CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

STRATEGIES FOR IMPLEMENTING HEALTH EDUCATION
THROUGH A HEALTH SCIENCE WORKSHOP

A graduate project submitted in partial satisfaction of the requirements for the degree of Master of Science in Health Science

by

Darlene Y. Shubert

June, 1974
The graduate project of Darlene Y. Shubert is approved:

____________________________________
Committee Chairman

California State University, Northridge
June, 1974
ACKNOWLEDGEMENT

With a great deal of appreciation, I extend my sincere thanks to all my colleagues, instructors and advisors in Northridge and Bakersfield and especially my family who graciously supported me throughout this endeavor.
# TABLE OF CONTENTS

ACKNOWLEDGEMENT .................................................. iii
LIST OF FIGURES ..................................................... vi

CHAPTER

I. INTRODUCTION .................................................... 1
   A. Statement of Problem ........................................ 1
   B. Objectives ................................................... 2
   C. Target Population ........................................... 3
   D. Overall Strategy ............................................ 4

II. PLANNING .......................................................... 8
   A. Organization and Utilization of Resources
      1. Professional .............................................. 8
      2. Community ................................................. 12
      3. Consultant ............................................... 13
   B. Methods of Communication ................................ 14
   C. Organization of Workshop ................................ 16

III. WORKSHOP PROCEEDINGS ....................................... 19
   A. Table of Contents .......................................... 21
   B. Workshop Staff ............................................. 22
   C. Introduction ............................................... 24
   D. Program ...................................................... 26
   E. Summary of Presentations ................................ 30
   F. Group Activities-Content Area .......................... 63
   G. Group Activities-Resources .............................. 83
   H. List of Participants ...................................... 87
I. Suggested Roles of Group Participants, Leaders and Recorders ............... 90
J. Questionnaire ..................... 100
K. Additional List of Resources for Participants ..................... 105

IV. EVALUATION OF THE WORKSHOP ............... 114

V. DISCUSSION .......................... 118

BIBLIOGRAPHY ............................. 122

APPENDICES ............................... 126
  A. Health Science Workshop Flier ...... 126
  B. Health Science Workshop Poster ..... 128
  C. Evaluation Form ..................... 130
  D. Evaluation Overview Letter .......... 132
LIST OF FIGURES

<table>
<thead>
<tr>
<th>FIGURE</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Flow Diagram of Procedures for Implementing Health Education In-Service Program</td>
<td>7</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION

Statement of the Problem

"Health Education? We don't teach health education at our high schools."

This is not a statement out of historical literature but, rather, an all too common comment showing today's administrators regard for health education. Routinely, health education has received low priority in funding, curriculum development and in-service programs aimed at training teachers. Health priorities rise in the eyes of administrators and community only in times of crisis as illustrated today by the venereal disease and drug crises.

Teachers, on the other hand, have first hand knowledge of health problems of youngsters before crises occur and, yet, are seldom asked to become involved in identifying these problems or to have a voice in implementing their own in-service education programs.

Philip W. Jackson explained the part teachers must play in their learning in the following way:

(Teachers must learn) through a self-directed encounter with meaningful problems. If we (administrators) persist in designing in-service activities that are based upon our own notions of what is good for teachers, we shall defile the very principles that are at the core of the educational process. The teacher is not a helpless learner, and his own perception of what will enable him to function more effectively may serve as our
most intelligent point of departure. (13:35)

Based on this philosophy, a verbal inquiry was made to several high school health instructors in Kern County\textsuperscript{24,25,26} to determine what they viewed as a major health education problem in their area. Those interviewed were unanimous in their opinion that health in-service programs had been inadequate and practically non-existent, with the exception of a venereal disease program, in the county. It was further stated that a health education curriculum was being considered by the school district and yet "very few of the (curriculum developers) seemed to be acquainted with the Framework for Health Instruction in California Public Schools\textsuperscript{8,25} which could serve as a major guide for health curriculum development.

It was further suggested by those interviewed that an in-service program designed to acquaint the health educators with the Framework for Health Instruction in California Public Schools\textsuperscript{25} and to point out the legal requirements within health education\textsuperscript{24} would be most helpful.

Discussed in this paper is the planning, organization, implementation and evaluation of a health education in-service program for health educators in Kern County entitled "Strategies for Health Instruction in California Public Schools."

Objectives

"The prime purpose of in-service training...is to change educational practice but most importantly to upgrade
and improve classroom instruction."(6:3) With this statement in mind, four major areas of concern appeared to stand out as primary objectives of the health in-service program.

1. To acquaint participants with the rationale underlying the development and use of the Framework for Health Instruction in California Public Schools

2. To introduce procedures for health instruction curriculum development

3. To provide the opportunity for health instruction curriculum development

4. To compile for participants a packet of materials developed at the program

The Target Population

Initially, the target population was high school health educators of Kern County. Through discussion with various educators it was determined that the program would be offered to all teachers, kindergarten through college, nurses and administrators throughout Kern County.

The inclusion of elementary teachers was based on two criteria: (1) there are legal mandates for the inclusion of health education at the elementary level:

Article 2, Section 8551.

The adopted course of study for grades 1 through 6 shall include instruction, beginning in grade 1 and continuing through grade 6, in the following areas of study: ... (f) Health, including instruction in the principles and practices of individual family and community health.
and (2) elementary school teachers have responded more readily to health education in-service programs in the past. This had been established by Dr. Seymour Eiseman, coordinator for the past six years of the health in-service programs through California State University, Northridge Extension and Alhambra Schools. Dr. Eiseman stated that approximately 85% of health in-service participants are elementary teachers.21

Nurses also were included for two reasons: (1) the school nurse is a primary resource to health teachers and must not be overlooked in health curriculum development; and (2) several school nursing students from California State College, Bakersfield expressed interest in the school nurse education program and felt the health in-service program would aid them in determining their goals.

Administrators were included for the primary purpose of enhancing health education interest. Although teachers must participate in their own intellectual growth, "school districts must help make it possible for this to happen." (12:26)

**Overall Strategy**

The initial need and interest for the health in-service program or workshop was determined by teachers. DeVore stated that one of the specific purposes of in-service education is to serve "as a means of coordinating the total education effort of staff, administration and the community." (6:4) To this end, further planning and organization
was designed to involve the (1) administrators of the Bakersfield City School District, Kern Joint Union High School District, Kern County Office of the Superintendent of Schools, Bakersfield; (2) community support in the form of funding for the program; and (3) selection and securing of consultants to present the program.

