorporating the nine topics above?” There were 17 (8%) respondents who chose not to respond. I established four themes that teachers felt were the benefits of teaching health in the elementary classroom. These themes included: exposure to the health themes, teaching students life skills and about their overall well-being, opening communication about themes with teacher and student, and last, these topics do not get talked about at home. The first theme that emerged was simply informing students and giving them awareness of the health topics. I grouped this response with 51 (25.5%) teachers stating it as a benefit, under the theme of exposing students to health topics (See Table 5.1). Under this theme was also the importance of the

topics (34, 17%), the consistency of health topics every year (11, 5%), and reiteration that the health curriculum lets the students know that the health topics are important (9, 4%).

Next, what was stated as beneficial was that the topics are teaching students life skills and about their overall well-being (Table 5.2) (48, 24%). I grouped this response with the statement that students are making healthy choices for themselves with information learned from the wellness curriculum (45, 22.5%) and that students are learning skills to use in and out of the classroom (27, 13.5%). These were classified under the theme that students are taking ownership of the health topics (See Table 5.2).

Another theme that emerged when looking at the results of my survey question #5 was the fact that talking about the health topics is beneficial for both the student and teacher (Table 5.3). There were 24 (12%) respondents who stated that the topics open conversations in their classrooms as well as get students to interact with each other (9, 4.5%). These conversations also carry over into other subjects and reinforce what they are learning (6, 3%). With this interaction and communication, teachers can also find out any concerns (4, 2%) and students know that everyone has issues they are dealing with (2, 1%).

Lastly, teachers found the health topics most beneficial because these topics do not get talked about at home (Table 5.4). There were 24 (12%) responses that reiterated this statement and 6 (3%) respondents that stated knowing what goes on at home may not always be good. Teachers feel the health topics are also beneficial because they are taught by a trusted, educated adult (5, 2.5%). I asked this question so current elementary teachers could start to think about the benefits of teaching these health topics rather than be automatically opposed to the negative thoughts of having another subject in their

lesson plans. I always focus on teaching “why do we need to know this”; in my undergraduate class for elementary school teachers, this data will solidify my message. My plan is to propose a culture of wellness in the schools and not just health as an academic subject.

*Table 5.1 Health topics*

Theme: <b>Exposing students to health topics</b> – n = 105 (52.5%)	
Informing students (awareness of topics)	51 (25.5%)
Important topics (relatable)	34 (17%)
Consistency every year (same topics)	11 (5%)
Let the students know health topics are important	9 (4%)

*Table 5.2 Students Taking Ownership*

Theme: <b>Students taking ownership of topics</b> – n = 120 (60%)	
Life Skills (overall well-being)	48 (24%)
Making healthy choices for themselves	45 (22.5%)
Skills in and out of classroom	27 (13.5%)

*Table 5.3 Talking about Topics*

Theme: <b>Talking about topics with students</b> – n = 45 (22.5%)	
Opens conversations	24 (12%)
Interaction with others	9 (4.5%)
Reinforce what already learning in other subjects	6 (3%)
Find out concerns in class	4 (2%)
Know everyone has issues to deal with	2 (1%)

*Table 5.4 Spreading Awareness*

Theme: <b>Spreading awareness to students</b> – n = 35 (17.5%)	
Topics don’t get talked about at home	24 (12%)
Knowing what goes on at home not always good behaviors	6 (3%)
Taught by educated (trusted) adult	5 (2.5%)

For survey question #6, I asked, “What are common misunderstandings with your students and the topics discussed?” This question brought out a lot of issues I had not

thought about, and I am glad I asked this particular question for that reason. There were 82 (41%) respondents who did not answer this question.

Three themes emerged from the data from this particular question. The first theme related to topic-specific answers (Table 6.1), such as misunderstandings of substance abuse and misuse (39, 19.5%), growth and development (26, 13%), communicable and non-communicable diseases (7, 3.5%), and 23 (11.5%) other specific topics referenced by respondents. There were also teachers who made comments (2, 1%) that they do not go deep enough into the topic because there are just too many to cover. I believe this would definitely cause misunderstandings when students are not getting all the relevant information.

The second theme that emerged that would cause misunderstandings for students was the inaccurate information students get outside of the school setting (Table 6.2). There were 23 (11.5%) respondents who made reference to students thinking what goes on within the family is normal, but teachers are thinking it may be unhealthy in reality. The students come in with inaccurate information (8, 4%) and know a huge range of disinformation depending on home life (3, 1.5%). Teachers also stated that misconceptions come from students thinking all people who smoke, drink, or are overweight are “bad” (3, 1.5%), not knowing the importance of the health topics (3, 1.5%), and social media contributing to misunderstanding of the health topics (2, 1%).

The third theme that emerged from the question of misunderstandings students have with the health topics was the diversity of students in the elementary classroom (Table 6.3). That could be due to a variety of learning styles, cultural (1, .05%), socio-economic, and religious backgrounds. There were 10 (5%) respondents who stated they

feel the information “goes over the students’ heads,” 3 (1.5%) said the students would not know how to use information in “real life,” and 1 responded stating there were misunderstandings with the assessments.

I asked this question to help understand the importance of teaching these topics in elementary school. I wanted to see what misconceptions there were and how teachers can make an impact in their classrooms by including and explaining these misconceptions when the students are not getting the information at home or when they are getting improper information. I really appreciated the respondents’ candid responses about what the students already knew or thought they knew. I can understand, for example, how hard it would be in the classroom with 25-30+ students all from different backgrounds trying to teach what a nuclear family is. It is different to everyone. Because of this, I plan to suggest a collaborative approach to teaching health education in hopes that professionals in their specific fields such as doctors, nurses, dentists, police officers, dieticians, mental health counselors, physical educators, and community outreach professionals can aid in educating our youth. As a result, professionals would be better equipped to answer specific questions on trauma, substance abuse, diseases, and overall health care; in addition, this would take the pressure off the teachers in uncomfortable situations with their students. For example, a respondent made the comment that it is hard to teach a lesson on substance abuse when the child witnesses it in the home. I believe the teacher’s role in the classroom is to educate, but when it comes to counseling or selling hard truths, hearing it from a professional may take the pressure off the elementary classroom teacher and not compromise that trust teachers develop with their students.

*Table 6.1 Answer Related to Specific Topics*

Theme: <b>Answer related to specific topics</b> – n = 97 (48.5%)	
Substance Use/Misuse	39 (19.5%)
Growth and Development	26 (13%)
Other specific topic	23 (11.5%)
Diseases	7 (3.5%)
Don't go deep enough because too many themes	2 (1%)

*Table 6.2 Information from Outside*

Theme: <b>Inaccurate information from outside of school</b> – n = 42 (21%)	
Thinking what goes on within the family or at home is normal but may be unhealthy in reality.	23 (11.5%)
Coming in with inaccurate information	8 (4%)
Believing people who are fat, smoke, or drink are 'bad' "bad"	3 (1.5%)
Lacking awareness of importance of health topics	3 (1.5%)
Knowing a huge range of information or disinformation, depending on home life	3 (1.5%)
Realizing online are not always true (learning from social media)	2 (1%)

*Table 6.3 Learning Style of Students*

Theme: <b>Learning style of students</b> – n = 15 (7%)	
Information goes over students' heads	10 (5%)
Inability to use information in "real life," applying it	3 (1.5%)
Assessment	1 (.05%)
Cultural backgrounds	1 (.05%)

In question #7 on my survey, I asked, "What suggestions do you have for improving the health curriculum in the Midwest Community Elementary Schools?" There were 30 (15%) respondents who chose not to answer this question. I grouped these responses into the following common themes: the need for high quality teaching aides, improved teacher preparation, clarifying teaching responsibility, and more resources. The theme that had the highest percentage was that of the need for teaching aides (Table 7.1), or additional resources to teach the material (32, 16%) such as more hands-on activity

ideas (17, 8.5%), more engaging lessons that focus on the big ideas (15, 7.5%), and videos that correlate with the topics (5, 2.5%). There were also suggestions for experts to come to school to share information or teach the lesson (21, 10.5%) and for more guided discussions in the classroom (4, 2%).

Second, teacher preparation was suggested to improve the health curriculum in the Midwest School District (Table 7.2). I interpreted this to mean not only more professional development and more training which 21 (10.5%) respondents suggested, but also more time to prepare to teach the lessons. There were 22 (11%) respondents who stated more time would help; 24 (12%) stated that changing the assessments to apply more to real life than just recall would help, and 12 (6%) suggested providing more ideas on how to incorporate topics into the classroom rather than having it be an added subject. These responses will be important when I look at undergraduate preparation for elementary teachers in health content. They should be getting the training as an undergraduate as well as acquiring ideas for lessons.

The third theme was interesting to me as some respondents made it clear they did not think teaching the health topics was the sole responsibility of the classroom teacher (Table 7.3). There were 31 (15.5%) of elementary classroom teachers who suggested that there should be a team approach to teaching the health topics with the school nurse, the guidance counselor, and/or the physical education teacher (20 specifically noted PE teacher). There were 8 (4%) respondents who suggested the subject of health should be taught by the nurse, and 5 (2.5%) respondents suggested there needs to be consistency across the district since some schools do have the nurse or guidance counselor teach the health content.

There was a fourth theme that emerged in question #7 and that involved suggestions that outside resources be used when teaching health (Table 7.4). There were 5 (2.5%) of respondents who suggested parent attendance when teaching health or more parent involvement with the topics. There were 3 (1.5%) respondents who suggested community involvement and 2 (1%) who stated the need for local resources for students, parents, and/or families. The answers written for question #7 gave very good suggestions for moving forward with my program evaluation. I asked this question specifically to get feedback from current elementary classroom teachers who are required to teach the content regarding to any improvements they would suggest for the current wellness curriculum in the MWSD. I will definitely be looking at all of the suggestions when I propose policy change. As a result of this analysis, I am convinced that the following needs should be addressed: better preparation and continued education, a collaborative approach to teaching the content, and community involvement, whether that be community leaders helping educate and contributing resources, families engaging in the content, and applying the WSCC model of the whole school, community, and child.

*Table 7.1 Teaching Aides*

Theme: <b>Teaching aides</b> – n = 94 (47%)	
Additional resources	32 (16%)
Experts come to school to share/teach	21 (10.5%)
More hands-on activities	17 (8.5%)
More engaging lessons, focus on big ideas	15 (7.5%)
Videos	5 (2.5%)
Guided discussions (real life)	4 (2%)



*Table 7.2 Teacher Preparation*

Theme: <b>Teacher preparation</b> – n = 79 (39.5%)	
Changing assessments: not recall, application to real life	24 (12%)
More time for instruction	22 (11%)
Professional development and/or more training	21 (10.5%)
More ideas on how to incorporate topics rather than add on subject	12 (6%)

*Table 7.3 Responsibility Distribution*

Theme: <b>Not all responsibility of classroom teacher</b> – n = 44 (22%)	
Team approach to teaching (nurse, guidance, physical education teacher)	31 (15.5%)(note for self: 20 referenced PE and/or specialist)
Nurse	8 (4%)
Consistency across district (all schools are not teaching health the same way)	5 (2.5%)

*Table 7.4 Resources Outside of School*

Theme: <b>Resources outside of school environment</b> – n = 10 (5%)	
Parent attendance	5 (2.5%)
Community involvement	3 (1.5%)
Local resources for students/parents/families	2 (1%)

Survey question #8 asked, “From what college or university did you receive your teaching license?” Four of the most common six universities and colleges included are local institutions in the same town as the MWSD. When I asked permission to host my survey in the Midwest elementary schools, the superintendent stated that he has hired 70% of his teachers from the four local institutions so he was willing to help with whatever would assist the colleges in producing quality teachers. Only ten respondents chose not to answer this question. The results of this question will help with further research and collaboration when looking to improve and create new curriculum for undergraduates seeking an elementary education major. The results also show in what states the teachers graduated, and with that information, I can see what their requirements

for licensure were. For this program evaluation, the relevant information is that 95% of the teachers in the MWSD received their teaching license from the same state where the district is located. While this is not unusual, it helps make policy recommendations and curriculum change per state requirements.

<b>College Originating Teaching License</b>	<b>Number</b>	<b>Additional Education</b>
University 1	49	2 = MA 4 = second college mentioned
University 2	44	1 = MA 4 = second college mentioned
College 1	32	1 = MA 3 = second college listed
University 3	22	1 = second college listed
University 4	11	2 = second school listed
College 2	6	
University 5	5	1 = second school listed
University 6 College 3	3	
College 4 College 5	2	
University 7	2	1 = second school listed
17 Other Colleges and Universities	1	
College 6		1 = listed as second school
D (Did not answer)	10	

For question #9 I asked, “What class(es) did you take as an undergraduate to prepare you to teach health topics in the elementary classroom? Example: Methods of Teaching Elementary Physical Education, Health, and Wellness.” There were 23 (11%) respondents who did not answer question #9. There were also 54 (27%) respondents who filled in question marks, “did not know,” or “don’t/can’t remember.” This is alarming to me as health content is a required subject for elementary teachers to teach, and they need the training or classes for state licensure.

There were only 31 (15%) of respondents who remembered taking a specific methods course that involved elementary physical education and health. Three of those respondents simply underlined the example in the question, and I am assuming that is the course they did take. There were 79 (39%) respondents who remembered classes that included some sort of physical education, “gym,” health, or wellness as they wrote (See Table 9.1). The remaining respondents are represented in table 9.2, as I grouped all of the responses who had a wellness-related course (18, 9%). These courses would have been appropriate for one or two specific topics that the elementary teachers are required to teach, but this is inadequate to meet the needs of all the health topics elementary teachers are required to teach in their classrooms.

Question #9 was a very important question to me. I wanted to know if their undergraduate class was substantial in giving them the qualifications to teach health in their elementary classrooms. It is a requirement for the State’s colleges to have a health education class to be licensed as an elementary teacher. There is no set curriculum for that class or standards it is to follow. Personally, at Midwest College, we follow the state and national standards, but at a neighboring institution, the professor teaching the course

most recently was unaware of those national standards. Thus, as in the previous question, and, as a result of conversations with the superintendent, if 70% of Midwest School District teachers are hired from one of the four local colleges, and the district requires its elementary teachers to teach health, a key question is should the colleges be teaching those elementary teachers the 21<sup>st</sup> Century skills? When analyzing the data from this question, I was frustrated with the lack of classes or lack of recall of the health courses teachers have taken when they are now required to teach it in their classrooms. It is no wonder why there has been pushback; an alarming number of current teachers are not qualified to teach the content.

*Table 9.1 Distribution of PE/Gym/Health*

Theme: <b>Had PE/Gym/Health or Wellness</b> – n = 48 (24%)	
Elementary PE (6 specified elementary PE)	18 (9%)
PE	12
Health and Wellness	7
PE/Health Wellness	6
Wellness Education	2
Intro to Health	2
Gym-Nutrition	1

*Table 9.2 Wellness-Related Course*

Theme: <b>Wellness related course</b> – n = 18 (9%)	
Human Growth and Development	3 (1.5%)
Nutrition	3 (1.5%)
Early Childhood	1
Educational Psychology	1
Had a biology major and P.E. Minor	1
One class for health educators	1
Took a health and wellness class but it wasn't how to teach kids health and wellness	1
Took a methods class for a clinical about health	1
Was an athlete which helped, practicum hours in class	1
Basic one, don't remember title	1
Science background	1
Special Education	1
Whatever was required in 1991	1
Personal Health Class	1

To continue with my questioning regarding elementary teachers being qualified to teach the nine health topics in their classrooms in the Midwest School District, I went on to ask if they are teaching with standards-based knowledge. On my survey question #10 I asked, “Do you teach health topics in the wellness curriculum under the outcomes provided by the Midwest School District?” I had asked them to **Circle One: Y or N**. The majority of the respondents, or 172 (85%) respondents, answered yes, while 15 answered no, and 13 did not circle Y or N. It is good to see that the majority of the respondents answered yes as this is required of them with implementation of the new wellness curriculum.

For survey question #11, I asked, “Have you ever, or do you currently, referenced the State’s Core standards under the 21st century skills for health literacy?” The majority of the respondents, or 115 (57.5%) respondents, answered yes, while 73 answered no, and 12 did not circle yes or no. Coincidentally, the State’s Department of Education is updating

standards to better fit the needs of the 21<sup>st</sup> Century learner. Hopefully this can be an issue that is addressed in future undergraduate classes and implemented into the Midwest School District once the change has been made to the State's Core.

Survey question #12 went on to ask, "Have you ever, or do you currently, reference the National standards for health literacy under the Centers for Disease Control (CDC), National Health Education Standards (NHES), or the Society of Health and Physical Education (SHAPE)?" For this question, the majority of the respondents, or 159 (79.5%), answered no, and only 25 answered yes. There were 16 respondents who chose not to answer. The national standards are addressed in my undergraduate class for elementary teachers, and, with the new standards-based assessment, elementary teachers need to know what those standards are. The three previous questions show that current elementary teachers in the Midwest School District are familiar with the district's standards and the 21<sup>st</sup> Century skills provided by the State's Core, but they are not as familiar with the national governing bodies that script the standards for health education. They may be familiar because the district policy follows the NHES but it is unclear if teachers know the difference between district standards, state standards, and national standards, or if they know where to find them.

In question #13, I asked, "What do you feel would have better prepared you in your undergraduate teacher preparation program to teach the health topics required by the Midwest School District?" There were 87 (43%) of respondents who did not answer. I wish more would have answered because these answers help me as a professor teaching the Methods of Teaching Physical Education and Health for Elementary Majors. Out of the 113 teachers who responded, 8 (4%) stated that they felt prepared. I did probe a little

further with question #13 and of the 8 respondents who felt prepared, 3 were from University 4, 2 from College 1, 1 from College 3, three of the four local colleges. This made me feel good about the current curriculum for undergraduates in the Midwest community, but it is disturbing that only 8 current elementary teachers in the MWSD feel prepared to teach the health education topics for the wellness curriculum.

I grouped the responses into three themes which included the following: needing more content knowledge from undergraduate classes (69, 34%), better training on the topics (39, 19%), and more experiences with the topics in undergraduate studies (15, 7%). With the first theme, most respondents stated they needed more content knowledge from their undergraduate classes. This theme also included 16 (8%) of respondents stating they would have been better prepared by having a health class for teaching elementary students, and I agree. The second theme that emerged from my data with question #13 was the suggestion that better training in the health topics would have more effectively prepared them to teach the topics in their classrooms. This indicates teachers are feeling the need for more direct training (15, 7.5%), more professional development (6, 3%), and more support from principals and other teachers (2, 1%). The final theme that I used to break down question #13 was that the respondents felt more experience with the health topics in their undergraduate studies would have better prepared them to teach these topics in their classroom. The responses that struck me the most were those wanting more experience teaching health lessons to students (7, 3.5%). This past fall, I had my methods class teach for the local Lutheran School and it was a much-appreciated experience, much better than writing hypothetical lessons and teaching to peers. The

other responses that I will take note of are the statements of being able to teach the health content during student teaching (6, 3%). This can be an easy fix, at our university at least.

*Table 13.1 Content Knowledge*

Theme: <b>Content knowledge in undergraduate class</b> – n = 69 (34%)	
More health classes	22 (11%)
A health class for teaching elementary students	16 (8%)
Ways to teach content	15 (7.5%)
Knowledge of the standards (Iowa Core)	10 (5%)
Awareness of local resources	4 (2%)
Knowledge that it was part of the curriculum	2 (1%)

*Table 13.2 Better Training in Topics*

Theme: <b>Better training in topics</b> – n = 39 (19%)	
More direct training	15 (7.5%)
More professional development	6 (3%)
Increased support (principals, other teachers)	2 (1%)

*Table 13.3 Experience with Topics*

Theme: <b>Experience with topics and subject of health in undergraduate studies</b> – n = 15 (7%)	
More experience teaching health lessons to students	7 (3.5%)
Observation of health topics being taught during student teaching	6 (3%)
Maturity levels of students to handle topics	2 (1%)

In question #14 on my survey, I asked, “With which gender do you identify?” There were 179 (89.5%) respondents who identified as female, 10 (5%) who identified as male and 11 (5.5 %) respondents did not answer the question. (F = 179, M = 10, U = 11) For this program evaluation, this data does not have significant weight in any of my decisions or findings. In the future, it would be interesting to see if the females and males had different views on which topics were more difficult to teach. As of now, all



elementary teachers are required to teach all of the health content topics, so all teachers need further education on the topics and all undergraduates need proper training to teach the subject.

For question #15 I asked, “What grade do you currently teach?” Responses are shown below in table 15.1. The grade levels were fairly even, and I am now comfortable that I have a diverse opinion on what is working well and significant suggestions for improvement from each grade level.

*Table 15.1 Teacher Grade Levels*

<b>Grade Level</b>	<b>Teachers</b>
Kindergarten	30 (15%)
First Grade	34 (17%)
Second Grade	32 (16%)
Third Grade	32 (16%)
Fourth Grade	23 (11.5%)
Fifth Grade	29 (14.5%)
Did not answer	13

Question #16 teachers were asked, “How many years have you taught in the elementary classroom?” There were 11 (5%) respondents who did not answer this question. My purpose in asking this question was to see if there would be any difference from new teachers versus veteran teachers in incorporating the health content into the classroom. As for the numbers, they are even through first-year teachers and experienced

teachers in the classroom. This data is good to show that there is a diverse number of years of experience in the classroom among those answering my survey questions.

*Table 16.1 Overall Teacher Experience*

<b>Years Taught</b>	<b>How many respondents</b>
1	10
2	3
3	10
4	12
5	6
6-9	17
10	7
11-14	24
15	9
16-19	32
20	13
21-24	15
25	5
26-29	11
30+	13

For question #17, I asked, “How many years have you taught/incorporated health into your elementary classroom?” The highest number of respondents said three years. Coincidentally, the updated wellness curriculum was implemented three years ago at the time the survey was completed. I am interested in comparing this data with the previous question and specific respondents. The wellness director also stated they were interested

in seeing if it was primarily new teachers or veterans who were implementing the program, what topics they had most trouble with, and if it was new staff or veteran staff who had most concerns with curriculum. There were some comments that were interesting and worth noting. One respondent said, “I have always covered some basic topics but no curriculum until [MWSD] implemented it”; another stated, “Some aspects all 19 years,” while one teacher disclosed, “Varies-some years the school nurse/counselor would assist in lessons”; and last, a response that concerned me was, “When it started.” This comment concerns me since health has always been a required subject in school according to the Wellness Director of MWSD. The curriculum I am evaluating is the new curriculum, but the requirement was always there that elementary teachers teach health education as a required subject in the MWSD.

*Table 17.1 Teaching Experience in Health Education*

<b>Years taught/incorporated health into classroom</b>	<b>How many respondents</b>
1	14
2	11
3	42
4	17
5	5
6-9	15
10	8
11-14	21
15	7
16-19	12
20	7
21-24	6
25	1
26-29	4
30+	1
Did not answer	17
?	6
Always	3
When it started	1

My question #18 on the survey was “What changes, if any, would you like to see for the health curriculum in the elementary schools?” There were 87 (43%) respondents who did not answer this question. The themes that emerged from this question were related to needing more resources in the classroom (61, 30%), changes to the topics

taught (41, 20%), and changes to the curriculum (36, 18%). The most common answer was related to needing more resources in the classroom (Table 18.1). The answers to question #18 were very similar to survey question #7. The new information I gathered from this particular question related to having more “buy in” from colleagues. It is apparent that not all elementary teachers see the need or desire to make the time to teach the health topics and feel it is too big of an “add on” to justify the investment of time and resources. I am hoping to change that mindset with my research.

*Table 18.1 Resources to Teach Lessons*

Theme: <b>More resources to teach lessons</b> – n = 61 (30%)	
Physical education teacher, guidance counselor, nurse	22 (11%)
Guest speakers or guest teachers	12 (6%)
Materials for each student	11 (5.5%)
More hands-on activities	10 (5%)
Videos/Posters	6 (3%)

*Table 18.2 Topics Taught*

Theme: <b>Topics taught</b> – n = 41 (20%)	
Topic specific	24 (12%)
Incorporate into other areas of elementary curriculum	7 (3.5%)
More training	7 (3.5%)
Fewer topics	3 (1.5%)

*Table 18.3 Wellness Curriculum Change*

Theme: <b>Wellness curriculum change</b> – n = 36 (18%)	
No tests, update/review assessments	15 (7.55)
Fewer mandated, more open discussions	7 (3.5%)
More engaging curriculum	6 (3%)
More practical curriculum	4 (2%)
Lesson book rewritten	2 (1%)
More “buy in” from colleagues	2 (15)

Question #19 had two parts, “Have you ever, or are you currently taking any continuing education classes related to health education in the elementary classroom?” and “Would you be interested in one?” There were 160 (80%) respondents who had answered no, they were not currently taking continuing education classes related to health education in their classroom. There were 28 (14%) respondents who circled yes, they were currently taking continuing education classes, 6 of which stated yoga and mindfulness training for the classroom, and 1 stated human trafficking as a continuing education course. There were 12 (6%) of respondents who did not answer the first half of question #19. I wanted to know if current elementary teachers were challenging themselves to be lifelong learners and to educate themselves on the health topics. The responses did not show that current elementary teachers were motivating themselves to expand their knowledge on the topics they are required to teach in the classroom; this is evident with only 80% saying they were not taking any continuing education classes on any of the nine topics they teach to elementary students.

In the second half of the question, in which I asked, “Would you be interested in one?”, referring to a taking a continuing education course, there were 89 (44.5%) respondents who answered no they would not be interested. One was retiring, one moving to special education, one wrote that they kept up on health topics on own, one said yes if it was mental health, and two said not right now. There were 83 (41.5%) respondents who circled yes, that they would be interested in taking a continuing education course. Three said maybe; one said yes, especially if it pertained to emotional health, and one said yes if it was yoga. There were 18 (9%) respondents who did not

answer the second half of question #19. There were two question marks, and one undecided. When talking to current elementary teachers, I find they are often surprised by the questions they are asked on the topics. Sometimes the teachers do not have the answers. But there are professional development and trainings offered through the Midwest District and in the Midwest Community. The teachers need to be willing to take those continuing education courses.

In response to question #20 which asked, “Is there anything else you wish to share about your experience with teaching the health curriculum for the Midwest Community Elementary Schools?”, the majority of respondents, or 166 (83%) respondents chose not to answer this question. I feel this is most likely because they had multiple chances in my survey to give suggestions, advice, and state concerns with the current wellness curriculum. Out of the 34 (17%) respondents who had something else to share about their experience teaching the health curriculum, 3 (1.5%) respondents reiterated that the health topics should be covered in physical education or pushed to guidance. One respondent stated that guidance teaches health for them and another one stated how guidance taught it last year during guidance time, and it worked beautifully to team teach it. There were 9 respondents who made comments praising the district for adding the curriculum, and, of those nine, two shared their appreciation of not having to create the lessons, and one was happy the district has the curriculum, but just wanted more teachers to teach it. There were three references to not having enough time to teach the content. Three respondents made comments about their dissatisfaction with having to teach the human sexuality topic, one saying the expectations were stressful and administration did not seem to hear concerns, and one respondent added how the nurse gives a wonderful presentation on the

topic. Three respondents commented on their concern for students with anxiety and the need for more training or lessons on mental health and helping students with anxiety. There were two comments on assessment and how the assessment needs improvement. There were five respondents who gave examples of programs and/or lessons that are working well for students.

### **Organizational Change**

The organizational changes I am suggesting for the Midwest School District are more training and professional development for current teachers on the nine health topics to be taught in their classrooms. I am also going to suggest a collaborative approach to implementing wellness topics into the school as a community. I would like to see wellness integrated into every facet of the child's school day not just a separate topic in an already hectic classroom setting. In addition, I am proposing more classroom materials for teachers with enough for every child in the class. The physical education program has rotating supplies between the schools; there is a bowling unit, golf, and fitness to name a few. Using a similar model, the district could put together classroom "kits" that could rotate among not only the classrooms in the schools but among schools. This may require a change in the order of when the units are taught for some schools, but I don't see this hindering the content. The topics can also be taught simultaneously; for example, even though communicable and non-communicable diseases are written in the curriculum to be taught in April, October is Breast Cancer Awareness Month. Earth Day is in April and environmental health is not scheduled to be taught until May. I appreciate the fact that there is accountability and a plan for all of the topics and content to be taught, but the curriculum can be even better met with an interdisciplinary approach.



Elementary teachers can access free resources from advocates for health literacy. SHAPE America just recently released the Health.Moves.Minds programs, and there are materials teachers can download to use in their own classrooms. SHAPE also has the Health Education Assessment Tool (HEAT) that is available to SHAPE America members. Educators have access to lesson plans through the Health.Moves.Minds and assessments through the HEAT program. There is the Health E Tips website that offers a JAM School Program that has free minute workouts, Health E Tips newsletter, and professional athlete spotlights with health tips. PECentral and PE Universe offer free lesson plans and curriculum guidance as well as interdisciplinary ideas to incorporate health and physical activity in the core subjects (math, science, literacy, and social studies).

Elementary teachers need to be made aware of these resources, and I provide all of this information to my undergraduates along with the national SHAPE standards and the states' CORE standards for health and physical activity. In my research, 85% of elementary teachers surveyed said they followed and taught to the standards given to them by the MWSD. The district does follow the National Health Education Standards put out by SHAPE America. But only 13% of respondents said they were familiar with or used the national SHAPE standards when teaching health education, and 79.5% indicated they were not familiar with or used them. If health is a required subject for elementary teachers to be teaching in their classrooms, why are they not being taught their national and state standards in their undergraduate programs? Just like math, science, literacy and social studies, pre-service teachers should be writing lessons to match standards and standards-based assessment for health education. Only 57.5% of respondents said they

were familiar or taught with the State's Core standards for health education. If our undergraduates and current teachers were made aware of their governing bodies for health education, they would also know about the resources available to them.

Last, administrators and principals need to be consistent with the expectations and outcomes of health education in the Midwest District's schools. Since October is Health Literacy Month according to SHAPE America, why not have a "kick off" to healthy living in October and create that atmosphere and school culture of wellness that will continue throughout the rest of the school year. Whole child wellness encompasses sleep, nutrition, academics, physical activity, mindfulness, relationships, hygiene, community, and development, everything a student needs to live and thrive each day. School administrators need to be the biggest advocates for whole child wellness in the schools. If students are physically prepared to learn, it will help their classroom teachers teach.

My findings provide a look into the culture, conditions, and competencies of the MWSD and the wellness curriculum required. My two primary questions asked what was working well versus what was not working well. My mind has to focus on what is not working well to help make organizational change; while teachers are, overall, happy with the fact there is a curriculum and materials are provided, over half (57.7%) do not feel there is enough time, and this issue needs to be addressed. Also, 31% of teachers in the district feel they do not have enough resources, training, or clarification of the curriculum from the district. On a positive note, these are all issues that are workable and will not be a financial burden to the school district.

There were many suggestions of ways to improve the wellness curriculum from the elementary teachers who completed the survey. Besides more time and resources,

which I am already considering, the response that stood out most was that health literacy was not entirely the responsibility of the classroom teacher, as I named the theme in question #7. My first reaction when reviewing the responses was that of anger. I was upset that the elementary teachers were responding that it was the physical education teachers' responsibility, or the nurse's, or guidance counselors, and the biggest complaint was that "we need the time to teach more important things." All of these responses fell into a theme that I am now using in a positive way to promote co-curricular or collaborative teaching of the health topics throughout the school, utilizing the physical education specialist, the school or district nurse, and the school guidance counselor. I am also suggesting, in response to the suggestions from this question, the use of outside professionals and practical and engaging activities, as well as outside resources such as parents, the community, and local resources.

Most significant of my findings were the answers to questions about undergraduate preparation. Only 24% of respondents remember taking a course that had to do with physical education, "gym," or wellness, and only 9% disclosed having a course related to wellness. My data shows that current teachers may have been certified by the state's requirements to teach health education in the elementary classroom, but they are not qualified or prepared to teach the rigorous content. In evaluating the responses to question #13, I will propose a curriculum to the state's board of educational examiners for undergraduate preparation for elementary majors to include content knowledge, standards-based lesson planning, better training in topic specific content, and experience teaching the health concepts in methods and practicum courses as well as in their student teaching.

I selected this issue of preparing our undergraduates and providing more training for our current elementary teachers in the MWSD given the current state of our nation. I recently attended a gala for an organization that is providing mindfulness practices and yoga in the schools. The founder spoke on the reality of our world in schools right now. She stated there is an alarming 1 in 4 children who have experienced trauma by age 4, and that number increases to over 2/3 of children by age 16. She went on to explain that 40% of children nationwide live with the instability of poverty. She stressed that more than 1 in 3 children report being emotionally bullied by peers, that school violence is on the rise as well as suicide rates, and 70% of children have diagnosable anxiety and depression but are not getting treatment (personal communication, October 3, 2019; name withheld for privacy). Her program, a nonprofit 501(c)(3) that funds educational opportunities for children and their educators in the MWSD, has trained instructors that go into 17 schools, 13 of which are the Midwest School District, two from parochial schools in the same town, two from surrounding districts and one school district south of the town. They have reached over 6,000 students and help them “build skills with a unique curriculum that guides young minds and bodies into practices of mindfulness, reflection and emotional health through the practices of yoga” (personal communication, October 3, 2019; name withheld for privacy). Part of her training and inclusion in the schools is giving classroom teachers access to her program curriculum materials and once a month an instructor comes into the classrooms to teach a lesson.

With the current curriculum in the MWSD and the program mentioned above, as well as a local non-profit focused on character development, and professional development opportunities, the MWSD is implementing innovative ways to promote

brain health and good character. I will expand the district's wellness curriculum in an AS IS description using Wagner et al. and the 4 Cs. In chapter five, I will expand on what I see for the district, current elementary teachers, and prospective teachers for the future of our youth and health literacy skills in a vision of TO BE.

Wagner et al. (2006) provided us with a framework for improving teaching and learning. Using the 4 Cs, context, culture, conditions, and competencies that make up the framework, I have defined the MWSD, "As Is" (See Appendix J). Wagner's 4 Cs include:

Context – educational factors that provide influence

Culture – reality, the way things get done around here

Conditions – internal, structural

Competencies – what people are capable of within (Wagner, 2006, p. 108).

I used the framework to describe how the program, and the wellness curriculum I am evaluating is implemented and accepted in the 13 elementary schools in the district.

### **Context**

The MWSD is a predominately white public-school district (91% Caucasian/white) in the Midwest. There are 441 elementary teachers in the district. (That number includes all paraprofessionals and special programs teachers.) From that 441, there are 404 females and 37 males as reported from the human resource director. From my research, I specifically surveyed classroom grade-level teachers, and there were 179 (89.5%) respondents who identified as female and 10 (5%) respondents who identified as male. Of the teachers surveyed, their years of experience were as follows: 1-5 Years (41), 6-10 Years (24), 11-15 Years (33), 16-20 Years (45), 21-25 Years (20), 26-30+ (24). The

MWSD has over 1,800 fulltime and part-time staff and employees. All of the individuals that make up the school district influence and have an impact on the lives of students on a day-to-day basis. Those individuals include custodial, maintenance, office and administrative staff, paraprofessionals, coaches, substitutes, as well as library, food service, transportation (bus), counseling, medical and district building staff.

The district has a written wellness policy with access online through the district website. The health initiatives offered through the district's Wellness Policy includes: Nutrition Education (food safety, school meals, breakfast programs, free and reduced lunch, snacks, guidelines), Physical Activity (physical education, physical education after school, daily recess, integrating physical activity in class, punishment not withheld from physical activity (PA)). The district cites the Alliance for a Healthier Generation in the wellness policy. My concern with the policy is that there is no mention of classroom instruction of health concepts, and I believe this is because it is a required classroom subject. I want to create policy that specifies health education is part of everyday activity in the schools and includes all stakeholders in the district.