During the pre-planning stage, through numerous discussions with the involved individuals and groups, details of the type of program were established. These included:

1. The program would be offered through California State College, Bakersfield Extension for one unit of credit in Education or Health Science. This, in turn, established the fact that the workshop had to be 10 hours in length.

2. The time schedule of the workshop was Friday, March 22, 1974, 7:00 - 10:00 p.m. and for Saturday, March 23, 1974, 9:00 a.m. - 4:00 p.m.

3. A search was begun to find adequate but inexpensive, if not free, facilities in which to hold the workshop. (See Chapter II, Section A., 1. for further details.)

4. A workshop staff consisting of a director, sponsor and coordinator, program designer, consultants, teacher representative, and
administrative representative was established. (See Chapter III, Section B. for further details.)

The content and format of the program were determined primarily by: (1) objectives of the workshop; and (2) the consultants whose responsibility it was to present the program. As Program Designer, (for want of a better term) my function was actually to pull together all components of the project including the planning strategies, transmission vehicle and rationale for evaluation (See Figure 1, page 7) into one package that would be applied to the target population at the health in-service program.
FIGURE 1. Flow Diagram of Procedures for Implementing Health Education In-Service Program.6,18
CHAPTER II
PLANNING

Organization and Utilization of Professional Resources

Once the teachers had established the major health education problem, it was necessary to undertake the involvement of the various administrative resources, present the problem as the teachers viewed it and secure support, cooperation, aid and responsibility, in some cases, of planning a health in-service program.

Dr. Norman D. Flados, Chairman of Health Science, California State College, Bakersfield was contacted initially. His response was enthusiastic and very supportive. He undertook to serve as Director of the in-service program and present the proposed project to a group of Kern County high school and junior high principals at their next regular weekly meeting to determine interest. This group indicated to Dr. Flados interest and agreed to the purposed workshop plans.

Dr. Flados made further contacts with: (1) Dr. Roy Dull, Director of Continuing Education, California State College, Bakersfield to confirm availability of dates for the workshop and; (2) Ursula Caspary-Ruoss, Interim Director Southern San Joaquin Valley Health Manpower Consortium, Inc. to present the proposed project and to determine the interest of this group in the project.
Health instruction representatives of the elementary, junior and secondary schools were contacted by myself.

Scott Mallory\textsuperscript{27}, Health Specialist, Bakersfield City School District (elementary and junior high), indicated warm and enthusiastic support of the project. He introduced several ideas that were adopted and agreed to serve on the workshop planning committee. He further offered any support the District Office could lend in making sure all interested people were contacted. Mr. Mallory continued his support of the project throughout the planning stages.

Dr. James Filbrandt\textsuperscript{22}, Director of General Services, Kern Joint Union High School District, presented a somewhat different picture. He was not disinterested in the project but he stated the high school district's total interest would be based on three criteria which are paraphrased:

(1) The high school district is interested in developing a curriculum for health education and, thus, we are interested in the proposed health in-service project.

(2) The high school district would be primarily interested if the project were handled through the Kern Joint Union High School District office for scheduling in-service programs rather than through California State College, Bakersfield.

(3) The high school district would be primarily interested if the program did not incor-
porate high school and elementary teachers within the same target population.

When asked if the program continued its present plan of being offered by California State College, Bakersfield Extension, which meant inclusion of all levels of teachers, would the high school district be adamantly opposed. He responded that they would not be opposed to the program and, ultimately, agreed to serve on the workshop planning committee and further offered the district's resources in notifying appropriate teachers.

The workshop planning committee met February 15, 1974 for the purpose of discussing program content and format, and proposed means and forms of communication. Those in attendance included:

1. Dr. Norman D. Flados, Project Director
2. Darlene Y. Shubert, Program Designer
3. Dr. Roy Dull, Director of Continuing Education, California State College, Bakersfield
4. Dorene Chan, Chairman Associate Degree, Registered Nurse Program, Bakersfield College
5. Faris Boyce, Bakersfield College
6. Mary Metzger, Bakersfield College
7. Mr. Douglas Fletcher, Director Curricular Services, Office of Superintendent, Kern County
8. Dr. James Filbrandt, Director of General Service, Instruction and Research, Kern Joint Union High School District
9. Dr. Donald Soelberg, Director of General Services, Kern Joint Union High School District
10. Richard Weigelt, Supervisor Special Services, Vocational Education, Kern Joint Union High School District

Mr. Mallory was unable to attend due to prior commitments but sent a letter affirming support of the group's intentions.

The planning committee established the following:

(1) acceptance of program content and format as presented
(2) communication plans were not adequate as presented and further suggestions were made (see page 14) by Drs. Filbrandt and Soelberg
(3) representatives would be chosen to speak for the County Office and Kern Joint Union High School District office on a respondent panel during the Friday evening workshop. The topic would be "Problems encountered in implementing a health instruction program." Mr. Mallory had previously offered to represent the Bakersfield City School District.
(4) the offices of Kern County Superintendent, the high school district and the Bakersfield City School District would forward, in their daily mail to their respective schools, any forms of communication desired.
In addition to the workshop planning committee, a hospitality committee was formed, headed by Mrs. Carol Humphrey, Health Instructor, West High School.

Organization and Utilization of Community Resources

Ursula Caspary-Ruoss, Interim Director, Southern San Joaquin Valley Health Manpower Consortium, Inc. was initially contacted by Dr. Flados. The first meeting between Mrs. Ruoss and myself was for the purpose of discussing how the Consortium might be of assistance in this project. The main areas of concern were funding, secretarial staff and facilities. Mrs. Ruoss felt the Consortium could and would be able to assist the project on the points mentioned.

Funding, which would include retainment fees of consultants, was most desirable to reduce the California State College, Bakersfield Extension's enrollment fee from $25.50 to $6.00 for participants who wished to take the course for credit. This was considered to be a primary motivational factor and major reason for requesting funds.