## **Culture**

To date, the MWSD has a well-aligned wellness curriculum that matches national and state health education standards. Teaching health education, according to the wellness director, has always been a requirement of elementary teachers. Four years ago, an administrative group implemented an updated curriculum that would match standards-based assessments now required by the district as of fall 2019. I see this as the beginning of a common vision with the requirements that all teachers teaching the same topic that month and all elementary teachers to teach one hour of health per month. Instruction time

can be split however teachers desire, such as in three 20-minute segments, six 10-minute segments, and so on) and (See Appendix A).

All teachers have access to a OneNote file that has a pacing guide, lesson plans, and assessments and is a place for teachers to share lessons they have created. There are classroom materials provided, but not all students always get a copy of the text or materials. There is yoga in the schools provided once a month through a local business and an initiative to promote mindfulness in the schools.

Students are starting to see health content as a norm in the classroom, but not all teachers are passionate about the content and the time they may perceive it takes away from core content. There are even administrators who may not require that the health content be taught with the rigor it requires, according to some answers on my voluntary surveys. Also, according to my research, not all parents are engaged in student learning and in the health content.

## **Conditions**

As stated above, time is an issue for teachers to implement the health content into their classrooms. For some, the perception of the wellness curriculum-is, “why do I have to teach this? It should be taught by the [physical education teacher], [guidance counselor], [school nurse],” while others are glad the district has a wellness curriculum but believe it needs to be taught with consistency throughout the district. That consistency lies in improving the qualifications of teachers to teach the content and clear requirements from administrators in particular schools about who regularly teaches the content rather than conveying an attitude of “teach it if you have time to get to it.” Not

only does the quality of instruction need improvement, but the health content should not be just a “have to,” it should be a “need to.” The negative attitudes from some teachers may hinder student learning. Being a role model, living by example, and teaching with enthusiasm is how to get any content through to students.

In addition, there are resources available for teachers, but they are not always utilized. There is a need for education about how to access free resources and for professional development on the health concepts. There is also a need for continuing education to qualify teachers to be certified, confident, and compassionate when teaching health education by national and state standards.

The wellness curriculum in the MWSD is a district policy. Not all districts in the local area have the same curriculum or require elementary teachers to teach the content. Per the district wellness policy from the MWSD website, “the wellness committee, or designee will develop a summary report annually on school district-wide compliance with the school district’s established nutrition and physical activity wellness policy based on input from schools within the school district. The report will be provided to the school board, superintendent, building administrators, and also made available to the public.” It goes on to say that “the summary report will be shared with health services, physical education, food services, health education and others as needed for program analysis” (Wellness Policy).

While not all principals currently encourage health content, per district policy it states “the building administrator, or designee will ensure implementation of the wellness policy and report compliance, utilizing forms and methods provided by the district to the



designee.” It also states that “the building administrator, or designee will share opportunities to engage families to participate in the wellness policy and address barriers to their participation” (Wellness Policy). I would like to see implementation consistently match the district policy.

As mentioned before, this district report does not mention in-class health content. It addresses physical activity policy and nutrition, but I would like to see health content in the classroom added to the policy. I would also like to see families and community engaged in the wellness curriculum.

### **Competencies**

With the wellness curriculum, not all elementary teachers are qualified or prepared to teach the topics. I believe they are competent and capable, but their undergraduate programs did not prepare them for the complexity of all nine health topics to be covered in their classrooms in order to complete the wellness curriculum in the MWSD. At times there is resistance from veteran staff who may think the curriculum is something new, when it has always been a requirement in the district. Those seasoned elementary teachers who do appreciate the subject of health need updated training and professional development for information that may not be in the textbook or may differ from the content they learned in their undergraduate classes. New teachers all have a required class in their undergraduate studies since it is mandated by the state to have a class involving wellness in the schools, but while an undergraduate, I think they may not have realized the importance of that course. Just this fall, when introducing my syllabus to the EDU 344 – Methods of Teaching Elementary Health and Physical Education, I asked my students why they must take this particular course. Answers ranged from, “It is

required,” “It is to learn how to teach physical education,” “I don’t know why,” and “My advisor told me I needed it.” Walking out of my course on the last day, they know it is not only a required course by the state for licensure, but they may be hired in a district where they are required to teach the health content in their elementary classroom.

The district wellness director for the MWSD does review the wellness curriculum with all new teachers each school year. But with inconsistency from principals, the expectations from the wellness director may get muddled by midyear. Some teachers do not think it is their responsibility to teach the health content, so, again, the content may get lost through the school year, hindering student learning and retention of concepts. The curriculum is scaffolded to each grade-level so if students miss content in first grade, they may be behind in second grade. Elementary teachers need to be competent in teaching the content as well as consistent and enthusiastic.

I don’t have any unanswered questions that I had not anticipated in my research. However, I would really like to know what all four colleges in the Midwest community offer in terms of a health course for elementary education majors. I already know the answer to three out of the four. I would like to then expand that to all of the state’s colleges and universities to suggest policy and licensure change at the state level. My exploratory question: “How can colleges and universities better prepare pre-service teachers to teach health literacy skills in their classrooms?” is already being answered as I continue my conversations and research to suggest policy change for the MWSD. Recently I gave an assignment that included the choice to research the topic of substance abuse/misuse. One of my current students, who happens to be non-traditional, asked why they were being asked to research how to explain smoking/vaping to elementary students

when elementary students don't smoke. My answer was, "How do you know they are not smoking?" Some elementary students go home to substance use and misuse as a norm in their household. My emphasis is prevention and teaching how to make choices. Teachers need to give the facts, teach how to make good choices, and hope their students make the correct choices for themselves in the wellness continuum. Overall, my questions are being answered, and I am continuing to seek ways to improve the health education for our elementary students.

My next steps are to share my research and suggestions for a "functional transformation" as stated in an article by Heller (2018, p. 44). It is going to take more than just re-organizing the curriculum which was done four years ago. It is going to require a change that involves daily effort including the superintendent, building principals, human resource director, and the auxiliary personnel to buy into the culture and conditions to make a change that will impact the wellness of all faculty, staff, and students for lifelong well-being. In an informal conversation with the former wellness director, I offered some ideas to her and she liked the idea of a collaborative approach but stated that PE teachers don't have time either. I asked what her thoughts were on a wellness degree for undergraduate training, and she stated that would be fine if children had PE 5-days a week. So, I still think having the classroom teacher engage in some of the health-specific lessons seems to be a necessity and can work with training and outside resources.

In our conversation, it was also noted that as the new HR director, she was surprised at all the mental health issues with the teachers. We both agreed on this question: How can they be teaching our youth when they can't take care of themselves?

The district administrators are looking into professional development (PD) sessions or trainings for teachers for self-care, and I believe they could definitely benefit from this training for themselves and in their classrooms. Thus, the intent to “utilize the training” is a two-fold objective for the district.

I have implemented teacher self-care in my course at Midwest College by having the students write their own personal behavior plan (I am planning to change this to personal self-care plan) to at least get them thinking about ways to take care of themselves and how to manage their own emotions when issues in the classroom arise. Some examples from this semester include: not checking phones before bed or right away in the morning, maintaining proper nutrition, using mantras or breathing techniques, and having someone to talk to (and identifying who that “person” is for them). One student even created a mood chart for himself. I love that the students are realizing the importance of self-care. I believe one cannot love another until one learns to love oneself. One is responsible for one’s own happiness. I want my undergraduate students to know that elementary students can often challenge a teacher’s emotional stability, and teachers may have a hard time regulating their emotions. Teachers definitely need to know how to respond by keeping their composure.

Another step I will take will be to suggest a collaborative approach to teaching the content, more PDs, and a school culture involving staff who have an impact on students’ daily lives. I will also be suggesting adding in-class health content to the wellness policy. The policy, as is, only addresses school nutrition, not nutrition lessons. I would like to see more mental health as well as social emotional learning addressed in the policy.

Another step I plan to take is developing a curriculum for pre-service teachers. I do not want to require more courses or credits, as the students in the education department at Midwest College graduate with well over the 120 credits required for graduation. Some students graduate with up to 140 credits with endorsements. A nutrition class alone for health majors is a 3-credit course, as well as human growth and development for PE majors, so we are trying to teach two majors of content (physical education and health education) to elementary students in a 2-credit, 16-week, two-days-a-week course.

Finally, I would like to have a student take advantage of Midwest College's summer fellowship program for scholar students to write curriculum for the elementary wellness program or for a new wellness degree at Midwest College. I would also like to change the current requirement of a physical education major and a health major as a double major and combine them as a wellness degree that would certify students in both PE and health content. With the current issues facing our youth, I would also recommend that the Midwest School District look into having a wellness teacher travel between schools to help the PE specialist and classroom teachers teach the health content.

Utilizing a wellness teacher assigned to create, implement, and ultimately help to develop and teach the idea of wellness as a lifestyle and culture change in schools would be a significant improvement. I would also urge collaboration with faculty and community members by reporting the need for health topics to be taught at the elementary level. For my internship, I chose to engage in conversations with professionals in each of the topics required by the MWSD. As I taught each of the topics the past two years in my methods class, I invited contacts, professionals, and organizations that would

be good resources for future elementary teachers in the district. Here is the breakdown for each of the topics and training, events, and collaborations I have participated in, attended, or made.

**Mental Health:**

- Mental Health First Aid Training - certified
- Local yoga studio, still fundraising to get into all 13 of the schools in the MWSD, and they would like to continue the practice.
- Took teacher in the schools yoga training in order to teach my students what they could expect in their classrooms, but I would also like to be certified in the future to teach yoga in the schools.
- University School Counselor talked to my classes

**Relationships:**

- Personal Empowerment Instructor was a guest speaker in my courses, Social Emotional Learning (SEL)
- My daughter and I took an Emotional Fitness course over two nights where we learned the Love Languages. They helped in my relationship with my daughter and husband, and I have implemented them into my courses as a way for teachers to get to know their students.
- I plan to get certified to teach the personal empowerment courses at Midwest College which are now, as of 2020, a core requirement for undergraduates.

**My Body/Growth and Development:**

-Local pregnancy clinic representatives come in every semester to teach reproduction and explain how they teach it in the elementary schools. I did learn that MWSD does not take advantage of this free local resource. The individual who spoke to my class this semester said she believes she will be in the MWSD elementary schools soon, but I will definitely be suggesting she to speak to classes starting with the reproduction and puberty lessons, as it gets the conversation started for the teacher.

**Nutrition:**

-Toured a local grocery store with the dietitian and again learned elementary classes do come in for tours, but the dietitian would love to come into the schools; additionally, it is a free resource.

-Training at a local gym, Nutrition for Athletes

**PA/Wellness Goals/Hygiene:**

-The Local Pregnancy Clinic talked a lot about hygiene.

-I used my physical education background to teach active ice breakers or brain breaks for the classroom. In the past, I combined my course with a one-credit activity course called Gym Games in which the students learned a plethora of games to play with students.

-Met with a local dentist who goes into elementary schools to talk about oral hygiene. They are even willing to donate toothbrushes, floss, and toothpastes when the need arises.

-Conversed with pediatricians about wellness goals, regulations on BMI, hygiene, and outreach from the medical community in the elementary schools.

**Safety:**

-I have had a member of the local police force talk every semester about shooter safety. There is a video that the MWSD shows that was filmed by the local police force about suspicious persons in the school. They also talk about playground safety, road safety, and protecting your body.

-Used local bike shop staff to teach about proper helmet fitting and overall bike safety.

**Substance Abuse/Misuse:**

-The local police offer a DARE program that comes into the schools and speaks on substance abuse, recognition of street drugs, the difference between prescription drugs and candy, and ways to say, “NO.”

**Communicable/Non-communicable diseases:**

-Local pediatricians give advice on how to stay healthy, vaccines, and offer education for parents on prevention and care.

**Environmental/Community/Consumer Resources:**

-Every semester my class meets with a local resource “hub” and learns ways to reach out to the community and use their local resources.

-This semester, we are stuffing purses for local non-profits and charities as our final. I am hoping it helps students feel more comfortable in reaching out to their local community resources.



I have already collaborated with Midwest community, and I have them as resources for my class; all of them said they would be a resource for our elementary schools. My hope is that the future teachers I have in class not only learn the content to teach in their classroom, but they will now have ideas about community organizations they can reach out to in order to enhance the learning experience, expertise, and knowledge of the health topics for their elementary-aged students.

What professionals in the community already provide or can provide is passion and knowledge derived from research-based data on the importance of each topic in order to help students see how they all are related. Sleep, hygiene, physical activity, and nutrition are vital to learn. Love, acceptance, and social emotional learning in classroom are essential to foster the learning environment. A collaborative approach to the content will make teachers' job easier by embracing all topics and embedding them into cross-curricular lessons, brain breaks, and letting outside professionals handle touchy subjects and answer the difficult questions that come with the topics of growth and development, substance abuse/misuse, and mental health and trauma. The next step is to explain this to administrators in the MWSD not only to enhance the wellness curriculum but also to create a school community revolving around healthy lifestyles and healthy choices. The most important aspect of this program evaluation is the children involved. We need to be teaching them how to make their own choices by presenting them with factual information. This requires certified, qualified, and empathetic instructors of the topics.

## **Interpretation**

The data I collected shows that current elementary teachers did not all get proper training in their undergraduate programs in health as a discipline taught in their elementary classrooms. It shows, too, that many of them do not have the passion or enthusiasm for teaching the topics in their classroom. To teach a topic with rigor, the teacher or instructor must display and stress the importance of the subject. My concern is that many current elementary teachers see health as a waste of time and are merely concerned that it takes a lot of time.

The two quotations from my surveys I always come back to are, “We need to be teaching more important subjects” and “We don’t have time to teach the topics with the rigor they deserve and require.” This tells me that not all teachers are on the same page with the wellness curriculum, and there is a need for consistency from the district administrators in implementing the required health-specific content. Because of this, I am excited to continue my research in program development for undergraduates so future teachers know the expectations by the state, district, school community, and their own classrooms for teaching health as a subject. This knowledge should result in heightened understanding by teachers of the importance of and the need for quality health instruction.

The significance of my data, for me, is to reiterate the need and promote more professional development for current teachers, the need for more training for undergraduates, and a greater need for developing the whole child in the elementary schools setting. While I learned of the need for more classroom materials and more time to teach the health topics, I also learned about additional issues besides the growth and

development topic. Teachers are concerned with the mental health of their students; they are concerned that their lessons on substance abuse are obtuse when the students go home to substance misuse in their homes; and they are concerned about the role of socio-economic and cultural gaps in the understanding of the health topics. Furthermore, while I did not delve into education for parents in this program evaluation, it is definitely a future objective.

It is also significant that current teachers do not know what the national standards or state standards are for health. Health is considered a subject and required by the state and Midwest district to be taught in the classroom. The subject of health should have the same respect in undergraduate training as math, science, literacy, and social studies, subjects that also have standards and grade-level outcomes. The health of our youth is a vital concern with all the daily challenges they face, and I feel as educators it is our duty to give them information to aid in making healthy decisions.

As much as I wish more teachers had responded to all the questions, I feel did get honesty when it came to the results. There truly is not enough time in the school day to teach all the subjects with the rigor with which they should be taught. I also do not think current elementary teachers are certified to teach the topics in the depth they need to be taught. I don't think this is any fault of the current elementary teachers. I also don't think it is any fault of the district either. I am in fact, very pleased that the Midwest School District has a wellness curriculum. Administrators are correct in thinking that prospective teachers have the training to teach health as a discipline, as it is requirement by the state to have hours in the content. However, my data shows that this undergraduate training is not sufficient to certify a teacher to be competent in teaching all nine topics required by

the Midwest School District. I have two children in the district, and I am passionate about teaching the whole child.

### **Judgments**

To be able to teach the whole child, a teacher needs to be qualified, prepared, and passionate, not just certified. The purpose of my program evaluation was to help better prepare my undergraduate students to teach the health content in their elementary classrooms. I chose to use the Midwest School District as they had just implemented a revised wellness curriculum, and I was curious to discover whether current elementary teachers were qualified and/or prepared to teach the health content.

I started my inquiry by speaking with the superintendent of the district, the district wellness director, and with several current teachers in order to get a feel for the new curriculum. With the superintendent's blessing to help prepare future teachers they may hire and with help from the district wellness director to learn what the curriculum entailed, I was curious to see if all teachers in the district had the same apprehensions, concerns, or complaints about being required to teach health in their elementary classrooms once a month.

In response to my first primary exploratory question, *what do the elementary teachers, district wellness and health curriculum coordinator, and superintendent in the Midwest School District report is working well in the health wellness curriculum*, the fact that there was a curriculum for health and that the teachers were given resources to use was a positive for over half of the respondents.

In response to primary question #2, *what do the elementary teachers, district wellness and health curriculum coordinator, and superintendent in the Midwest School District report is not working well in the health wellness curriculum*, the issue of not having enough time was the biggest concern. Responses also included issues with the curriculum, but none that couldn't be changed with policy. The responses that get most of my attention are those that mention the lack of teaching support. No teacher should ever feel unsupported in his/her classroom.

My third primary exploratory question was *what do the elementary teachers, district wellness and health curriculum coordinator, and superintendent in the Midwest School District report as the greatest challenges in the health wellness curriculum*, and responses to this revolved around time, teaching materials, training, students' comprehension of the topics, and family support of topics.

In response to my primary question, *what do the elementary teachers, district wellness and health curriculum coordinator, and superintendent in the Midwest School District report as ways to improve the health wellness curriculum*, responses included: more teaching aides, more teacher preparation, responsibility for instruction beyond the individual classroom teacher, and utilization of resources outside of school environment, all considerations for recommendations and improvements to the current curriculum.

My primary questions offered insights into how to improve the current curriculum in the MWSD, and my secondary exploratory questions helped support the idea that many of the current teachers are not qualified to teach the health topics. This information

will aid in continuing education efforts for current teachers and in providing more training for undergraduates with state licensure.