On January 20, 1974, Dr. Flados made a formal request to the Consortium for funds to support the health in-service program. Mrs. Ruoss responded on January 21, 1974 stating that the plans for the workshop were within the goals and objectives of the Consortium and the application would be forwarded to Dr. John Coash, Chairman of the Consortium Interim Steering Committee. Dr. Coash responded on January 22, 1974 with approval of expenditure of $450-500
for consultants stipends and travel in connection with the workshop.

Mrs. Ruoss' staff and office equipment were made available throughout the pre-planning, workshop, and post-workshop stage to Dr. Flados and myself.

Facilities for the workshop were not available on the campus of California State College, Bakersfield. Through the assistance of Mrs. Carol Humphrey, application was made, in the Consortium's name, for facilities at West High School. Because the Consortium is a non-profit organization, the school was able to provide several rooms at no charge as a community project.

Organization and Utilization of Consultant Resources

Well qualified and respected consultants to present the health in-service program was a major criterion to the success of the workshop. As I was a School Health Graduate student in the Health Science Department, California State University, Northridge, I was personally acquainted with two of the authors, Drs. John T. Fodor and Wilfred C. Sutton and one consultant, Dr. Seymour Eiseman, of the Framework for Health Instruction in California Public Schools. Since the "Framework" served as one of the major objectives of the proposed workshop, the workshop planning committee felt it would be desirable to extend invitations to two of the individuals mentioned.

On or about January 22, 1974, Dr. Flados forwarded a formal invitation to Dr. John T. Fodor and Dr. Seymour
Eiseman to serve as consultants at the proposed health in-service workshop and present the program to the participants. Dr. Eiseman replied with an acceptance of the offer. Dr. Fodor accepted with the understanding that prior commitments may prevent his attendance. He further stated Drs. W.C. Sutton and Ben Gmur, both co-authors of the "Framework" would fill his vacancy if necessary. It was subsequently confirmed that Dr. Fodor would not be able to attend and Dr. W.C. Sutton accepted the invitation.

Methods of Communication

Once the program and content and format, facilities, funding and consultants were assured, it was necessary to develop ways of communicating with the target population.

The standard, 8 X 11", three-fold flier containing all pertinent information was developed and presented to the planning committee. Drs. Filbrandt and Soelberg expressed the opinion that the content was satisfactory but the format was inadequate. They suggested that something be developed that would "catch" the eye of prospective participants. They further explained that teachers are bombarded continuously with programs for workshops and, unless ours was eyecatching, it would get lost in the shuffle.

With the assistance of California State College, Bakersfield artist, Mike Murphy, we developed a three-fold, hexagon, 5-1/2 X 5-1/2" (final fold size) flier on bright yellow paper that contained all original information. (See Appendix A) Incidentally, Mr. Murphy made no charge to the
Consortium but provided his services as a community service.

The printed fliers (printed by California State College, Bakersfield Duplicating Center at minimal cost) were distributed on February 22, 1974 to the district offices for further distribution in the following amounts:

- 100 Bakersfield City School District
- 75 Kern Joint Union High School District
- 50 Kern County Superintendent Office

Additionally, the Consortium mailed the following:

- 160 All principals' offices throughout Kern County
- 200 Specifically known health educators, Physical Education instructors, School Nurses and Home Economics Teachers in Kern County

Fifteen were distributed at California State University, Northridge, bringing the total to 600 fliers sent out to prospective participants.

At the time the fliers were delivered to Scott Mallory at Bakersfield City School District's office, he suggested the use of a poster to follow the fliers. He explained that a poster, with tear-off application blanks attached, could be posted on a school bulletin board and might reach additional teachers. This was indeed true for, although we were sending 100 fliers to elementary and junior high educators, there were 900 such individuals within the Bakersfield City School District most, of whom, were prospective participants.

A discussion with Mr. Murphy followed, with the final decision to print fifty 12 X 18" posters on bright yellow
paper; to use an elementary design; and to add our own color
after the posters were printed in the form of colored pen on
the clothing of the child drawing. (See Appendix B)

The posters were delivered on March 2, 1974 in the
following manner:

36 Bakersfield City School District
6 Greenfield City School District
3 Bakersfield College
2 California State University, Northridge
1 University of California, Los Angeles
2 California State College, Bakersfield

Organization of Workshop

Lippit and Fox found in their research of in-service
programs that:

...most teachers who have attempted changes
as a result of participation in in-service
training activities have experienced frustration
or lack of support at the moment of real risk,
when the changes are first being tried out.
If the effort does not result in success, they
either give up or accept a change that has
little significance. (14:135)

and that:

...It should be clearly indicated at the
very beginning that there will be follow-up
support available as part of the learning
activity. (14:136)

Accepting this as part of the workshop's function, it
was determined by the workshop planning committee that a
compiled summary of the workshop proceedings, including
summary of topics presented and all materials generated by
participants be forwarded to each registered participant.
To be able to do this, an additional tuition charge of $4.00 was deemed necessary to help defray the costs of printing and mailing. This brought the total charge to $10.00 for those registering for one unit of credit and $4.00 for attendance without credit.

To accommodate and handle the incoming monies and to pay bills, a Health Science Workshop Foundation Fund was established by Dr. Flados on February 21, 1974.

The period between when the fliers and posters went out and the receipt of applications was one of uncertainty. Applications were very slow in coming in. The first week, we received five, the second week brought five more, and by the final week we had a total of seventeen registered applicants.

The planning committee had previously decided that twenty-five registered applicants would be needed to make the program a success. With only four more days to go until the workshop and eight more participants needed, a telephone committee was formed. Each of the eleven high schools were called to inquire if they had received information about the workshop. In some cases, the health educator was contacted and in other cases, the Vice Principal if the school had no health educator.

All schools had received information with the exception of North High School. Material was personally transported to North High by Tuesday morning, March 19, 1974.

Fifty printed copies of the workshop staff, program,
introduction, group dynamics and worksheets (see Chapter III, Section B, C, D, I) were printed by the California State College, Bakersfield Duplicating Center for each anticipated participant.

Mrs. Humphrey provided a staff that handled the room and refreshment preparations.