My secondary questions included: *in what ways do elementary teachers feel prepared/not prepared from their teacher education program to incorporate health literacy topics in the classroom; how are the elementary classroom teachers using a standard-based approach with student learning outcomes for health literacy topics; and how are the elementary classroom teachers qualified by their state standards to teach the health topics governed by national and state standards?* The responses to my secondary questions will aid in creating better preparation for undergraduates as respondents stated the need for more content knowledge, better training/professional development, and more experiences teaching health content in undergraduate studies.

I feel all of the data I collected showed not only that positive things are happening in the health and wellness program in MWSD but also that the negative aspects of the program can be fixed or addressed. The district has a working wellness curriculum, and I will suggest policy change based on the responses in my survey. I will also reinforce/applaud the positive initiatives happening in the MWSD with the Mindful Minutes in the schools, character development, and social emotional learning.

Additionally, I will also use the responses and suggestions from my secondary questions to improve, create, and imply curriculum change at the undergraduate level. Positive change is already happening at Midwest College since I communicated the need to incorporate health as a requirement to teach during student teaching. The head of my department happily shared with me that current student teachers are teaching health in their elementary student teaching placements.

## **Recommendations**

When considering what action needs to take place, ultimately I think the district needs to make the wellness curriculum not just topics to be taught in the classroom but a school initiative and lifestyle for the well-being of all stakeholders. The Whole School, Whole Community, Whole Child (WSCC) initiative promoted through the Centers for Disease Control (CDC) and the Association for Supervision and Curriculum Development (ASCD) is a unified and collaborative approach to learning and health. It promotes coordinating school health into the school community to benefit the whole child. I believe this is a good model for the MWSD to follow along with the Alliance for a Healthier Generation (founded by the American Heart Association and Clinton Foundation) that the MWSD references already in their wellness policy.

The mission of the Alliance for a Healthier Generation is to work with schools, youth-serving organizations, and businesses to build healthier communities and empower children to develop life-long healthy habits. According to their website, the alliance has, to date, helped 44,500 schools nationwide transform their campuses and communities to places where students thrive physically, emotionally, and academically (Alliance, 2019). The website has directed prompts to start an account and receive materials. Another organization that the MWSD already references in their wellness policy is the Iowa Healthy Kids Act that is enacted by the Iowa Department of Education. The Iowa Healthy Kids Act website has USDA guidelines on smart snacks in school (cited on MWSDS website), physical activity, and CPR.

Another resource I will be suggesting is Shape America. The Society of Health and Physical Education (SHAPE) is where elementary teachers can reference the national health standards as well as the national standards for physical activity. Shape America has also just launched Health.Moves.Minds which is a service-learning program that provides resources at [shapeamerica.org](http://shapeamerica.org). Teachers can align lessons to national and state standards. MWSD does have a standards-based report card as of the fall of 2019, and the criteria is to determine if a student has met or unmet understanding of the content. Teaching health curriculum with the objective of appropriate grade level outcomes will not be difficult when teachers know where to find and follow the national and state standards and use the resources already created for schools.

To help align the curriculum to national and state standards, the number one task is to have a functioning wellness curriculum. The MWDS is ahead of most districts with the simple fact they have a curriculum to follow. The organization change I am suggesting is that of a “functional transformation” (Heller, April 2018, p. 44). So often, schools put policy in place to check a box that it is addressed. The idea of functional transformation is challenging oneself with something new, not just creating an add-on. I would like to make a significant contribution to the district policy regarding a change to the school culture and healthy life-styles and life choices. The curriculum in MWSD is solid, but I would also like health education to be part of a student’s everyday language. My hope would be that they continue with yoga in the schools; use mindfulness for detentions, interdisciplinary lessons, and character development; incorporate nutrition in PE more; help promote hygiene in PE (taking care of bodies) and increase physical activity; utilize the school nurse for growth and development and communicable/non-



communicable diseases; keep the DARE program for the schools for substance abuse and misuse so the classroom teachers won't have to answer uncomfortable questions (especially since they know families); utilize the school counselor for mental health, relationships; ask the principal to be involved with respect lessons; and have teachers continue, every day, to talk about feelings, community, social, and consumer health.

This could also be done with team teaching, collaboration, interdisciplinary lessons, and professional development that could be taught during in-service time. There needs to be outreach from the district for education for families, so when students are taught something in the classroom, they can talk about it at home or understand what goes on in their own homes. I talked with the local resource "hub" in the Midwest community about creating a community resource lesson for my undergraduates. The owner suggested having my class teach classes open to the public focusing on the families and education in the health topics for them. What a great idea!

I selected the wellness curriculum in the MWSD for organization change to help aid in my organizational change of the curriculum for undergraduates and ultimately to encourage a transition of the double major in health and physical education to a single-major wellness degree. My goal of this program evaluation was to see where there was the need for education for undergraduate students pursuing elementary teaching degrees. The content is so important to our students and should not be overlooked. But the reality is that it is a lot of information for our elementary teachers to acquire. There should be a focused effort from the district to teach all of this information accurately and professionally. I do think there is a need to involve qualified individuals, such as nurses,

dieticians, and healthcare professionals, in teaching the curriculum. The standards-based report card needs to be based on basics, but the content needs to be rich in diversity.

The connection with the health topics to student learning runs deep, and the realization of how all of the topics entwine is common sense. Prior to beginning this research, I borrowed a textbook from my aunt who is a daycare provider. When I asked her for techniques to establish bedtime routines with my children, she loaned me the textbook *Conscious Discipline* Bailey (2014); the book opened my eyes to more than my own teaching and parenting. Bailey states, “Much of what we believe about school comes from our experience as students.” She goes on to say that “the brain does not differentiate between watching someone do something and doing it yourself” (Bailey, 2014, p. 12 as cited in Rizolatti & Craighero, 2004). This resonated with me since I believe, as teachers, we need to be role models in the classroom and give our students accurate information. Our human development is strongly shaped by time spent in our elementary classrooms; thus, the quality of instructional time is critical to learning.

## **CHAPTER FIVE: TO-BE FRAMEWORK**

### **Introduction**

The problem I am examining is the need for elementary education teachers to be educated on the National Health Education Standards (NHES) and trained in the topics that are required for health education in most school districts. The State requires all licensed elementary education teachers to be certified in the subject of health education. Not all school districts in the State require elementary teachers to teach the content, but, by state licensure, they are certified to teach the subject. The issue lies in the undergraduate programs and collegiate requirements for pre-service teachers to meet state licensure while qualifying to teach the content. While all teacher education programs are required to provide classes involving health education content for elementary education pre-service teachers, not all courses are based on national and state standards for health education. Most courses are combined with a physical education component and the course is activities-based. The need for change is in the required curriculum to prepare our undergraduates to teach health content in the elementary classrooms with standards-based assessments and age-appropriate objectives.

In an effort to gain knowledge on the undergraduate preparation of current elementary teachers who teach health content, I have collaborated with the Midwest School District. I will use this information to find resources and continuing education for current elementary teachers in the health topics required by the district. Also, I will use information collected from surveys of the elementary teachers in the Midwest School District to improve the course requirements at Midwest College for elementary education majors in health content. Finally, I will share this information with other local colleges,

all of which offer elementary education, and teacher education departments across the state.

### **Review of Literature Related to Change**

#### **WHY**

The goal of my organizational change plan is to have better education for our elementary-aged students in health literacy. In an article titled, “The Mental Health Crisis: A Crisis of Health, or Education?” Bennett (2019) explored the possibility and outcomes of adult emotional education in our universities. He stated “In the U.S., more and more schools are adding social-emotional learning to the classic curriculum of language, math, science, history and geography” (Bennett, 2019, p. 2). He was asking the question of whether our mental health crisis is a health crisis or a lack of education. He went on to inspire me by stating, “Knowledge is power – so arming schoolchildren with the knowledge they need to manage their well-being feels like an appropriate response” (Bennett, 2019, p.2). This is the basis of my program evaluation: providing elementary students with a well-rounded education in schools to help them become functional adults, since their mental, physical, and emotional health play a huge role in developing and sustaining the cognitive capacity to learn.

Swiss-born British philosopher and author, Alain de Botton addresses emotional development as emphasizes philosophy’s relevance to everyday life. He states, “We live in a culture that refuses to foreground the idea of lifelong emotional development, not because such a script is inherently impossible, but because it hasn’t taken the care to write it” (“The School of Life,” 2019, para 7). This quote resonates with me as I plan to

write curriculum for a course that does not currently have common goals and objectives for all stakeholders.

Another goal is to revise the curriculum for the Midwest School District by giving advice for revisions with focus on a collaborative approach to the curriculum based on my data from the surveys given to current elementary teachers. I also plan to rewrite the curriculum/syllabus for the undergraduate elementary education methods course in physical education and health at Midwest College to better prepare future teachers to incorporate health education and physical activity in their classroom. Finally, I will offer my curriculum for undergraduates in elementary education to colleges and universities in the city and state that would like to have a foundation on which to introduce the health topics with standards-based content and assessments.

## **WHAT**

For organizational change to happen there needs to be advocacy and implementation. In an article about how and why nutrition programs “work,” from *The Journal of School Health* (Porter, 2019), the results of the study suggested four domains of action that mirror the actions I am suggesting for the MWSD and the wellness curriculum. The suggestions from the study included building motivation about the program, strategic planning and thinking especially about reasons the program fits in a school, identifying leadership, establishing roles, setting procedures, building networks and partnerships, and connecting the curriculum to other activities within the school. Additionally, Porter (2019) advocates building a culture that mirrors the desired action and engaging all members of the school community. The data from my program

evaluation suggests the MWSD needs the motivation, reasons, leadership, and engagement of all stakeholders in health education for elementary students.

An article titled, “Retrospective Evaluation of Factors that Influence the Implementation of CATCH in Southern Illinois Schools” it is indicated that school administrators have a profound role in the implementation process (Bice, 2014). While they don’t carry out the process of implementing programs, they may recognize that their school and staff are ready for change (Bice, 2014). I feel this, combined with the data from my study that suggests teachers are not qualified to teach the health curriculum, will aide in my suggestions for any change to the MWSD wellness curriculum. The article also introduced me to the term, “Organizational Readiness” referring to an organization’s members’ purpose to implement change (Bice, 2014, p. 2). Elementary teachers, staff, and auxiliary personnel need to understand the need, impact, and importance of the health material on their students’ well-being for the curriculum to be implemented wholeheartedly.

According to an article published by the *Journal of Nutrition Education and Behavior*, one theory that helps guide and provides an understanding of the dynamics of change is the Organizational Change Theory (OCT) (Lambert, 2010). The model suggests that in order to adopt and continue to utilize the suggested change, teachers experience three stages that include: *unfreezing* (dissatisfaction and change is needed), *moving* (teacher input, ownership, and support), and *freezing* (change is complete and has become standard organizational protocol and/or culture) (Lambert, 2010). I believe the Midwest School District began this process without the classroom teachers’ feedback and proceeded to implement change when the need for change was recognized only by

administration. When comparing the data reporting how long teachers have implemented health topics into their classrooms to how many years they have been teaching, the data suggests not all teachers were teaching the health topics before the new curriculum was implemented four years ago now. Following the OCT, it seems as if MWDS is in the *moving* phase of implementation, and the district needs to see my survey results as it receives teacher input. I don't feel the elementary teachers have taken ownership of the health/wellness curriculum, and it is not positively reinforced by the district administrators and/or school principals. I would like to help the district schools get to that *freezing* phase where the wellness curriculum has become part of the school culture.

## **WHO**

To make organizational change part of the school culture and the way things get done in the MWSD, there needs to be commitment and buy-in from the teachers who are required to administer the material. There also needs to be buy-in, guidance, and support from the school principals as well as guidelines and feedback from the administrative level. Yet the main focus is the students and their well-being. If they are not being taught health concepts in schools, they will learn somewhere, and we can only hope they will acquire correct information.

In supporting student learning and the need for proper health education, the Constitution of the World Health Organization states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2019, p. 3). An article from the *Association for Child and Adolescent Mental Health* states that mental health and neurodevelopmental conditions affect "around 20% of young people, with adverse impact on quality of life into adulthood,

making early intervention a global health priority” (Redfern, 2019, p. 187). Change needs to happen in our elementary schools. When it comes to health education, our youth need to be informed about how to make healthy life choices, and it needs to be taught by informed teachers in a healthy environment.

Recently I had a student share with me that she was substitute teaching in the MWSD, and her lesson plan had “crammed in all these lessons for health because they needed grades put in the report card.” My student, who is in my Methods of Teaching Elementary Physical Education and Health course, proceeded to tell me she thought it was “funny that I had to go through three lesson plus administering the assessments” (Midwest Student, personal communication, November 14, 2019). This clearly demonstrates the need for a change in the dynamics of the current wellness curriculum and requirements for MWSD, and we are doing our students a disfavor. I am confident my student taught the lesson professionally since we had gone over the topics in class, but she does not have a teaching license yet. She was a substitute, and I am appalled that the district would accept this as quality instruction. I do not doubt that my student gave quality instruction, but I am concerned that there were three lessons “crammed” into an hour just to meet requirements.

The focus should be on how we can make the curriculum better not how we can “cram in” the material. I am working to help the Midwest District in the *moving* phase of the wellness curriculum implementation. They have a curriculum; now we should make it worthwhile for all stakeholders in the curriculum.

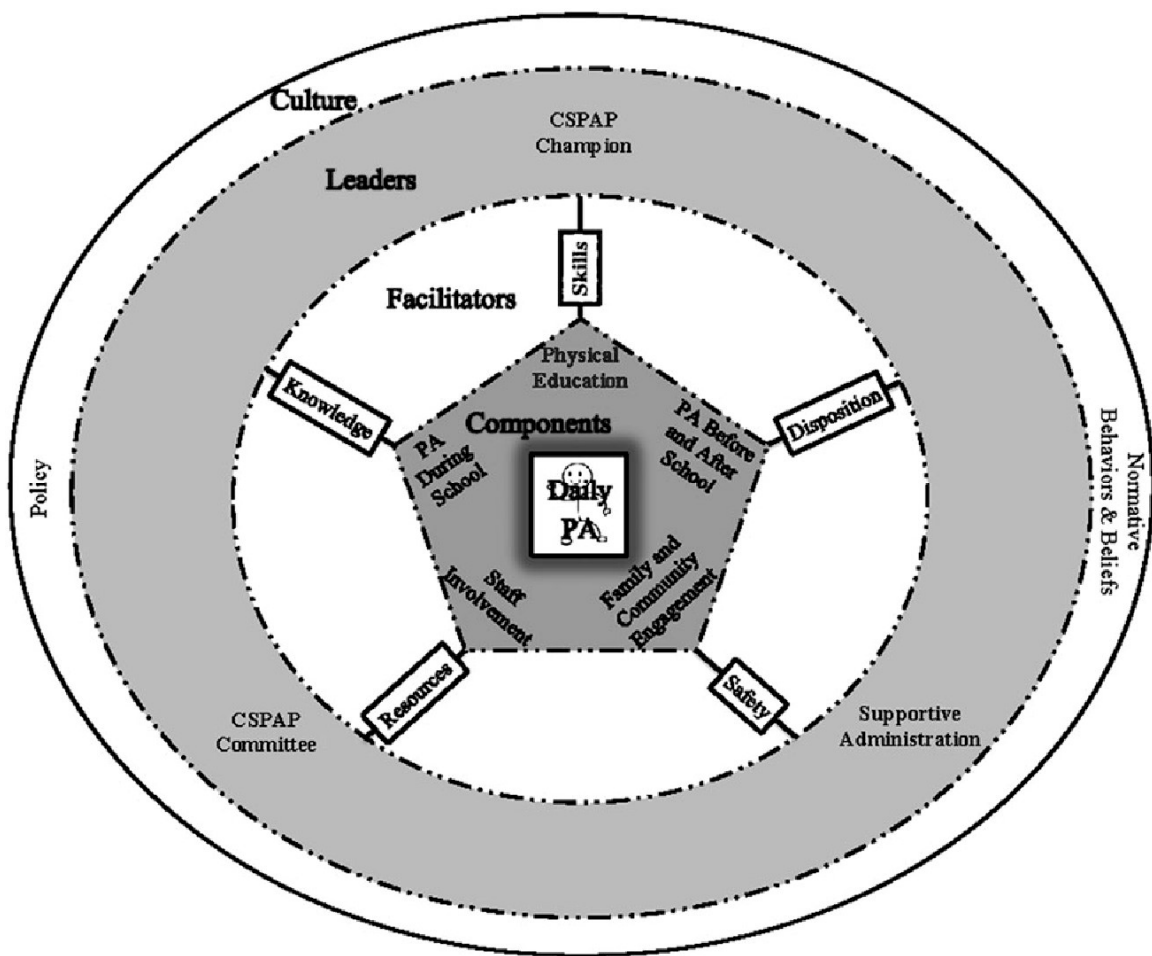
## **HOW**



To create a curriculum that encompasses all domains of health, the focus needs to be on health education and include not only physical and emotional health, but social, spiritual, intellectual, environmental, and occupational health. Regarding the antinomy between health education and health literacy, students need comprehensive health education that would include a cognitive foundation in the core dimensions of personal health, the ability to acquire valid health information, the skills to render informed health decision-making, and the ambition for life long health promotion of self and community (Belcastro, 2017). The MWSD has a grasp of the health education, state, and national goals. However, the district administrators need a different approach to implementing the curriculum. In an article that looked at school autonomy and district support, the push was for decentralization of decision-making authority. The article states that “as leaders, they were responsible for transforming schools by inspiring those working within them to higher levels of commitment, energy, and moral purpose” (Steinberg, 2016, p. 135). Taking this advice further, what the MWSD leaders can do is create a shared vision by “fostering acceptance of group goals,” provide individual support, and help develop and understand the classroom teacher, all while modeling values and behavior. Leaders can also redesign by building collaborative cultures and connecting school to “its wider environment.” Last, an effective leader needs to manage the curriculum including staffing qualified teachers, providing teaching support which can include outside resources, and monitor the health curriculum (Steinberg, 2017). The article goes on to state that “principals today are seen less as managers and more as educational entrepreneurs responsible for school improvement” (Steinberg, 2017, p. 137). They are also being given more freedom in decision-making as Every Student Succeed Act (ESSA) supports.

Research has supported that implementation of policies, initiatives, and curriculum is best accepted when administration and school leaders take ownership and support teachers in the process.

There are examples of implementation of comprehensive health education curriculum and physical activity in the classrooms readily available to those implementing new initiatives. A conceptual framework for Comprehensive School Physical Activity Programs (CSPAP) shows that school leaders and supportive administration have direct impact on classroom teachers, or facilitators of curriculum (see Figure 3).



*Figure 3. A conceptual framework for Comprehensive School Physical Activity Programs (CSPAP).* From “School-based physical activity promotion: A conceptual framework for research and practice,” by Carson et al., 2014, *Childhood Obesity*, p. 100-106.

This model, created by Carson et al. (2014), could be adopted for a comprehensive school health education program. The dotted lines show bidirectional influences at all the levels and reflect the type of leadership and collaboration I foresee for the MWSD and its wellness curriculum (Carson et al., 2014). In the excerpt titled, “Internal Capacity Building: The Role of the CSPAP Champion,” those best suited to be considered champions for the physical activity would be the physical education teachers because of their knowledge and professional training (Carson & Webster, 2019).

Nevertheless, researchers found that leadership can come from classroom teachers, as well as from school administrators, school staff, or any willing and capable community member or parent; while classroom teachers and others may be willing and able, they need “assistance from a knowledgeable and skilled leader to provide training and encouragement” (Carson et al., 2014). The article supports my findings that elementary teachers do not get the proper training in undergraduate programs on how to create active and healthy school environments, and faculty and staff may need to be taught how to teach and practice healthy behaviors. I found this information in a newsletter from Human Kinetics (2019), an organization that provides educational materials that promote healthier lifestyles. The mission is to increase the knowledge, enhance the performance, and improve the health and fitness of all people around the globe by developing and delivering authoritative information about physical activity and sport. One such piece of literature I came across was case examples of strategies to implement physical activity.

This excerpt (Carson & Webster, 2019) gave examples of how classroom teachers are utilizing recess time, implementing movement integration and physical activity, as well as health topics. An example would be how a teacher was afraid to have students leave their desks when she first started teaching, yet she now understands the importance of physical activity for classroom management and student behavior. Teachers are also teaching health concepts in an interdisciplinary fashion, such as by singing songs about the water cycle. Resources like this are available to the public and need to be utilized by classroom teachers for ideas on how they can incorporate not only physical activity but also the health topics into common core subjects into the classroom.

Resources for teachers include the Alliance for Healthier Generation, an organization that has a six-step process for a Healthy Schools Program, and they offer a Resilience in School Environments (RISE) initiative. On the website, teachers can go to the action center, register, and create an account. SHAPE America offers resources through their website and school initiatives such as Health.Moves.Minds as well as access to the National Health Education Standards. Health E. Tips is a program that offers Jam A Minute classroom physical activity routines, and newsletters to use in the classroom. PECentral and PEUniverse have physical education lesson plans, health lesson plans, and interdisciplinary lessons for educators to utilize and post their own. There are also opportunities for continuing education and professional development through organizations like SHAPE, AAHPERD (American Alliance for Health, Physical Education, Recreation, and Dance), and state chapters of AAHPERD. In addition, there are district, school, and university opportunities for professional development and continuing education. The information on health-related topics is constantly changing. It

seems once a research article is released, the data is outdated. Our teachers need to stay up-to-date on current best practices in education and in the classroom, as well as remaining informed on factual, statistical data related to topics. Midwest College offers weekly professional developments to students and has often opened up the opportunities to the Midwest School District faculty and staff. The college and district have a strong partnership, a concept that is evident in an article on a school district-university partnership and the implementation of a program where the Midwest College students teach professional development for the district. The implementation plan included “extensive on-site professional development and support for teachers and leaders to build their capacity to meet a wider range of student needs in collaborative ways” (Causton-Theoharis, 2010, p. 3). The university faculty and doctoral students provided all the professional development and they provided in-service training to staff including paraprofessionals. Midwest College provides pre-service teachers to the MWSD. I would love to see this collaboration expanded in two ways. Our pre-service teachers could offer various professional development opportunities and also offer continuing education for current elementary teachers on new topics, data, and facts involving the health issues.

## **WHEN**

Now is the time to be making change. I was heartsick by a recent article titled, “The world will have more than 250 million obese kids by 2030, a new report warns.” The report came from the *Atlas of Childhood Obesity*, October 2019. There are currently 158 million obese children around the world and “in the United States 26.3% of five to nine-year-olds and 24.2% of 10- to 19-year-olds would be obese by 2030” (Hunt, 2019,

para. 1). As I have stated throughout this project, that number terrifies me and should have a profound impact on the need for health education in our elementary schools. Living healthy lifestyles should not be a task but a way of life. Developing the whole student is the agenda for current health initiatives including WSCC, Healthy People 2020 (2030 is being drafted) and ESSA. According to the SHAPE America website, The Every Student Succeeds Act is being called a “game changer for health and physical education.” School health and physical activity are now identified as part of a student’s “well-rounded education” and school districts are now able to access funding for health and physical education from Title I, Title II, and Title IV through state departments of education. School districts must spend the money on supporting well-rounded education, safe and healthy student programs, and effective use of technology (SHAPE, 2019). The MWSD can take advantage of these funds for professional development opportunities, training and continuing education for teachers, classroom materials for all students, and school initiatives to promote healthy lifestyles and the whole student.

### **Envisioning the Success TO-BE**

The goal, or “To-Be,” for my program evaluation is wellness programs with standards-based assessments, implemented by elementary teachers who are certified, qualified, and prepared in health content, in a collaborative school environment that fosters individual student growth mentally, physically, and emotionally. I can lead this effort by preparing undergraduates at the Midwest College and sharing my research with local colleges. A friend and admired business owner of a local yoga studio teaches the same course as I do for undergraduates seeking an elementary teaching license at a local

college across town. She implements her yoga in the classroom and mindfulness training in her collegiate course, but she was not aware of the requirements by the state or the wellness curriculum in MWSD. She and I have already collaborated on sharing information and lessons for our methods of health and physical education for elementary majors' course.

At another college in town, the instructor shared her syllabus with me, and the class is a one credit hour, one-day-a-week course. The focus is heavy on physical education and NASPE standards, not even updated to SHAPE (2014) standards per the syllabus. According to an article about improving pre-service teachers' self-efficacy on teaching standards, these methods instructors need to become aware of and teach the standards. The superintendent of the DCSD told me, "We hire 70% of our teachers from the local colleges. We will collaborate on anything that can make our new teachers and faculty better." I want to help current teachers as well by providing resources to support them in teaching the health topics in their classrooms.

## **Contexts**

The contexts external to an organization include the cultural, political, economic, and educational factors that provide influence. A big political influence on the Midwest School District is that it is a public school district, and it is governed by state regulations. One of these regulations is that all elementary teaching majors are required to have a course in health content with the intent to teach the subject in their elementary classrooms. There are many health initiatives offered in the MWSD which can be linked to the health topics taught in the classroom. Since this is a public school district, the

information taught needs to be accurate and not linked to any outside agenda or personal beliefs and biases of the classroom teacher.

There are elements that are out of the school district's control but impact the wellness curriculum deeply. The district is 91% Caucasian families, and minority students are underrepresented in terms of diversity among the faculty and staff. I believe the African American and Marshallese population in our community will continue to grow, so our teachers need training on teaching diverse populations as well as on wellness differences. An example of this would be haircare products. When I assigned our community resources assignment to stuff purses with everyday essentials, one of the needs was haircare products: shampoo, conditioner, and even combs and brushes for all hair types. Elementary teachers are given resources to teach content to diverse populations, but when it comes to the health content, they need to use more differentiation when it comes to the topics and the diverse populations.

My vision is that all elementary teachers receive undergraduate training on the health and wellness curriculum with standards-based assessment training. I would like to see current teachers receive the necessary professional development to qualify them to teach the topics as well as keeping them informed of new data and statistics on given topics. My hope is that with education and proper information, the overall health statistics in the Midwest School District will improve among our elementary-aged students.

## **Culture**

I envision the culture of the Midwest School District, as Bolman and Deal (1997) describe it, "the way things get done around here," a place where there is a common



vision when it comes to the need for a wellness curriculum. In this ideal culture there will be a shared vision of how the content is taught and delivered. All teachers will have their own teaching style and lesson plans. However, students would have some consistency from kindergarten to fifth grade in their class subject, health. Most topics would be taught on a daily basis and embedded into the culture of the school and community.

The ideal of how things should get done will include a well-aligned curriculum to national and state health in education standards with assessments. All teachers will be prepared by their undergraduate schools to teach the health content and, when hired in the MWSD, the teachers will know the expectations of teaching the health curriculum in their classrooms. Teachers will also be offered professional development opportunities to enhance their prior knowledge of a particular topic or learn new innovative ways to teach about a specific health topic in their classroom following standards-based assessments. There will be shared materials and enough for every child in the classroom to utilize. The culture will be a welcoming one towards a strong health and wellness program that will be incorporated throughout the district.

There will be enough counseling services available to help assist students and families. A dear friend just opened her own counseling practice after being terminated in a neighboring district because of budget cuts. This is not the time in our society to be cutting resources for our children's mental health. The ideal learning culture will continue with the mindful minutes and yoga in the schools to help students regulate their emotions, and, quite simply, take time to breathe. The owner and creator of the yoga in the schools program stated in a recent public outreach for funding, "Imagine: Schools in which children experience an increase in self-awareness for self-control, where they

cultivate more empathy, where bullying decreases, and self-confidence is boosted. Imagine children liberated by self-management of their depression, ADHD, hyperactivity, stress, and anxiety” (personal communication, October 3, 2019; name withheld for privacy). The district will also continue to utilize the local police force for safety lessons and will include new resources such as the local pregnancy clinic, and local grocers’ dieticians, at the same time continuing to utilize the school nurse, physical education teacher, principals, and classroom teacher as resources.

### **Conditions**

Conditions are internal and include structural, cultural, economic, and symbolic factors that can often constrain but sometimes support a change. My vision for the Midwest School District to work out these tangible elements that will shape the wellness curriculum is for the health curriculum to be embedded into everyday teaching. The number one complaint from teachers in having to implement health as another subject in their classrooms is lack of time. In an interview, the District Wellness Coordinator stated that she has meetings with all new hired staff explaining the health curriculum, and she is looking forward to my results to help better the program for new and current teachers. I am looking to offer and suggest more professional development to enhance and continue education on ways to implement the health topics into the elementary classroom and strategies to teach difficult content matter. Teachers will be able to use this professional development for their continuing education course credits for licensure renewal.

I am looking to improve the quality of health instruction implemented efficiently into the school day with no question of who and why we teach these topics in elementary

classrooms. When a strong health and wellness curriculum is implemented in the school district, there will be a strong assessment system aligned to the national and state health standards. Undergraduates will all know and understand this curriculum, the assessments, and will be prepared to teach and incorporate the information into the school day in multiple ways.

The health curriculum will also be mentioned in the district wellness policy along with school nutrition and physical activity. The building administrator, as the policy currently mentions, will be accountable for monitoring what is being taught in the classroom and for creating a school culture revolving around healthy choices. The district will also take action on the policy regarding engaging families and shaping/influencing/developing attitudes towards healthy lifestyles. Change is already happening and I will help to make sure that change continues. “Imagine student attentiveness and engagement increasing, suspension rates going down, and academic performance jumping by 70%. And then, the bonus—teacher morale and retention rises as a consequence, and parents learn from their children, thus transforming their home climate, creating more harmony. This is actually happening, in schools where mindfulness has been incorporated, as study after study shows” (personal communication, October 3, 2019). The district has embraced mindfulness and yoga in the schools. My vision is that all health topics will be covered with such passion, rigor, and commitment.

### **Competencies**

The Midwest School District’s elementary teachers and principals are the individuals who will help carry out any change in the wellness curriculum. They will be

equipped with technical, social, leadership skills, and the knowledge to teach health in their classrooms. Both the “hard” and “soft” competencies will have a plan for improvement. As for the hard competencies, all teachers will have the actual skills and knowledge required to teach the health topics. I envision all teachers being qualified or prepared to teach topics through their undergraduate programs and the professional development offered by the district to enhance or review their competence. Training will include Trauma Informed Care (TIC), Mental Health First Aid, Social Emotional Learning (SEL), as well as CPR/First Aid and other topic-specific training. The resources utilized will be provided by the district with lesson plans and auxiliary materials. In addition, teachers will create unique lessons specific to the students in their classroom. They will possess a knowledge of pedagogy and of particular health topics, the skills to create lesson plans and to use outside resources; those hard skills will be taught in undergraduate courses.

For the soft competencies revolving around dispositions, personal affects, leadership styles, and communication styles, veteran staff will provide support for new teachers, and will model positive attitudes towards health content, with the vision that health is a regular subject in the elementary classroom. With the current state of mental health, physical health, and social health with our nation’s youth, the number one person in a student’s life, outside of a child’s caregiver, is his/her teacher. Teachers need to display the passion and need for education in health for their students’ well-being. Children will be better students when they are mentally, physically, and socially well. The MWSD will have a comprehensive, collaborative, and proficient wellness curriculum

that has qualified individuals conveying research-based, factual information with assessments aligned to national and state standards.

### **Conclusion**

In understanding the context, culture, conditions, and competencies involved within the Midwest School District's wellness program and its direct correlation to undergraduate programs, I envision the "To-Be" as a combined effort between the MWSD and the undergraduate education licensure programs. I plan to do continued research even after the schools implement any changes in teaching health education and in incorporating school health initiatives about living a healthy lifestyle and making healthy choices.

The topics in health content are constantly changing and teachers need continued education and professional development to improve knowledge and understanding of what is affecting our youth. Undergraduates need to be prepared to teach the topics as well as to understand changes in content, and they need to have the responses to seek improvement on instruction as well as the understanding of the topics facing their elementary-aged students. Colleges and universities need to provide education in health content to elementary education majors as well as to nurture/cultivate the passion, resourcefulness, and empathy in our undergraduates for their own students' wellness needs. This is not a program evaluation of what we want the curriculum to be, but what it needs to be in order to ensure the well-being of all students.

## CHAPTER SIX: STRATEGIES AND ACTIONS

### Introduction

As my research has shown, it takes more than an idea, recommendation or requirement to make a change. The Midwest School district had a great idea and, as a result, it has a working wellness curriculum. What they need now are qualified, effective, motivated staff to implement, teach, and model wellness lifestyles for elementary-aged students.

I have already talked to the Administrative Consultant for the Department of Education. He directed me to the State Administrative Code for the Midwest district which requires three hours of course work for elementary education majors in the subjects of art, music, physical education, and health. He liked my suggestion of an educational preparation curriculum that colleges and universities can use to better serve our future teachers in the health content. We are in dire need of health education in our schools with the obesity epidemic, opioid epidemic, and mental health crisis. In the documentary, *The Skinny on Obesity*, Dr. Robert Lustig comments that to make a mass behavioral change, like fluoridation of water, smoking, immunizations, and morphine, something needs to be toxic and abused as well as having an unavoidable negative impact on society (University of California Television, 2013). How do we educate our youth on issues and threats to well-being that have yet to be recognized by society as unhealthy? We cannot control behavior, but we can teach how to make healthy choices.

Where do I go from here? First, I want to qualify current elementary teachers to teach the health curriculum in the MWSD and make the current curriculum in the MWSD comprehensive and collaborative. There need to be a changes in culture, and health

education should be part of the culture and not just a separate “subject.” Using the WSCC model, health education in the MWSD should encompass the whole child and be the responsibility of the school, community, and children themselves.

Second, I want to share a curriculum that can be used by undergraduate program professors for the methods course pre-service elementary teachers are required to take. The pre-service teachers need to be educated on the eight national health standards as well as given the resources to teach health concepts, topics, and issues in their classrooms. They should be taught how to teach interdisciplinary lessons using health concepts in math, reading, science, and social studies. Lastly, they would be taught how to use brain breaks as a way to incorporate physical activity, mindfulness, and social emotional learning into their classrooms, reaching the affective domain.

Finally, I would like to create a wellness major for undergraduates at Midwest College. As it stands now, physical education and health are two separate majors. Clearly there is an overlap of classes and an emphasis on fitness-based physical education that encompasses the neuro-science behind exercise and the wellness model that encompasses the whole child that includes physical activity. I believe our physical education majors and health majors will benefit professionally from having a wellness degree that encompasses the cognitive, psychomotor, and affective learning domains.

### **Strategies and Actions**

The strategies required for organizational change in the MWSD include: communication and education on why there needs to be a comprehensive wellness curriculum in the elementary schools; collaboration from the entire school community to make the holistic approach to education and the promotion of lifelong wellness a reality;

and proper support for teachers from administration and the building supervisors as well as enough materials and resources to support student learning. Finally, there need to be opportunities for quality training for principals and current elementary teachers. The WSCC models a framework for collaborative school health as well as for implementation strategies. To create a school culture of wellness, the following actions can be taken.

My first course of action will be to share my survey data with the district. I will begin by showing them that current elementary teachers did not have the extensive training as undergraduates necessary to teach the health topics with the content knowledge and experience; I believe this will get the conversation started on ways to better prepare our current teachers to teach the content in their classrooms. At the same time I will communicate the need for quality health instruction in elementary schools and explain why a collaborative school approach would be more efficient use of time and would remove added stress from the classroom teacher. I will further suggest ways to implement diverse lessons to meet the context of the Midwest School District to include inclusive lessons addressing students' unique cultures, race, gender, and socioeconomic situation.