Reservations were made for the consultants at a local motel as they would be staying in Bakersfield overnight.

The stage had been finally and fully set for Friday, March 22, 7:00 p.m.
CHAPTER III.
WORKSHOP PROCEEDINGS
STRATEGIES FOR HEALTH INSTRUCTION
IN CALIFORNIA PUBLIC SCHOOLS

WORKSHOP PROCEEDINGS
March 22-23, 1974

Prepared and Edited
by
Darlene Y. Shubert

DEPARTMENT OF HEALTH SCIENCES
CALIFORNIA STATE COLLEGE, BAKERSFIELD

Date of Publication
1974
# A. TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Workshop Staff and Participating Speakers</td>
<td>22</td>
</tr>
<tr>
<td>C. Introduction</td>
<td>24</td>
</tr>
<tr>
<td>D. Workshop Program</td>
<td>26</td>
</tr>
<tr>
<td>E. Summary of Presentation</td>
<td>30</td>
</tr>
<tr>
<td>F. Summary of Group Activities - Content Area</td>
<td>63</td>
</tr>
<tr>
<td>G. Summary of Resources - Identified by Small Groups</td>
<td>83</td>
</tr>
<tr>
<td>H. List of Participants</td>
<td>87</td>
</tr>
<tr>
<td>I. Suggested Roles of Group Participants, Leader and Recorders</td>
<td>90</td>
</tr>
<tr>
<td>J. Questionnaire and Results</td>
<td>100</td>
</tr>
<tr>
<td>K. Additional List of Resources</td>
<td>105</td>
</tr>
</tbody>
</table>
B. WORKSHOP STAFF AND PARTICIPATING SPEAKERS

WORKSHOP STAFF

Director:

Norman D. Flados, Ph.D., Chairman
Department of Health Sciences
California State College, Bakersfield

Program Designer:

Darlene Y. Shubert, M.T., B.S.
Graduate Student, School Health
California State University, Northridge

Speakers:

Wilfred C. Sutton, Ed.D., Professor
Department of Health Science
California State University, Northridge

Seymour Eiseman, Dr. P.H., Assoc. Professor
Department of Health Science
California State University, Northridge

Welcome:

James Whitley, Ed.D., Dean
School of Education
California State College, Bakersfield

Respondents:

Mrs. Ruth Aubin, R.N., School Nurse
West High School
Kern Joint Union High School District
Bakersfield, California

Mr. Roy Farrell, Curriculum Consultant
Office of Kern County Superintendent
of Schools
Bakersfield, California
Coordinated by:

Southern San Joaquin Valley Health
Manpower Consortium, Inc., a project of
California Regional Medical Program
Bakersfield, California
C. INTRODUCTION

Teachers, school nurses, administrators and others who are involved in health education need to be aware and equipped with the knowledge and skills to deal effectively with social and emotional health issues and the current and emerging health problems facing youth today.

The aim of this workshop is to introduce and provide the opportunity for designing health instruction curriculum, kindergarten through college. In order to accomplish this task three components must be integrated: (1) a relevant curriculum; (2) a creative and committed health educator and (3) an inservice education program designed to provide an opportunity for every teacher to acquire the skills necessary to implement such a program.

The major reference for curriculum development in health education will be the Framework for Health Instruction in California Public Schools. Each workshop participant will be provided with a copy of the guide.

Drs. Wilfred C. Sutton and Seymour Eiseman will conduct the general sessions and direct the work group activities. Work groups of participants will discuss approaches to curriculum development and implementation in the classroom setting by: (1) identifying basic concepts for "big ideas"; (2) developing appropriate behavioral
objectives which indicate content to be covered and desired student behavior; and (3) developing appropriate learning opportunities that will enable the learner to attain the stated objectives. Special group sessions will be devoted to discussing source materials, their availability and in general, information about specific content areas for all grade levels.

All workshop participants will receive a copy of the workshop proceedings including all material developed at the workshop. Time must be allowed for typing and mailing of the workshop proceedings.
D. WORKSHOP PROGRAM
STRATEGIES FOR HEALTH INSTRUCTION
IN CALIFORNIA PUBLIC SCHOOLS
March 22-23, 1974

Sponsored by Dept. of Health Sciences Calif. State College, Bakersfield

Coordinated by Southern San Joaquin Valley Health Manpower Consortium, Inc., a project of Calif. Regional Medical Program

Friday, March 22

7:00 p.m. REGISTRATION

7:30 p.m. WELCOME: Dr. Jim Whitley
Dean, School of Education
California State College, Bakersfield

INTRODUCTIONS:
Dr. Norman D. Flados, Chairman
Department of Health Sciences
California State College, Bakersfield

8:00 p.m. GENERAL SESSION

Topic: "Current points of view concerning Health, Education, and the School Health Program"

Speaker: Seymour Eiseman, Dr. P.H.
Associate Professor
California State University, Northridge

8:45 p.m. Topic: "Framework for Health Instruction in California Public Schools"

Speaker: Wilfred C. Sutton, Ed.D.
Professor Health Science
California State University, Northridge

9:30 p.m. Topic of Response:
"Problems encountered in implementing a health instruction program"
Respondents:  
Mr. Roy Farrell  
Curriculum Consultant  
Office of the Kern County Superintendent  
Mrs. Ruth Aubin, R.N., School Nurse, West High School  
Kern Joint Union High School

Consultants  
Wilfred C. Sutton, Ed.D.  
Seymour Eiseman, Dr.P.H.

Saturday, March 23

9:00 a.m.  GENERAL SESSION WITH DISCUSSION GROUPS

Topic:  "How to organize health instruction within a lesson, unit, course, school and a district"

"'Big Ideas' to be emphasized within the content of health instruction"

Speaker:  Wilfred C. Sutton, Ed.D.

Topic:  "Measurable objectives for effective health instruction"

"Selection and development of learning opportunities"

Speaker:  Seymour Eiseman, Dr.P.H.

1:00 p.m.  GENERAL SESSION

Topic:  Discussion of Group Reports

Speaker:  Group Chairmen

Topic:  "Basic Considerations for evaluating health instruction"

Speaker:  Wilfred C. Sutton, Ed.D.
2:00 p.m.  GENERAL SESSION WITH DISCUSSION GROUPS

Topic:  "Resources and funds to assist in implementing health instruction"

Speaker:  Seymour Eiseman, Dr.P.H.

3:00 p.m.  GENERAL SESSION

Topic:  "Legal considerations and new aspects of health instruction"

Speaker:  Wilfred C. Sutton, Ed.D.

3:30 p.m.

Topic:  Questions from workshop participants

Consultants:  Wilfred C. Sutton, Ed.D.
Seymour Eiseman, Dr.P.H.
Norman D. Flados, Ph.D.
E. SUMMARY OF PRESENTATIONS
First of all, let me say a personal word of welcome to you. We're glad you came and we hope you will get a great deal out of the workshop.

The purpose of this workshop is to introduce and provide the opportunity for curriculum development in health instruction. Drs. Wilfred C. Sutton and Seymour Eiseman, both from California State University, Northridge, will be conducting the workshop.

I would like to introduce to you at this time, Dr. James Whitley, Dean, School of Education, California State College, Bakersfield.

Dr. Whitley:

On behalf of the School of Education, California State College, Bakersfield and, in a larger sense, on behalf of the administration, we would like to welcome you here tonight. By trade, I'm a professor of physical education but I'm presently serving as a part-time administrator and it's in that capacity that I want to welcome you.

I would like to pose a few questions that you might consider during your workshop.

1. If you stress the human organism over prolonged periods of time, will this, in fact, increase a man's longevity?
2. How are we going to educate the teacher, physical educators and health people to handle the present and future problems of our children?

Personally, I look at health as an active process. I think that educating the youth about health by stressing the need for exercise, by stressing the need for a balanced diet and other such factors we can, in fact, improve educationally the knowledge of proper health habits.

Thank you for inviting me to say a few words and much success with your conference.
My topic tonight is to introduce the concept of Health and Health Education and to discuss with you current concepts of education. Before talking about the modern concept of health it is important for us to look back at some historical aspects of health. If we do this, we'll find that most major evolutionary, and in some cases revolutionary, periods of our history had a health component attached to it.

The concept of health is not a new one!

What has changed over a period of time is the manifestation, description and characterization of the term "health." During the early period of pre-historic man, health meant "survival" -- Pre-historic man was concerned with surviving in a very hostile environment, and if he survived he was healthy.

During biblical times of the Hebrews and Christians, the concept of health was not based upon a positive notion but, rather in the notion that with the absence of a sin, one will then be healthy. Health was based on a reward or punishment phenomenon. Health habits were based on cultural beliefs passed down from generation to generation and are to an extent, still with us today.
The concept of health in the middle ages was based strictly upon reward and punishment. Here we find many incidents of epidemics which decimated the populations.

As we move into the Victorian period, we begin to observe some interesting cultural factors. During the period of Queen Victoria it was quite fashionable to spit up blood in a social setting. Tuberculosis among the very wealthy was a status symbol.

In 1945 the first modern definition of health was offered by the World Health Organization. Health was defined as "the state of complete mental, physical, and social well-being, not merely the absence of disease." Health is a qualitative phenomenon and not a quantitative phenomenon. Health operates on a continuum of time and function and it changes from moment to moment.

Let us take a look at what value health is with regard to the philosophy of health as we know it today. By contrast to years ago, the end result of good health should be to assist one to attain the goals that one sets for oneself in a life time. It's the vehicle which permits an individual to attain what Maslow calls the concept of self-actualization.

Health Education

Health education should incorporate the modern concept of health as part of the totality of the educational program about matters pertaining to the lives of not only the children, but the teacher, parents and the community.
at large. Will Durant said that health education is akin to preventive medicine in class. We go from a concept of disease, fear, and cure to one of primary prevention and education.

Health and education do serve a very unique role. They work in harmony and in concert with one another. Without a good level of health the youngster can not learn. Without a positive level of health the youngster can not function.

The Health education that we, as teachers, are interested in is:

1. the manner by which a youngster is assisted in making the kinds of decisions which will help that youngster lead a good life for himself

2. the type of health education where we are not informing but assisting the youngster to arrive at those decisions

3. not the course of anatomy, physiology, drinking 8 glasses of water, brushing your teeth twice a day kind of health education

4. having youngsters learning, researching, finding out about themselves, going into the community, analyzing, evaluating, diagnosing and coming to conclusions

5. where the teacher serves in the role of director, moderator or facilitator

School Health Program

The school health program is now considered as a triad: the health services component, healthful school living, and health instruction.

How does health education fit into the concept of education? Today we're attempting to educate the total child. Educating the youngster to assume his rightful place in
society in which he lives. This not only includes his intellect but it includes his physical, mental, emotional, spiritual and any other component that makes him the unique person that he is.

I believe strenuously that without health education, education would not meet its goal of health as stated in the cardinal principles of education. Education, as we know it today, can not assist the youngster to take his rightful place in society unless the health education component is there.
In 1947, for the first time, persons applying for a teaching credential in California could select Health Education as a possible major. One of the most constructive things that has happened in health education since 1947 is the Framework for Health Instruction. I feel this is true because of the impact it has had already and can have on health instruction in California Schools.

How the Framework was Developed

The project to develop the "Framework" was started in 1967. Authorization from the State Department of Education was obtained, funds provided by a grant from the federal government was secured, and directors were appointed to develop the "Framework." These directors were Drs. John T. Fodor, Ben C. Gmur, and Wilfred C. Sutton.

One of the first steps that was done was to take a look at some of the health needs and health problems that existed. A review of the literature was completed which led to some general suggestions of health problems that could be used as a guide in preparing the "Framework." A number of consultants were called together, both in northern and southern California, to begin the work on the "Framework." These individuals included nurses, physicians from different
specialties, people representing safety fields, food and drug personnel, and a great variety of other health personnel.

These individuals were asked to start writing, drawing upon their own experiences, what they thought the health problems or health needs were in 14 specified content areas. The directors then compiled and summarized a health needs document from both experts and from a literature search. This document became the basis for developing the "Framework."

The next step was to call together 28 individuals, 75% classroom teachers, from different parts of the state basically to handle the primary aspects of developing the "Framework" which was eventually refined into the "Framework" that was published.