An important course of action is meeting with administration to suggest a collaborative interdisciplinary approach to implement the wellness curriculum in each of the thirteen elementary schools. This may require a task force as the creation of the curriculum did, and I would like to meet with a diverse representation of principals and teachers from each of the schools in the district. To make the WSCC work, there needs to be "buy-in" from the whole school in every day conversations, in cross-curricular lessons, and in feedback from teachers and the community. Each of the thirteen



elementary schools is unique in their context and culture. A one-size-fits all curriculum for addressing the health topics is not working for the diverse populations. The district can utilize community resources to teach health content and to help advocate for lifelong fitness. The resources are available, and I can help promote partnerships.

Third, continuing education for the health topics needs to be taught in the schools. Information, statistics, and facts are consistently changing, and research is continuing on how to improve the overall health of our citizens. Current examples include childhood trauma, vaping, and Teacher Self Care. Current teachers should be offered continuing education and training for health content, and the district should provide professional development, in-service training, and opportunities to attend clinics and conventions on health and wellness. The staff and students need to be informed of resources available to them within the school and community. This includes in-class resources with enough materials for the entire class.

There also needs to be support from administration which may include evaluations on the wellness curriculum to hold district schools accountable for the content. To help take action for continuing education, the district and Midwest College can use the University-district partnership they already have and take advantage of pre-service teachers' need for hours in the school by having them teach some of the content or by providing training on how to implement cross-curricular lessons, daily physical activity in the classroom, and proper assessments that meet national and state learning objectives and standards. This partnership will also help improve undergraduate programs by making them accountable to learn the content and pedagogy in order to implement the topics and lessons in an elementary setting. It will also be imperative that

new teachers are informed and trained on the district's wellness curriculum and expectations.

Lastly, I would like to help qualify elementary teachers to teach the health content. This will include current teachers, and this can be done by professional development, creating a class for current teachers that they can use for continuing education credit, and by utilizing outside training and/or certification. I plan to improve undergraduate curriculum, my course included, to meet not only the State standards but also to meet the national standards and learning objectives for future educators.

My final plan of action is to propose a new wellness major. I would like to combine the separate majors of Physical Education and/or Health Education into one major that would qualify all physical educators to teach the health content and vice versa. We just finished the accreditation process at Midwest College, so I will be proposing new courses for elementary majors to the curriculum committee; I will also submit a proposal for a combined degree. This wellness degree will aid in the collaboration and holistic approach to teaching health and wellness in the schools. As it stands now, physical education teachers are not certified to teach the health content, and health teachers are not certified to teach physical education. By combining the degree, this would make the graduate more marketable as well as a greater resource in the assisting elementary schools in their efforts to provide more cross-curricular content.

I have included a strategies and action chart in Appendix L. I have also included suggestions for integrating the health curriculum into the school culture for elementary schools in the MWSD.

- **Topic:** Emotional Health/Feelings

AS IS By the end of September, TO BE everyday assessment by the end of September

- Morning meetings, check-ins, announcements
- Done with local yoga studio and their program of yoga in the schools. Elementary teachers are given access to teacher materials to utilize in their own classrooms. Teaching students to self-regulate as well as have teachers create self-care plans.
- SEL – Training implemented in undergraduate training (education department implementing at Midwest College). Personal Empowerment classes at Midwest College
- School Counselor in classroom
- Mental Health First Aid Training for teachers; there is a pediatric training.
- September is FEMA National Preparedness Month, also national yoga month
- Back to School, Labor Day (hard work, careers – choices)

- **Topic:** Relationships with Family/Friends,

AS IS By the end of October, TO BE everyday assessment by end of May

- Two by Two Character development
- Guest Speakers
- School Counselor/Principal – respect, good decisions.
- October is Breast Cancer Awareness Month, Health Literacy Month, Bullying
- October 10<sup>th</sup> World Mental Health Day
- Red Ribbon Week is in October
- Halloween, Day of the Dead (grief, loss)

- **Topic:** Your Body/Growth and Development/Human Sexuality

AS IS By the end of November, TO BE November is fine if want to pick a month for reproduction/puberty/my body assessment by end of November

- Need permission slips
- Local pregnancy clinic
- School nurse – medically correct terms
- Remove pressure from classroom teacher to teach uncomfortable subject, but offer support if needed
- Ties into mental health with trauma, hygiene, relationships (sexual), safety, nutrition, and community health.
- November National Diabetes Month and Alzheimer's
- Veteran's Day, Thanksgiving (things to be thankful for)

- **Topic:** Nutrition

AS IS By the end of December, TO BE on going assessment by end of December

- Hy-Vee Field trip
- Guest Speakers – dietician, school lunch associates. Trained professionals
- Stress choices and give choices/ideas
- Ties into school meals/nutrition
- December is Influenza Week
- Christmas, gift giving (gift trees, food pantries in need)

- **Topic:** Personal Health/Physical Activity/Hygiene/Healthy Goals

AS IS By the end of January, TO BE Hygiene/PA ongoing, personal health goals

- Physical education
- Guest speakers – Pediatrician, dentists, personal trainers (youth), local training facility coaches, fitness center directors
- January is Drug Facts Week

- New Year! Healthy Goals for the year
- **Topic:** Safety
 

AS IS By the end of February, TO BE ongoing

  - Police Officer
  - Shooter/intruder safety video/drill, fire drills, tornado drills (beginning of school year)
  - Sun, bike, street, suspicious persons, playground
  - February is National Heart Month (Valentine's Day)
- **Topic:** Substance Use/Misuse
 

AS IS By the end of March, TO BE by end of school year

  - DARE
  - Tie in with community resources
  - March is National Nutrition Month and Colon Cancer
- **Topic:** Communicable Diseases/ Non-communicable Diseases
 

AS IS By the end of April, TO BE by end of school year

  - School nurse
  - Tie in with community resources
  - April is Earth Day and National Environmental Month
- **Topic:** Environmental/Consumer/Community Health
 

AS IS By the end of May, TO BE end of April (Earth Day)

May has National Physical Fitness and Sport Week, and June is National Safety Month

May also has Memorial Day

Community Health

  - Resources Unite
  - United Way

## Chamber of Commerce

### Environmental Health

- Recycling
- City of Dubuque
- Local Parks/Arboretum
- Apple Orchards, Farms, Greenhouses

### Consumer Health

- Social Media
- Online Buying/Advertisements
- Reading Labels
- Financial Literacy
- 21<sup>st</sup> Century Skills (which health literacy falls under as well)

Planning would include teacher feedback from current curriculum as well as diverse opinions from advisory groups and educational experts in specific fields related to the health topics. Additionally, there needs to be support and evaluation or follow-up provided by district school board. Finally, a universal curriculum for undergraduate preparation programs would help in establishing the expectations for future elementary teachers when it comes to the health content.

## Conclusion

The Healthy People 2020 campaign has started developing Healthy People 2030. The goal is still to improve the health and well-being of people in the United States. The movement started to reduce preventable deaths and injuries, and this information needs to be taught in the schools. I am hoping Healthy People 2030 still has the objective to

increase the proportion of schools that require school health education (See Appendix E). I am excited about what is “TO BE.” I will suggest organizational and curriculum change for the MWSD and hope some of my advice from data is taken. But most importantly I will make sure that undergraduates are given proper instruction from Midwest College especially since the statistics show their prospects of getting hired in the MWSD are so high.

## **CHAPTER SEVEN: IMPLICATIONS AND POLICY RECOMMENDATIONS**

### **Introduction**

When I started this program evaluation, I was determined to show that elementary teachers are not qualified to be teaching the nine health topics required by the Midwest school district in their classrooms. My goal was not to show the ignorance of our current teachers in the district but rather to help by promoting/encouraging further education and training for pre-service teachers.

While my dissertation will support closer examination of the undergraduate classes for pre-service teachers regarding health content, I still feel there is a need to support and train our current elementary teachers. Not all school districts require the elementary classroom teacher to teach the health content. Some districts can afford to hire a health content “specialist.” Students with a health major can have K-12 certification or specific endorsement K-8 or 6-12. Physical education and health are two separate majors at Midwest College, so not all physical education teachers are certified in health content. This is the case for many physical education “specialists” in the Midwest school district.

As a result of my research, I support the collaborative teaching environment but I understand not all school nurses, guidance counselors, or physical education teachers are certified to teach specific content either. The policy issue that relates to my findings is that most elementary teachers in the Midwest school district are not certified by state requirements to teach the health content in their elementary classrooms.

As stated in chapter one, the state requirement which the Midwest school district and Midwest College follows is for elementary education students to have three credit



hours total in health, physical education, visual arts, and music. As a result of my research, one of my greatest concerns is that only 24% of current elementary teachers remembered even taking a class on the health standards, and many were unable to remember which class. Also, when asked if they reference the National Health Standards in their classroom, only 12.5% answered yes. One of the goals of my research is to improve the undergraduate course required of pre-service elementary teachers. Not all of the state's colleges meet the standards and guidelines required by the state for health education courses required to obtain elementary education licensure. I would like to see a national, if not state, curriculum for those health content courses for elementary education majors.

In *The Law of Higher Education*, Kaplin (2014) states that policy issues are “stated and analyzed using norms and principles of administration and management...the resulting conclusions and advice focus on best policy options available in a particular circumstance” (p. 62). My issue with policy in the Midwest school district is that every school in the district needs to follow the same criteria. While there is a solid curriculum with current standards-based assessments in the Midwest school district for the health curriculum, not all schools are required to follow curriculum as laid out. Some principals tell their elementary teachers, “If you don’t get to it, don’t worry about it.” Some schools allow the school nurse or guidance counselor to teach specific content. There are additional concerns across the district: in particular, lack of time to implement wellness instruction is a major problem for many teachers, and, because there are inconsistencies in curriculum and in implementation among buildings, negative feelings tend to develop

among teachers. A district policy which is clearly defined and consistently implemented would help to address these issues.

### **Policy Statement**

The policy I am recommending for the Midwest School District is required, compensated training by the district for elementary teachers who are required to teach health topics in their classrooms. The training need to be done by a certified, qualified professional in the specific fields so elementary-aged students are getting quality, factual, content in the nine health topics required by the CDC with the NHES; these are also the same standards advocated by the Society of Health and Physical Education (SHAPE). I am also recommending an addendum to the current curriculum created by the Midwest School District, which would require there is a cohesive/consistent curriculum throughout the district. Teachers can use their own judgment if they need assistance from the school nurse, guidance counselor, or physical education teacher (if they are certified to teach the specific content). The health curriculum should also be eligible to be cross-curricular, but the health topics need to be taught, and no principal or administrator should suggest, “If you don’t get to it, don’t worry about it.”

I am recommending the policy of more training, continuing education, and curriculum addendum so elementary students are exposed to quality, standards-based education. In all of my research, exposure to the health education topics, whether that is substance abuse, nutrition, social emotional learning, hygiene, or community resources, education on these topics results in improvement of lifestyle and health choices. It is

critical that health topics are taught with factual information and medically correct terminology.

I envision the policy being effective in meeting the problem mainly by relieving any apprehensions current teachers have about teaching the health topics in their classroom. With required training that is compensated, teachers will feel empowered to teach the health content. If they still feel they are not comfortable with teaching specific topics, the addendum I am proposing will offer resources teachers can use in their classroom, whether that be materials or professionals.

### **Analysis of Needs**

#### **Educational Analysis**

The framework that I refer to for educational purposes is the Whole School, Whole Community, Whole Child (WSCC) initiative, the 10 collaborative elements it proposes, and specifically the philosophy of the Association for Supervision and Curriculum Development (ASCD) that created the WSCC model. The ASCD website states, “Formal, structured health education consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions.” It continues, “When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others” (ASCD, 2019). I believe that proper undergraduate training and continuing education for elementary teachers who teach health would make an educator more qualified and better trained to teach the health content.

The ASCD and the CDC are the leaders in the fields of health, public health, education and school health. The WSCC model was created in 2013, and the goal is to make sure that the health of students, teachers, and schools is taken seriously by educators and policy makers. In an article published by the *Journal of School Health*, Belcastro and Ramsaroop-Hansen (2017) examined the contradiction between the terms *health literacy* and *health education*. The result was a suggestion to change the verbiage to *health education* in our schools to match the WSCC definition of health education for our students; this makes it clear that our objective is not just that students acquire the understanding and knowledge of terms but, more importantly, that they acquire the “knowledge, attitudes, and skills they need for making health-promoting decisions, adopting health enhancing behaviors, and promoting health of the community” (ASCD, 2019, para. 1).

In another article published in 2018 in the *Journal of School Health*, Porter, Koch, and Contento asked questions of school community members in New York about their elementary school’s experiences with initiating, implementing, and institutionalizing nutrition education programs. The research concluded that, although leaders recognize the need for nutrition education, not all schools/staff have the resources, expertise, or capacity to deliver quality nutrition education. I believe education for our undergraduates, current teachers, and utilization of professionals in the specific field of study for the topics would help address the concerns that school leaders have for implementing health education. To support this concept further, a study that looked at the effects of integrated academic and health education, specifically with substance abuse, found that integrating health topics had “small but consistent” changes and, in terms of policy, “this

intervention presents great promise as a means of addressing health in school systems where time is tight and focus is on academic success, and health education is increasingly being squeezed out” (Melendez, 2017, p. 528). The State Core focuses on the subjects of math, science, literacy, social studies, and 21<sup>st</sup> Century skills, which includes health literacy. I truly believe elementary teachers are asked to cover a lot of information in a short school day, month, and year. Thus, I think integrating the health topics in a collaborative approach will help ease the stress of having another subject to teach in the school day. Taking advantage of the school nurse, guidance counselor, and other specialists will contribute to the philosophy of the WSCC in developing the whole child with the help of the school, families, and community.

### **Economic Analysis**

There are two different ways to look at the financial implications of the policy I am proposing. One, there is a question of whether the required training for current elementary teachers should be compensated, and I need to think about where that money would come from. The training could be done during contract hours so no outside cost would burden the schools. The training can also be done during in-service hours before the start of the school year and during instructional time on Friday mornings. The Midwest School District has an hour late start every Friday, and this would be a good time to have guest speakers or quality, trained educators come in to teach health content specific lessons. There is also funding available through ESSA and other grants provided by national governing bodies, and the only drawback with those is time to complete paperwork. But, as a physical educator having to fight for the necessity for my profession

and having to defend the purpose of wellness in the schools every day, filling out a worksheet for funds seems worth the effort.

An alternate consideration is to look at economic needs in the district is to examine healthcare costs. In the article explaining the WSCC, the authors pointed out, “In terms of magnitude and social investment, the mandated increased delivery of elementary, secondary, and undergraduate health education as defined in this review will yield the greatest return for improving the nation’s health, health behavior, and health care financial solvency” (Belcastro, 2017, p. 973). If the Midwest school district adopts a collaborative approach to health and wellness, it would benefit every stakeholder in the district.

### **Social Analysis**

With the state of our nation and the issues in our society, the nine health topics are extremely important. Mental health, including social emotional learning, obesity (including metabolic syndrome), substance abuse (including vaping and opioids) are just a few of the issues that children are experiencing earlier in life. On one of my surveys, an elementary teacher stated that they just don’t have time to teach health and that they need to focus on more important topics. How is the health of our youth not the most important thing? As a society, it should be our highest priority. Without proper nutrition, students cannot focus in school; without physical activity they are restless and inattentive; and poor hygiene can also affect learning. Time is an issue, and, after my research, I agree that there is not enough time, as is, to teach all of the health topics to the extent that they need to be taught. That is where every wellness topic could be cross-curricular and

integrated into the school day. Making health a norm and talking about it as a lifestyle and not an uncomfortable subject in school is necessary.

A goal of Healthy People 2020 is to increase the number of schools that offer health education. The Midwest school district offers health education and has a curriculum; my goal is to make sure all elementary teachers are teaching the content on a regular basis. I also think specific schools in the district may need to focus more on certain topics than others, but that would be up to the principal and staff to discuss as long as all of the health topics are being taught during the school year.

### **Political Analysis**

The policy of implementing more training for current teachers needs to be implemented top-down, not just by principals but by the district wellness director and superintendent. In an article that explained how the WSCC model works and how schools were creating greater alignment, integration, and collaboration between health and education, the authors stressed the strong collaboration and leadership between, “health and education partners. Cooperative relationships have been created by aligning the priorities of local foundations with state-level initiatives rather than passing policy” (Chiang, 2015, p. 778). In the Midwest school district, there needs to be more buy-in for the importance of health content from the principals and time provided for current teachers for continuing education to teach the health content.

The Every Student Succeeds Act (ESSA) passed in 2015 gives school districts and states flexibility in education policy. The act stresses that states, local educators, and parents must be empowered to make lasting change in their school districts. I believe this

freedom and flexibility is desirable for school districts not to have mandates on how they deliver content; nevertheless, schools are legally responsible to follow their state standards.

### **Legal Analysis**

State standards include the national standards as well. For health content and standards-based assessment, schools follow the Society of Health and Physical Education (SHAPE) and the National Health Education Standards (NHES). When surveyed, only 12.5% of current elementary teachers in the Midwest school district referenced the national standards for health. Teachers should be learning this in their undergraduate health content course for teacher education, but not all colleges are even teaching or referencing those standards. I am proposing that continuing education courses include all state and national standards as well as the specific wellness topics which are part of the regular course content. I am a firm believer in knowing the “why” behind an action. If we expect our elementary teachers to teach the health content, they should be taught why health is just as important as math, science, literature, and social studies.

### **Moral and Ethical Analysis**

Teachers should want to deliver quality content. It is their moral and ethical responsibility to teach the whole child. Health is a required subject in the Midwest school district, so administrators need to help certify current teachers or give them proper resources to do so. It is the teacher’s responsibility to plan, create, and find resources for quality lessons. As mentioned previously, there is a new initiative from SHAPE called Health. Moves. Minds. Through the Shape America website, teachers can download resources for lesson ideas, content, and activities. Through my research, I found that a



main concern from elementary teachers was the lack of materials, activity ideas, and lessons. There are many more websites like SHAPE that give information and resources to teachers. I teach my undergraduates about resources they can utilize online and in the community. My goal is that all education programs have a quality undergraduate class for health content.

An article that analyzed teachers' confidence with the national health standards concluded by saying, "A significant increase in scores indicated that a 3-credit health education methods course could improve pre-service elementary teacher's self-efficacy to use the national standards in their teaching of health education" (Clarke, 2014, p. 459). I agree that classes or training on any content will improve confidence in teaching the health content.

### **Implications for Staff and Community Relationships**

There are twenty-eight undergraduate programs in the State that have teacher education programs. There should be a quality methods class for elementary teachers that is universal in content for the subject of health and physical activity. There are very diverse populations in the elementary classrooms, including culture, race, religion, and sexual orientation. Elementary teachers are trained to teach diverse populations, and, as one of the Interstate New Teachers Assessment and Consortium (InTASC) standards, Midwest College is expected to show competency in teaching diverse learners. I feel elementary teachers need more training to teach diverse populations when it comes to the health content. They are not just teaching students sight words, math problems, or STEM facts, but they are also dealing with emotionally involved topics and with students in their classroom who have a vast array of experiences and preconceived notions or may have

been taught something different in the home. There may also be political confusion, strong opinions, and uncomfortable topics within a diverse classroom because not everyone looks, acts, and thinks the same. The qualifications of a quality health teacher need to be defined, then colleges and universities need to adopt a curriculum to help pre-service elementary teachers achieve that quality standard.

In order to make this a whole school and whole community focus, every stakeholder in the curriculum needs to be involved. I noted earlier that a transformation would help the MWSD. Author Rafael Heller interviewed a professor of education policy, organizations, and leadership whose research focuses on the transformation of school systems. The professor also stressed the “importance that district leaders can play in supporting school improvement and creating more equitable opportunities and outcomes for all students” (Heller, 2018, p.43). The interview focused on the transformation of a district’s central office and how important all stakeholders are in the formation of a successful district. Principals need training and support from human resources as well as teachers needing training and support from administration.

Classroom teachers also need to have more of an active voice and feedback on implementation of policy and curriculum. However, it is not only the principal and teacher who need training in pedagogy and wellness topics, but it is also support staff such as secretaries, maintenance and janitorial crews, and lunchroom supervisors, all of whom can make a vital contribution to wellness instruction. They can make a difference in a student’s lives as they see students on a daily basis. There was an example of this on my Facebook newsfeed. It was a feel-good story about a high school student who was having a bad day and just needed to talk. He did not seek out the principal, assistant

principal, or guidance counselor; rather, he looked to the school secretary. The secretary knew him best as she had interacted with him daily, had gotten to know him, and could speak to and motivate him in a way no one else could. He trusted her and entrusted himself to her that day. These staff members need to know their importance on a daily basis, but they could also benefit from specialized training and make a valuable contribution to a school culture of sound mental, physical, social, and emotional health.

Through my internship project for this program evaluation, I have been building community relationships, and I have been meeting with professionals for each of the specific health topics and asking them what their advice is to teach elementary students. Throughout this process, I have learned so much about the resources in our community and their willingness to share their time as a guest speaker in the schools and also their willingness to share their resources. I will continue to use my contacts as guest speakers in my methods course as well and use their resources to benefit future teachers in our program.

In implementing my proposal, the prime challenge for the district will still be that of managing time. As it is written now, the health curriculum is to be taught one hour every month, and every teacher and grade level is covering the same topic in that given month. While I see the point for accountability of the topics and for ensuring that each one gets covered in the school year, I feel like this is just checking a box. All too often now teachers “cram” in their lessons to meet district recommendations for implementing the health curriculum. By taking a collaborative approach to integrating the content, making wellness part of the school culture, and using cross-curricular methods to teach the topics, I believe this would remove some of the pressure from elementary teachers to

“just get the lessons done.” Just this month, at my daughter’s school, they were doing a canned food drive. This is a great way to teach about community resources, but per the health curriculum scope and sequence, environmental, community health and resources that theme/topic is not “taught” until May. The canned food drive could meet the course expectations with debriefing in the classroom and explaining the why and how of such an event.

Recently I talked to the former district wellness director about my idea of a collaborative approach to the content. They loved the idea but pointed out time is always the issue. Having the physical education teacher help with some of the lessons would be hard in the district. The students only have PE one or two times a week, as they are on a three-day rotation with art and music. The director stated if they had PE five days a week, helping with health content would be more attainable. That is an ideal notion of having physical education every day when the CDC recommends 60 minutes a day of physical activity for children. This would make my case for a wellness degree for undergraduates so physical educators are certified and qualified to teach health content.

Finding time to teach health content would still be an issue with a collaborative approach if not all teachers were on the same pacing each month, and if outside speakers were coming in to talk on specific topics. But my suggestion of making the curriculum part of the school culture and language wouldn’t matter if you had a speaker come to talk about growth mindset in December when your topic that month was supposed to be nutrition. Wellness would be embedded into the school dynamics and all topics would be covered. Planning assessments would include the current curriculum being tweaked to match appropriate timing to assess students on the understanding of the topic. For

example, with the canned food drive, teachers could have assessed understanding after the event instead of “cramming” it into a lesson in May just to check understanding of the concept. Teachers could be given a chart of topics and assessments and, as the lessons are taught naturally and authentically, they could then check the box.

Other stakeholders include parents and/or guardians. If there is going to be a model of educating the whole child by encompassing the whole school and whole community, then parents need education and information on the topics as well. Data from my survey suggests a common issue for students and the health topics is they are often getting inaccurate information from outside school. Elementary teachers commented that students may think what goes on within the family or at home is normal, but in reality may be unhealthy. Teachers also stated that students come into school knowing a huge range of information depending on their home life. This could range from children not calling body parts by their medical correct terms or using slang to seeing substance abuse and misuse on a daily basis. These examples are why it is so important for teachers to teach facts and not opinions; in addition, helping to educate parents could improve the quality of education in the home.

## **Conclusion**

The biggest stakeholders in this curriculum are our elementary-aged students. When creating policy, we need to keep our students in mind. They have different learning styles, personalities, beliefs, and come from different backgrounds. Health education needs to be taught in a safe environment, presenting all aspects of content, by qualified teachers.

## **CHAPTER EIGHT: CONCLUSION**

### **Introduction**

The issue or problem in my study is that elementary teachers in the Midwest School District are not qualified to teach the health education topics required by the district in the wellness curriculum. I am not stating that the teachers are not capable and competent to teach the health curriculum. They are certified by state requirements to teach the health curriculum, yet they need more training and resources (time, creativity, and materials) to teach the content so elementary students will reap the lifelong benefits of health wellness education in the schools. My dissertation relates to student learning for elementary-aged students, undergraduates, as well as continued education for current elementary school teachers. The MWSD can offer continuing education and support for current elementary teachers; while it is now the responsibility of undergraduate programs to not only certify teachers to teach health education but also to provide quality instruction to qualify elementary teachers to teach the health content.

### **Discussion**

I have already been modifying my current curriculum for undergraduates, trying to fit in content from an entire health major into a 2-credit, 2 day a week, semester-long course for elementary majors. After the first day of class, when I explain why they are required to take a methods course in health content and physical education, the semester is structured so that every two weeks we cover a specific health topic. I integrate physical activity into the lessons to show them ways they can help meet the required 60 minutes of physical activity a day for their future elementary students; I bring in guest speakers on

specific topics; I introduce them to resources for each specific topic; and I assign them to write interdisciplinary lesson plans matching state and national standards.

In an assignment for the course, one of the questions in the text asked, “As a first year teacher, what could be some barriers to teaching health in the classroom?” Answers from my college juniors and seniors included: parents (not wanting student to learn information in school), socio-economic or cultural factors, time, access to resources, food deserts (no access to healthy options), and religious beliefs. I was impressed by their answers and the fact that they could already foresee how difficult it is to teach the health content in a safe, non-biased, politically sound, public school setting. While I stress creativity, and being creative in their delivery of the material, I also have learned how structured and rigid other content areas need to be to meet state and national standards. Every time I give an assignment, an undergraduate will ask if there is a template or rubric to follow. I am doing my best to create hypothetical situations and assignments that will prepare future teachers to be confident in addressing all the needs of their students.

Information and statistics in the health and wellness field are constantly changing, and teachers must keep up with their profession and evolving statistics. In a conversation with a co-worker, I learned that, by the time a quality textbook is published for health and wellness, the data is outdated. An article about action research involving undergraduates and the National Health Education Standards, states “accessing valid and reliable health information (NHES) is an ever-evolving practice in this rapidly changing world” (Brown, 2019, p. 52). It is also the duty of the district to keep teachers informed and provide them the information they need to deliver in their classrooms.

My goal for this program evaluation was to justify the need for a quality undergraduate course, or courses, to not only certify, but also to qualify elementary teachers to teach health content in their classrooms. I did discover that need, and I want to help current teachers who did not receive proper undergraduate training obtain the knowledge, experience, and confidence to integrate health, physical activity, and overall wellness of their elementary students into the classroom and school environment.

In addition to proper training for undergraduates, my organizational change plan addresses many of the issues raised by my program evaluation. One of my students had been a substitute in the MWSD and mentioned health often gets pushed to the “back burner.” This was not news to me. My suggestion for a collaborative, cross-curricular approach to teaching the content will help students get the lifelong health lessons they need to live an active and healthy lifestyle, and teachers will not have the stress of squeezing in lessons on a monthly basis. Principals can be mentors, teachers, and advocates instead of disciplinarians when it comes to health education and district leaders can be an active voice in promoting a school culture of overall wellness for students and teachers. Parents can have the responsibility of educating themselves, knowing their child is getting the proper information at school by not only certified instruction, but also by having quality instruction. Last, the community can be utilized by inviting outside resources such as professionals in certain health topics, having students take part in community outreach projects, and families knowing their community resources when it comes to mental, emotional, physical, and spiritual health.

The policy for which I advocate addresses all of the issues raised in my program evaluation: time, resources, continuing education, and support for teachers are all a part



of my organizational change plan. A positive sign that an organizational change plan may not take long to promote is my kindergartner just brought home an assessment worksheet on respecting others, and the lesson was taught by the principal of her school. The guidance counselor sent home a newsletter on what she would be covering for the month, and it included strategies for problem solving and resolving conflict. In an article about action research, Brown (2019) says, “To strengthen the focus on student learning, teachers must transform schooling from a time-oriented system, based on grade level and credits earned, to a performance-based system aligned with NHES” (p. 54). Schools in the district are already adjusting the wellness curriculum, and I want to help those changes become policy to take the stress off classroom teachers while also making sure the topics are covered accurately and professionally.

### **Leadership Lessons**

In the process of doing the evaluation of the program, I have learned that policy has to be enforced from the top down but implemented as a bidirectional approach where teachers give feedback on what is working in the curriculum as well as get feedback. If administrators are not holding principals accountable, and principals are not making sure the content is getting covered, there will be angst among those teachers who are taking the time to teach the content and those who are not held accountable. Also, to lead change, one needs to show one’s passion and lead by example. Leaders cannot just state policy and demand change without showing the need, the how to, and the why.

As a result of my research, I will be using this information to educate future teachers and give them resources to be qualified and confident when teaching and integrating health education into their elementary classrooms. I also will be presenting

my data to the district principals, as well as my recommendations for a collaborative teaching approach, cross-curricular lessons, professional development, and continuing education for current teachers.

Finally, I will also use my data to make my current course syllabus more practical in meeting the needs of future teachers for physical activity and health content in the classroom. I am willing to create a curriculum that can be used by other education departments and programs, so all undergraduates are learning about national and state standards, learning factual information, utilizing resources, and professional development related to the subject, just as they would for math, science, literacy, and social studies. Ultimately I will advocate for a policy change at the national, state, and district level in certification for elementary education majors in the subject of health education.

### **Conclusion**

As a professional in the field of physical education and health education, I hope to contribute to the education on lifetime fitness and wellness of our youth. While I am not in an elementary school directly teaching the health content to elementary students, my goal in choosing higher education is that I can reach more students by educating future professionals to be qualified, caring, and effective teachers in their own classrooms.

As a mother, I personally do not care who teaches the health content, whether it be the classroom teacher, physical educator, school nurse, principal, guidance counselor, or outside professional in specific fields. I want my daughter to learn accurate information that will help her regulate her own feelings; treat others with respect; choose healthy options to consume; take care of her body and know how it works; be safe and know who to go to or where to go when in danger; and make healthy choices in all

aspects of her life. I believe when a child feels safe, has gotten adequate sleep, has eaten nutritious meals, and is able to move, they will thrive in the classroom. This will make for a healthy school environment, home and family experience, and community involvement.

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## APPENDICES

### Appendix A

## **Health Scope and Sequence**

### **K-5 Grades Health**

#### **Course Name: Health**

#### **Description of Course:**

Each month, a minimum of 60 minutes. K-5<sup>th</sup> Grades Health will provide students' knowledge in the areas of emotional health/feelings, relationships with family/friends, your body/growth and development/human sexuality, nutrition, personal health/physical activity/hygiene/healthy goals, safety, substance use/misuse, communicable diseases/non-communicable diseases, and environmental/consumer/community health.

#### **Learning Goals:**

Students will:

- Comprehend concepts related to health promotion and disease prevention to enhance health.
- Analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- Demonstrate the ability to access valid information, products, and services to enhance health.
- Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- Demonstrate the ability to use decision making skills to enhance health.
- Demonstrate the ability to use goal setting skills to enhance health.

- Demonstrate the ability to practice health enhancing behaviors and avoid or reduce health risks.
- Demonstrate the ability to advocate for personal, family, and community health.

**Core Material Used:**

Macmillan/McGraw-Hill Health and Wellness, 2008 edition

**Alternative/Supplemental Materials:**

See Teacher's Lesson Guide for each unit.

**Course Outline:**

**Topics of Study**

- By the end of September—Emotional Health/Feelings
- By the end of October— Relationships with Family/Friends
- By the end of November--Your Body/Growth and Development/Human Sexuality
- By the end of December—Nutrition
- By the end of January—Personal Health/Physical Activity/Hygiene/Healthy Goals
- By the end of February—Safety
- By the end of March— Substance Use/Misuse
- By the end of April— Communicable Diseases/ Non-communicable Diseases
- By the end of May— Environmental/Consumer/Community Health

## **Appendix B**

### **SHAPE National Health Standards**

**Standard 1:** Students will comprehend concepts related to health promotion and disease prevention to enhance health.

**Standard 2:** Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

**Standard 3:** Students will demonstrate the ability to access valid information and products and services to enhance health.

**Standard 4:** Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

**Standard 5:** Students will demonstrate the ability to use decision-making skills to enhance health.

**Standard 6:** Students will demonstrate the ability to use goal-setting skills to enhance health.

**Standard 7:** Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

**Standard 8:** Students will demonstrate the ability to advocate for personal, family, and community health.

## Appendix C

The WSCC model includes the following 10 components:

**1. Health Education:** Formal, structured health education consists of planned learning experiences that help students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. These planned learning experiences take into account a range of cultural perspectives that support students in applying health information to their unique family and individual values and practices.

**2. Physical Education and Physical Activity Programs:** A comprehensive school physical activity program (CSPAP) provides a national framework for school-based physical education and physical activity. A well-designed physical education program provides the opportunity for students to learn key concepts and practice critical skills needed to establish and maintain physically active lifestyles throughout childhood, adolescence and into adulthood. Such a program also requires strong partnerships between school, home, and the community.

**3. Nutrition Environment and Services:** The school nutrition environment provides students with opportunities to learn about and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus.

**4. School Health Services:** School health services intervene with actual and potential health problems, including providing first aid, emergency care and assessment and planning for the management of chronic conditions (such as asthma or diabetes).

**5. School Counseling, Psychological, and Social Services:** These prevention and intervention services support the mental, behavioral, and social emotional health of students and promote success in the learning process. Services include psychological, psychoeducational, and psychosocial assessments; direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed.

**6. Social and Emotional Climate:** Social and Emotional School Climate refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance.

**7. Physical Environment:** A healthy and safe physical school environment promotes learning by ensuring the health and safety of students and staff. The physical school environment encompasses the school building and its contents, the land on which the school is located, and the area surrounding it.



**8. Employee Wellness and Health Promotion:** A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors (e.g., lack of physical activity, tobacco use) and health conditions (e.g., diabetes, depression) to meet the health and safety needs of all employees.

**9. Family Engagement:** Families and school staff work together to support and improve the learning, development, and health of students. School staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. Families are committed to actively supporting their child's learning, development and safety.

**10. Community Involvement:** Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, safety and health-related activities.

## **Appendix D**

### **U.S. Department of Education Mission**

The U.S. Department of Education (ED) mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access. Congress established the U.S. Department of Education on May 4, 1980, in the Department of Education Organization Act (Public Law 96-88 of October 1979).

Under this law, ED's mission is to:

- Strengthen the Federal commitment to assuring access to equal educational opportunity for every individual;
- Supplement and complement the efforts of states, the local school systems and other instrumentalities of the states, the private sector, public and private nonprofit educational research institutions, community-based organizations, parents, and students to improve the quality of education;
- Encourage the increased involvement of the public, parents, and students in Federal education programs;
- Promote improvements in the quality and usefulness of education through Federally supported research, evaluation, and sharing of information;
- Improve the coordination of Federal education programs;
- Improve the management of Federal education activities; and
- Increase the accountability of Federal education programs to the President, the Congress, and the public.

## **Appendix E**

### **Healthy People 2020 Objectives**

**EMC-4.** Increase the proportion of elementary, middle, and senior high schools that require school health education.

**ECBP-2.** Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.

**ECBP-3.** Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives which address the knowledge and skills articulated in the National Health Education Standards (high school, middle, and elementary).

**ECBP-4.** Increase the proportion of elementary, middle, and senior high schools that provide school health education to promote personal health and wellness in the following areas: hand washing or hand hygiene; oral health; growth and development; sun safety and skin cancer prevention; benefits of rest and sleep; ways to prevent vision and hearing loss; and the importance of health screenings and checkups.