A number of people were used as consultants; some of them from the state and some of them from the nation. We wrote to them, talked to them, sent material to them, had them evaluate and had them react to the "Framework." We tried to obtain all the help that we possibly could so that the "Framework" would pass whatever test it had to pass and that it would be as good as it possibly could be when we were finished and would be acceptable to the most people.

A number of school districts volunteered to test the "Framework" by taking it into the school district and using it for curriculum development. They reacted to the "Framework" and determined that this was the kind of
document that personnel could use to prepare curriculum. They had suggestions, and a few more changes were made before the "Framework" was published in 1970.

What is in the Document

There is a section called "Points of View." This section contains the points of view regarding Health and Health Education—what it is and what it is not, how the "Framework" was developed, and the format and use of the "Framework."

The developmental groups finally decided that the material could be lumped under ten content areas. Under each of these ten content areas there are major concepts related to health. These are not the only concepts that can be written. This is only a guide to provide some direction, to be of assistance. It is not a mandate.

Each one of these content areas has an overview which includes the needs that had been identified, other subject areas where health instruction might take place, and a number of health content areas where material might overlap.

The development of the ten content areas makes up the major portion of the "Framework." Each content area contains:

1. Major concepts that run through primary to senior high level
2. Four sequences of grade levels: primary, intermediate, junior high, and senior high
3. Grade-level concepts relating to each of the major concepts progressing from individual concerns to community concerns

4. Sample behavioral or measurable objectives and suggestions of content under each grade level concept
It is important to develop a rationale that will serve to direct creative efforts and give sequence and direction for health instruction development and implementation.

*How do current points of view concerning health education and the school health program affect health instruction?*

In planning and implementing health instruction, one of the first concerns that you should have is to determine the current points of view about health, education and health education. This will make a great deal of difference in terms of the kind of instructional program covered.

*How should the content of health instruction be selected?*

A second concern you should have is how should the content of health instruction be selected. This is becoming a more difficult task all the time. There is so much content that criteria for selection are essential.

*How should health knowledge be structured for health instruction?*

The next step, after you determine the content is to decide how to structure it, how to put it together, how to decide what you are going to do with it in order to end up with a pattern that will function realistically.
Other concerns that you will have include:

* How should the goals and objectives of health instruction be formulated?

* What learning opportunities should be developed and utilized to attain the objectives of health instruction?

* How should health instruction be organized?

* What should be considered in evaluating health instruction?

* What should be the competencies of those teaching in health education?

These eight, not necessarily sequential steps, are very important for you to consider, follow through and accomplish if you are going to end up with a viable health instruction program.
Topic: "'Big Ideas' to be emphasized within the content of health instruction."

Speaker: Wilfred C. Sutton, Ed. D.

Determining what the content of health instruction should be involves determining the needs, interests, and problems of the students. Also you must determine the needs and problems of the community. Legal requirements will also tell you what must be included in health instruction.

Factors used in selecting content of health instruction

The Learner as a Data Source

Health Interest Studies
Growth and Development Studies
Health Knowledge Studies

Society as a Data Source

National Level


State and Local Level

Published health data from local and state health departments
Published health data from local and state voluntary health agencies.

Other Criteria for Selecting Health Content

Content Specialists
Textbooks
Other Courses of Study
Points of View in the Community, School District and School

Legal Requirements

Identifying Health Concepts

In curriculum development we are confronted with deciding what is important within a content area. What do we want students to learn? This task led to the conceptual approach to organizing instruction. What are the "big ideas" that we are trying to get over to the youngsters?

When the "Framework" committee met, the decision was made to develop concepts and to design the curriculum around these concepts. When we started to write concepts we ran into problems. There were no clear cut statements of criteria for good concepts. The criteria we used are not the only ones that can be used in writing concepts but we found them to be effective for our purposes.
These criteria are listed below as illustrated on transparencies for use in teaching. Under each criterion there is an example that satisfies the criterion and other examples that do not.

CRITERION: A STATEMENT—NOT A TOPIC OR WORD

DISEASE

CONTROL OF COMMUNICABLE DISEASES

**MANY COMMUNICABLE DISEASES COULD BE ELIMINATED IF KNOWN CONTROL MEASURES WERE TO BE APPLIED

CRITERION: MODERN POINT OF VIEW OF THE MEANING OF HEALTH AND HEALTH EDUCATION

HEALTH IS BEST DEFINED AS AN ABSENCE OF DISEASE

THE SKELETAL SYSTEM PROVIDES SUPPORT FOR THE BODY

VEINS, ARTERIES AND CAPILLARIES ARE PARTS OF THE CIRCULATORY SYSTEM

**THERE ARE PHYSICAL, MENTAL AND SOCIAL DIMENSIONS TO HEALTH.

CRITERION: CAN ORGANIZE A BODY OF KNOWLEDGE UNDER THE STATEMENT

INFLUENZA IS A COMMUNICABLE DISEASE

**CONTROL OF COMMUNICABLE DISEASES CAN BE ACCOMPLISHED BY BREAKING THE CYCLE OF INFECTION AT APPROPRIATE PLACES

TUBERCULOSIS IS CAUSED BY A BACILLUS

** Acceptable concept for health instruction
CRITERION:  VALID - CAN BE SUBSTANTIATED

DENTAL CARIES ARE THE MAIN CAUSE OF TOOTH LOSS AT ALL AGES

**AN INDIVIDUAL CAN HELP TO PREVENT OR CONTROL DENTAL CARIES

AN UNDERSTANDING OF THE FUNCTION OF FLUORIDE WILL REDUCE THE INCIDENCE OF DENTAL CARIES

CRITERION:  RELEVANT TO AGE AND CULTURE

PRIMARY GRADE:  CONCEPTION CAN BE CONTROLLED BY THE USE OF METHODS NOW KNOWN

**SENIOR HIGH:  MISUSE OF ALCOHOL CAUSES BOTH INDIVIDUAL AND SOCIAL PROBLEMS

HINDU CULTURE:  MEAT AND MEAT BY-PRODUCTS PROVIDE THE BEST SOURCE OF PROTEINS FOR HUMANS

**PROTEIN NEEDS OF AN INDIVIDUAL CAN BE MET BY CAREFUL SELECTION AND USE OF A VARIETY OF PLANT SOURCES

** Acceptable concept for health instruction
CRITERION: **SHOULD NOT BE PRESCRIPTIVE**

INDIVIDUALS SHOULD BRUSH THEIR TEETH IMMEDIATELY AFTER EATING

INDIVIDUALS MUST GO THE DENTIST AT LEAST ONCE A YEAR

**BRUSHING THE TEETH IMMEDIATELY AFTER EATING HELPS TO PREVENT DENTAL CARIES**

** Acceptable concept for health instruction
Having reviewed these criteria, let us determine which of the following are big ideas.