## Appendix F

### Informed Consent: School Site Administrator

My name is Katie E. Boyer, and I am a doctoral student at National Louis University pursuing my research in Midwest, State. I am asking for your consent for selected staff at your school to voluntarily participate in my dissertation project. The study is entitled: "Preparing pre-service teachers, K-5, to teach 21<sup>st</sup> century health literacy skills in the elementary classroom." The purpose of the study is to determine if elementary classroom teachers are prepared and qualified by their teacher preparation programs to teach health literacy themes in their elementary classroom. The study will also examine ways to improve teacher preparation programs to foster the expectations that elementary teachers will be teaching health in their elementary classrooms.

My project will address the process of the preparedness, qualifications, and hesitations of elementary classroom teachers in the Midwest Community School District when teaching health literacy themes and how it impacts those involved in the Midwest Community School District. I will use the data I collect to understand the process and changes that may possibly need to be made regarding the health wellness curriculum in the Midwest Community School District focusing on continuing education for elementary classroom teachers in health literacy. I will survey and interview up to 1 superintendent, 1 wellness curriculum coordinator, and up to 26 teachers in regards to their thoughts on requirements and suggestions for improvements in teaching health literacy themes for the elementary health wellness curriculum in the Midwest Community School District.

I will give teachers and administrators who volunteer a printed survey to be completed and returned using specific instructions as included, and an Informed Consent form indicating that they understand the purpose of the survey and agree to take the survey. The survey should take approximately 10 minutes to complete. Also, participating teachers and administration may volunteer for a 60-minute focus group interview. I will conduct a 60 minute focus group with those participants who have completed an Informed Consent form indicating that they understand the purpose of the focus group and agree to be interviewed. All information collected in the surveys and focus group reflects their experience and opinion as a teacher regarding the elementary health wellness curriculum. I will audio tape the focus group and transcribe the tapes.

By signing below, you are giving your consent for me to ask for voluntary participation from selected stakeholders to participate in this research study: to complete a survey and participate in a focus group.

All participation is voluntary and you may discontinue your participation at any time. I will keep the identity of the school and all participants confidential, as it will not be attached to the data and I will use pseudonyms for all participants. Only I will have access to all of the surveys, interview tapes and transcripts which I will keep in a locked cabinet at my home, and on a password protected hard drive, to which only I have access. Participation in this study does not involve any physical or emotional risk beyond that of everyday life. While you are likely to not have any direct benefit from being in this research study, your taking part in this study may contribute to our better understanding of the health wellness curriculum in the Midwest Community School District, teacher preparation and what changes, if any, need to be made.

While the results of this study may be published or otherwise reported to scientific bodies, your identity will in no way be revealed. You may request a copy of this completed study by contacting me at [kboyer@my.nl.edu](mailto:kboyer@my.nl.edu).

In the event you have questions or require additional information, you may contact me at: phone: email [kboyer@my.nl.edu](mailto:kboyer@my.nl.edu); . If you have any concerns of questions before or during participation that you feel I have not addressed, you may contact my dissertation chair, Dr. Stuart Ives Carrier, email: [scarrier@nl.edu](mailto:scarrier@nl.edu); phone (813) 220-6229; 1000 Capitol Drive, Wheeling, IL 60090; or EDL Program Chair (Dr. Norm Weston, [NWeston@nl.edu](mailto:NWeston@nl.edu); 1.233.2287; or the NLU's Institutional Research Review Board: Dr. Shaunti Knauth, NLU IRRB Chair, [shaunti.knauth@nl.edu](mailto:shaunti.knauth@nl.edu), 224.233.2328, National Louis University IRRB Board, 122 South Michigan Avenue, Chicago, IL 60603.

Thank you for your participation.

\_\_\_\_\_  
Principal Name (Please Print)

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

Katie E. Boyer

\_\_\_\_\_  
Researcher Name (Please Print)

## Appendix G

### Adult Survey: Individual Participant

#### Consent Form

My name is Katie E. Boyer, and I am a doctoral student at National Louis University, pursuing my research in Midwest, State. I am asking for your consent to voluntarily participate in my dissertation project. The study is entitled: "Preparing pre-service teachers, K-5, to teach 21<sup>st</sup> century health literacy skills in the elementary classroom." The purpose of the study is to determine if elementary classroom teachers are prepared and qualified by their teacher preparation programs to teach health literacy themes in their elementary classroom. The study will also examine ways to improve teacher preparation programs to foster the expectations that elementary teachers will be teaching health in their elementary classrooms.

My project will address the process of the elementary health wellness curriculum and how it impacts those involved at your school. I will use the data I collect to understand the process and changes that may possibly need to be made regarding elementary classroom teacher preparation programs, continuing education classes, or professional development for elementary teachers in the Midwest Community School District. I would like to survey you in regards to your thoughts on the elementary health wellness curriculum in your school district.

You may participate in this study by signing this consent form indicating that you understand the purpose of the study and agree to participate in a printed survey that I will give to you, to be completed and returned using specific instructions I will include at the end of the survey. It should take approximately 10 minutes for you to complete the survey. All information collected in the survey reflects your experience and opinion as an elementary teacher required to teach health literacy themes in your elementary classroom.

Your participation is voluntary and you may discontinue your participation at any time. I will keep the identity of you, the school, the district, and all participants confidential, as it will not be attached to the data and I will use pseudonyms for all participants in the report. Only I will have access to the survey data, which I will keep in a locked cabinet at my home and/or on a hard drive that is password protected. Participation in this study does not involve any physical or emotional risk beyond that of everyday life. While you are likely to not have any direct benefit from being in this research study, your taking part in this study may contribute to our better understanding of elementary wellness/health curriculum and what changes, if any, need to be made.

While the results of this study may be published or otherwise reported to scientific bodies, your identity will in no way be revealed. You may request a copy of this completed study by contacting me at [kboyer@my.nl.edu](mailto:kboyer@my.nl.edu).

In the event you have questions or require additional information, you may contact me at: email [kboyer@my.nl.edu](mailto:kboyer@my.nl.edu). If you have any concerns of questions before or during participation that you feel I have not addressed, you may contact my dissertation chair, Dr. Stuart Ives Carrier, email: [scarrier@nl.edu](mailto:scarrier@nl.edu) ; phone (813) 220-6229; 1000 Capitol Drive, Wheeling, IL 60090; or the NLU's Institutional Research Review Board: Dr. Shaunti Knauth, NLU IRRB Chair, [shaunti.knauth@nl.edu](mailto:shaunti.knauth@nl.edu), 224.233.2328, National Louis University IRRB Board, 122 South Michigan Avenue, Chicago, IL 60603.

Thank you for your participation.

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Katie E. Boyer

\_\_\_\_\_  
Researcher Name (Please Print)

## Appendix H

### Survey Distribution and Collection

Friday, May 18th

Arrive at \_\_\_\_\_ by \_\_\_\_\_.

The meeting will be held \_\_\_\_\_.

The principals have given us a 15 minute time limit, the survey should take no longer than 10 minutes so the other 5 minutes are for explanation and collection.

Every elementary classroom teacher should get an envelope containing a survey, two consent forms (one to sign and a copy to keep, and a pen (they keep). If a paraprofessional teaches any health content they can take one as well.

#### **Script:**

Introduce yourself and explain you are representing Katie Boyer in her pursuit for a degree in educational leadership through National Louis University.

Katie was given permission to distribute her survey to all elementary teachers and those who teach health content in the classroom through the wellness curriculum in the Midwest School District.

If you refer to your letter of consent you will read that: The purpose of the study is to determine if elementary classroom teachers are prepared and qualified by their teacher preparation programs to teach health literacy themes in their elementary classroom. The study will also examine ways to improve teacher preparation programs to foster the expectations that elementary teachers will be teaching health in their elementary classrooms.

Please sign one letter of consent and keep the other for your personal files. You will be given 10 minutes to take the survey in respect for your time and the desire for your instinctive answers. When you have completed the survey please keep the pen provided for you, the copy of the consent letter and put the consent letter you signed with the survey back in the envelope. If you choose not to participate, please place the blank consent letters and blank survey back in the envelope. I will collect all envelopes before I leave.

On behalf of Katie Boyer, I thank you for participating in the survey and data collection to a topic she is passionate about. She will use the data collected to understand the

process and changes that may possibly need to be made regarding elementary classroom teacher preparation programs, continuing education classes, or professional development for elementary teachers in the Midwest School District.

I also have a sign-up sheet going around if you would be interested in participating in a focus group to continue discussion on the topic of health education in the elementary classroom.

Thank you, you may begin.

## Appendix I

### Voluntary Survey for Elementary School Teachers

#### Midwest Community School District Elementary Classroom Teachers

##### *Voluntary Survey*

1. What do you think is working well in the health curriculum for the Midwest Community Elementary Schools?
2. What do you think is **not** working well in the health curriculum for the Midwest Community Elementary Schools?
3. Which topic(s), in your opinion, are the easiest to incorporate into your classroom setting?
4. Which topic(s) do you need more information on to incorporate into your classroom?

**Check all that apply to questions:**

Topic	Question 3	Question 4
Emotional Health/Feelings		
Relationships with Family/Friends		
Your Body/Growth and Development/Human Sexuality		
Nutrition		
Personal Health/Physical Activity/Hygiene/Healthy Goals		
Safety		
Substance Use/Misuse		
Communicable Diseases/ Non-communicable Diseases		
Environmental/Consumer/Community Health		

5. What do you feel are the benefits for your students from incorporating the nine topics above?
6. What are common misunderstandings with your students and the topics discussed?

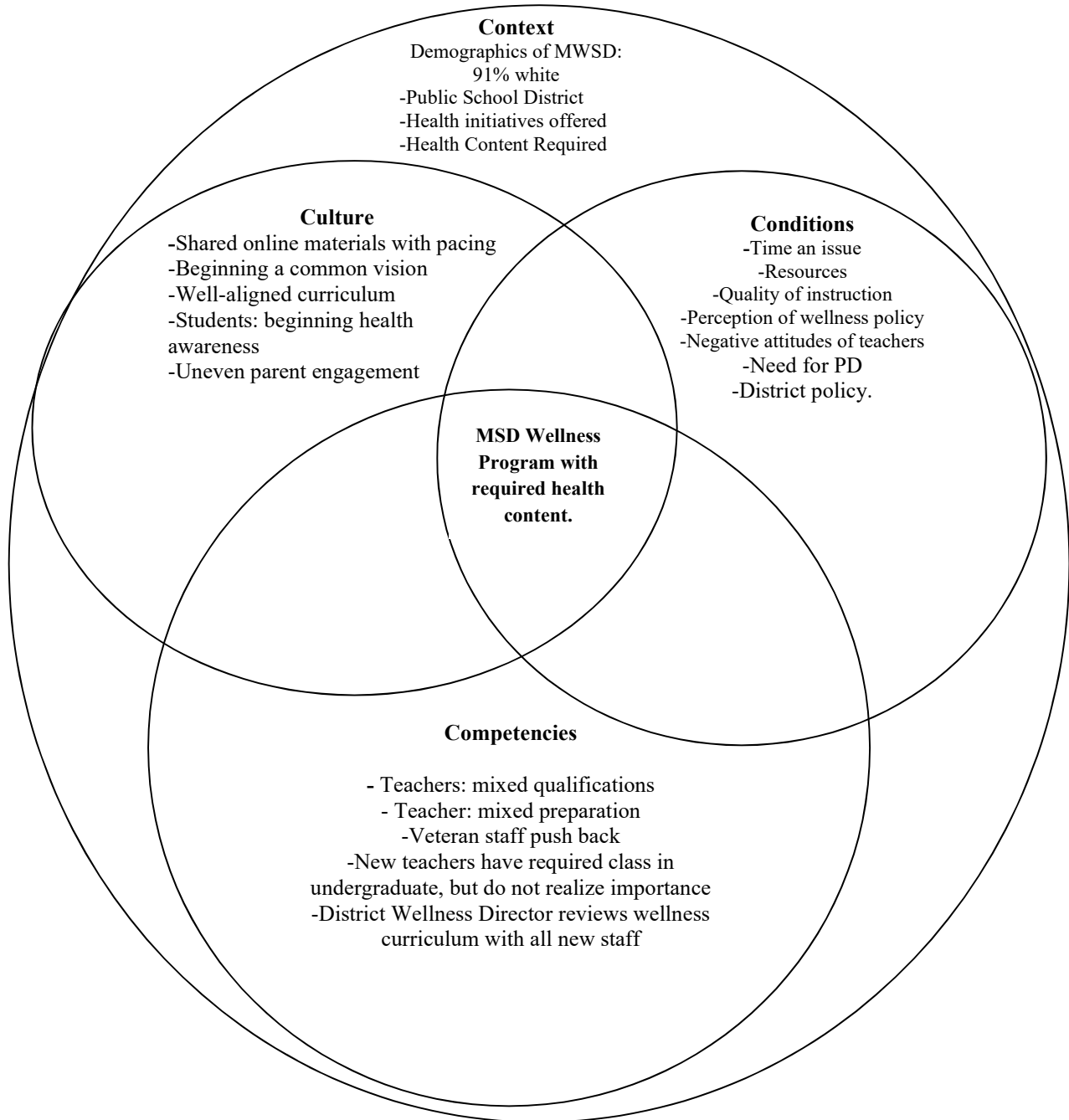




## Appendix J

### As Is

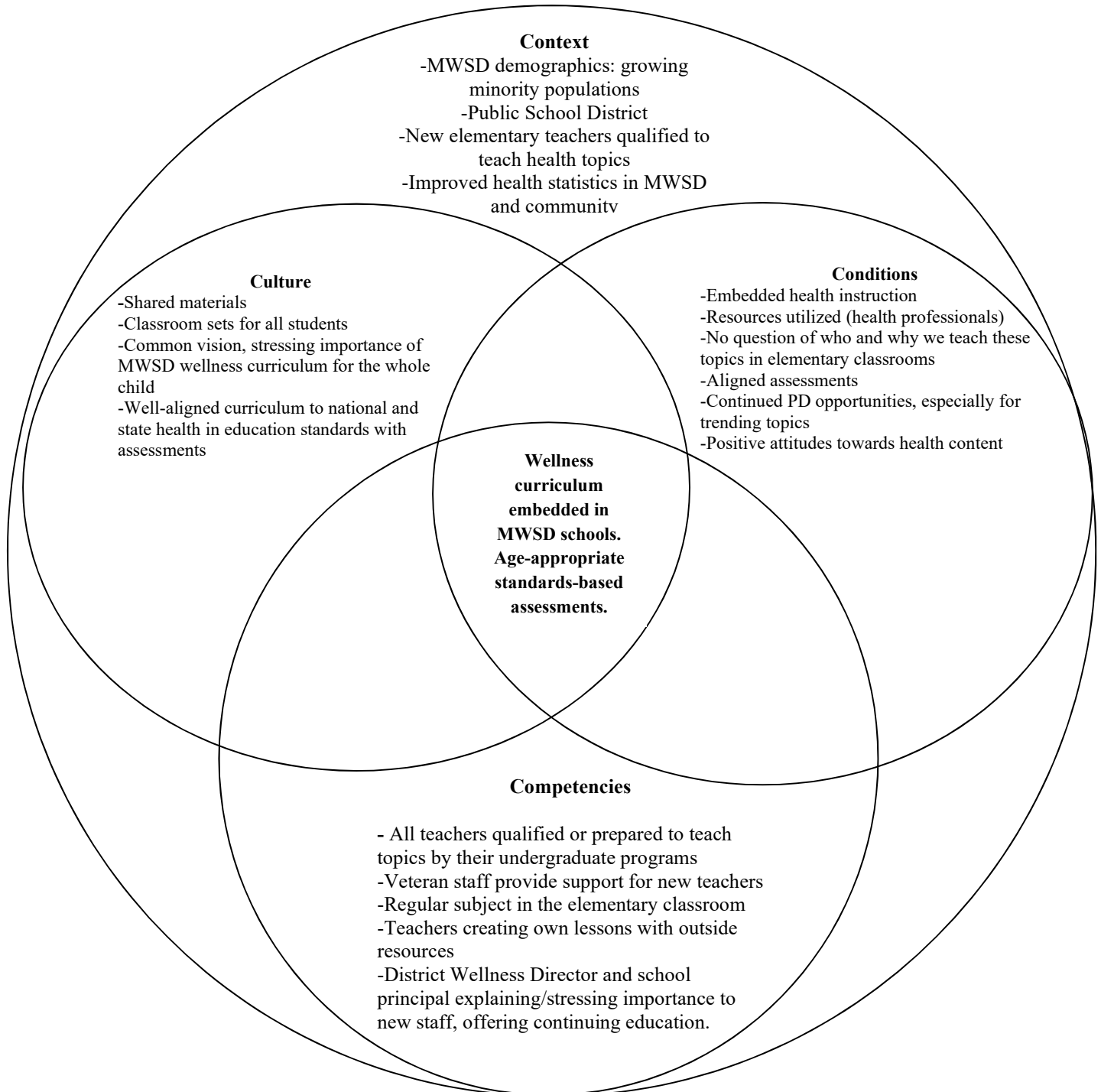
**AS IS - Problem: Elementary Teachers not prepared by undergraduate schools to teach health topics in their classrooms.**



## Appendix K

### To – Be

#### TO BE - Solution: Prepared elementary teachers teaching health topics in their classrooms.



## Appendix L

### Strategies and Action Chart

	Strategies	Action
<b>Context</b>	<b>Communicate</b>	1. Share data with district
		2. Define need for quality health instruction in the elementary schools
		3. Have diverse lessons to include cultural, racial, gender, and socioeconomic appropriate content.
<b>Culture</b>	<b>Collaborate</b>	1. Meet with administration, school principals to suggest collaborative approach to the health curriculum
		2. School district utilize community resources and professionals in the community to implement health content
		3. Make healthy choices and lifestyle options part of everyday conversations in the school
<b>Conditions</b>	<b>Support</b>	1. Have professional developments for current elementary teachers
		2. Inform students on resources within the school for living a healthy
		3. Administration offer support and hold faculty and staff accountable for making wellness part of school culture.
<b>Competencies</b>	<b>Qualify</b>	1. Offer continuing education classes for faculty and staff
		2. Improve undergraduate programs for teacher education and elementary health content
		3. Train and inform new teachers on health curriculum and expectations in the district