"VIRUSES CAUSE MEASLES"

"KNOWLEDGE OF GROWTH AND DEVELOPMENT ASSURES GOOD MENTAL HEALTH"

"OPTIMUM WELL-BEING"

"IT IS MORE ECONOMICAL TO PREVENT THAN TO CURE ILLNESS"

"SELF TREATMENT WITH VITAMINS AND OTHER FOOD SUPPLEMENTS MAY BE BOTH HAZARDOUS AND COSTLY"

"PREPARATION OF FOOD BY THE HOMEMAKER INFLUENCES THE QUALITY OF NUTRITION OF FAMILY MEMBERS"

"CHILDREN SHOULD KNOW ABOUT THE EFFECTS OF ALCOHOL"

"KNOWLEDGE OF THE BASIC FOUR FOOD GROUPS IMPROVES YOUR EATING HABITS"

"ALL CHILDREN SHOULD BE VACCINATED AGAINST TETANUS"

"ALCOHOL IS BAD FOR YOU"

"EXCESSIVE SMOKING WILL GIVE YOU HEART DISEASE"

"VITAMIN A IS ESSENTIAL FOR GOOD HEALTH"

"THE HEART IS A PUMP"

"HCL IS NECESSARY FOR EFFECTIVE PROTEIN DIGESTION"

* Acceptable concepts for health instruction
Recently, there has been legislation in California state which relates to the idea of accountability of instruction. The teacher is now in the position to be questioned as to whether and to what extent the instructional program has met specific objectives. No longer can we be protected in our classroom; no longer can we say that the classroom is our castle and is not subject to outside review, analysis, and criticism.

What, in fact, do we wish to accomplish in the classroom? What kinds of behavior am I interested in modifying, changing, and/or sustaining in regard to the instructional program? For our purposes in health education, we consider behavior as a tri-dimensional component, namely the cognitive area, which involves the information or intellectual component; the affective, namely the attitude, the feeling; and the overt practice component. Probably the most difficult to measure and assess changes is in the area of attitudes. Most of the work in the field of Psychology has shown us that the attitudes are something that changes from moment to moment depending upon the external as well as the internal forces which effect our sensory input. As the sensory output and input change from moment to moment, the reflection might be noted in the attitude. Is health
educations' function to change attitudes or modify attitude, or, in many cases, support attitudes? I am not of the opinion that everything has to be changed. In many instances what we have to do is reinforce what the student feels rather than change it.

The area which is most influenced by instruction is the cognitive area. I indicated that when we become involved with the area of cognition, we have to become involved with the levels of cognition. These levels of cognition are academic and yet they are realistic. There are levels of cognition ranking from a higher order to a lower order and visa versa. This is most important when we begin the discussion of selecting the kinds of behavioral terms that we utilize in the development of objectives.

We feel very strongly that objectives are central to a successful, effective instructional program in the classroom. There may be some concern about the usage of words. You have heard the term goals, you have heard the term purposes and now you hear the term objective. We choose to believe that the word goal is a teacher term. When we think of the term objectives, we think of it in terms of student outcome. So that goals and objectives placed together in one sentence, can relate to both teacher and student. If certain objectives have been attained, then it is conceivable that a specific goal has been attained.

Now we have an approach which allows us to determine whether and to what extent our objectives have been attained.
We believe that an instruction objective which can be measured must have two basic dimensions.

**A CONTENT DIMENSION**

*SPECIFIC CONTENT TO BE COVERED*

and

**A BEHAVIORAL DIMENSION**

*SPECIFIC BEHAVIORS (cognitive, affective, overt practices) SOUGHT IN THE LEARNER*

**THE FUNCTION OF INSTRUCTIONAL OBJECTIVES**

1. A **GUIDE TO THE SELECTION OF CONTENT**
2. A **GUIDE TO BEHAVIORS SOUGHT IN THE LEARNER**
3. A **GUIDE TO THE SELECTION OF LEARNING OPPORTUNITIES**
4. A **GUIDE TO EVALUATION**

The nature of objectives is to give direction to the instructional program so that we can develop our program and attain whatever objectives you, your school, your principal, your parents, in concert with each other or individually, may feel is the important behavior related to that instruction. The selection of objectives must be made on the basis of the learner, the student in that classroom.
The following are examples of behavioral objectives.

FOLLOWING INSTRUCTION THE STUDENT WILL BE ABLE TO:

IDENTIFY PURPOSES OF FOOD
CLASSIFY FOODS INTO FOUR BASIC FOOD GROUPS
EAT A VARIETY OF FOODS FROM THE FOUR BASIC FOOD GROUPS
IDENTIFY NUTRIENTS PROVIDED BY EACH OF THE FOUR BASIC FOOD GROUPS
EXPLAIN THE CONTRIBUTION OF DIFFERENT NUTRIENTS TO NORMAL BODY FUNCTIONING
INTERPRET THE FUNCTION OF DIGESTION IN THE UTILIZATION OF NUTRIENTS
INDICATE HOW PROCESSING AND PREPARATION MAINTAINS AND ENHANCES FOOD VALUES

Objectives should be related to concepts or "Big Ideas." The following show such a relationship.

BIG IDEA:

MEDICINES CAN HELP THE BODY FUNCTION MORE EFFECTIVELY

INSTRUCTIONAL OBJECTIVES:

THE STUDENT:

DESCRIBES WAYS IN WHICH MEDICINES CAN BE USED TO HELP THE BODY FUNCTION MORE EFFECTIVELY
DISTINGUISHES BETWEEN WISE USE AND INDISCRIMINANT USE OF MEDICINES
We choose to use the term learning opportunity over other terms simply because we feel the term opportunity indicates a more desirable approach to learning; that whatever goes on in that classroom setting is, in fact, an opportunity for that youngster to learn.

More specifically, learning opportunities:

1. Serve as a means to an end. We utilize a classroom activity to attain an objective.

2. Are based on instructional objectives. They serve as a vehicle by which we hope to attain objectives as stated for our instruction.

3. Assist the learner in attaining desired outcomes.

Need for Varied Learning Opportunities

1. To assist the student in attaining a variety of objectives

2. To meet a variety of student needs and interests

3. To stimulate a variety of senses

The planning of learning opportunities must take into consideration a number of variables. The following is a list of criteria for developing and selecting learning opportunities.

1. Points of view within the school and community

2. Mastery of teaching skills

3. Psychology of learning
4. Relationship to instructional objectives
5. Maturity level of the learner
6. Content to be covered
7. Environmental conditions and equipment available
8. Time allotment
9. Class size
10. Time of day
In general terms I believe that too often, in the school situation, we are more concerned with grading than with evaluation. Evaluation means more than just grading. Evaluation is a subjective process while measurement is objective. As you look at the overall evaluation process, what it is in the final analysis is a subjective judgement, perhaps a collection of subjective judgements, as to whether you have accomplished what you set out to accomplish, using whatever criteria you can for measurement along the way and then putting it all together and coming to some conclusion on a subjective basis. The more subjective judgements you can obtain, the closer you come to being objective.

When we talk about evaluation a number of points should be considered in respect to health education:

**PURPOSES OF EVALUATING HEALTH INSTRUCTION**

1. To assess health needs
2. To determine strength and weakness of programs
3. To assess the attainment of behaviors sought

**WHAT TO EVALUATE**

1. Values and points of view
2. Content
3. Objectives
4. Learning opportunities
5. Environment
6. The evaluative process

**WHEN TO EVALUATE**

1. Before the program
2. During the program
3. After the program

Evaluation is a continuous process and is an integral part of the instructional program.

**WHO IS EVALUATED**

1. Students
2. Teachers
3. Administrators
4. People in community

**HOW TO EVALUATE**

**CLINICAL OR SUBJECTIVE**

1. Observations
2. Check Lists
3. Anecdotal Records
4. Case Study
5. Interviews
6. Self appraisal
7. Socio-drama

**STATISTICAL OR OBJECTIVE**

8. Teacher-made tests
9. Standard tests
Topic: "Resources and funds to assist in implementing health instruction"

Speaker: Seymour Eiseman, Dr. P.H.

Ninety-nine percent of funds for instructional programs are provided by the board of education through the tax dollars. A few important points to keep in mind when it is necessary to discuss health instructional programming with your superintendent are:

1. Have you sold the need for the program?
2. Do you feel that health education is vital to youngsters?
3. Remember the sources of funds are important. The tax dollar becomes the basis by which programs are implemented. Many times the implementation has to be a trade-off or a compromise.

In times of budgetary problems many times your health services followed by health instruction are cut or restricted. The whole essence of the health education program is based upon the ability to gain the tax dollar or funding sources to implement:

1. Curriculum study
2. Development of the curriculum
3. Implementation of the curriculum

One of the major concerns health educators are facing today is what will happen to a federally financed program when the funds run out. Will the state take over the program or will it have to be discontinued? No one can say.
First of all, in terms of the requirements for health instruction, there is a general statement:

**Title V, Article 1, Section 8503**
The adopted course of study shall provide instruction at the appropriate elementary and secondary grade levels and subject areas in personal and public safety and accident prevention; fire prevention, the protection and conservation of resources, including the necessity for the protection of our environment; and health, including the effects of alcohol, narcotics, drugs and tobacco upon the human body.

Individuals interpret this statement on health in various ways. If the individual reads it as the whole broad field of health, then this is very nice. If he reads it as including only those items stated, then health is limited. Further mandates include:

**Title V, Article 1, Section 8504**
Instruction upon the nature of alcohol, narcotics, restricted dangerous drugs as defined in Section 11901 of the Health and Safety Code, and other dangerous substances and their effects upon the human system as determined by science shall be included in the curriculum of all elementary and secondary schools...

**Title V, Article 2, Section 8551**
The adopted course of study for grades 1 through 6 shall include instruction, beginning in grade 1 and continuing through grade 6, in the following areas of study: ... (f) Health, including instruction in the principles and practices of individual, family and community health.

At the elementary school level there is no doubt health is one of the subjects that should be taught. But there is no statement regarding how much time should be spent on it.
There are only two subjects in California schools in which there is a time specification; physical education and driver education. So, health in this sense, for the first six grades legally is in the same situation as any other subject matter field; it is one of the subjects that must be taught.

At the secondary school level, health is not identified as one of the specific subjects. Going back to Section 8503, health including alcohol, tobacco and narcotics is supposed to be included at all grades. Unfortunately the broad requirements for health instruction isn't spelled out clearly and if administrators decide that they don't want to include it, health instruction may be omitted.

Another point:

Title V, Article 2, Section 6696.

...To be accredited to recommend candidates for an elementary credential, a teacher education institution shall require every candidate for the credential either to complete a program of courses which include preparation to teach ...personal, family, and community health, including the effects of alcohol, tobacco, dangerous drugs and narcotics on the human body...

What this means is that before a teacher education institution is accredited to qualify students for teaching credentials at the elementary school level, the credential school candidates should have had preparation in all the subjects they are required to teach. This last year a bill was passed by the legislature on minimum requirements for teaching credentials:
Education Code, Chapter 1255, Section 13132.5.
The minimum requirements for the teaching credential also include the satisfactory completion of a unit requirement in health education, including, but not limited to, emphasis on the physiological and sociological effects of abuse of alcohol, narcotics, and drugs and of the use of tobacco.

We now have a requirement that says -- all the teacher education institutions in California --- shall offer at least a minimum of a one unit course in health.

The legislation does not specify whether it will be an upper or lower division course. There are some requirements as to what will be in the course and they are that the student teacher shall:

1. Understand the nature and scope of health education as provided in the Framework for Health Instruction
2. Understand current problems related to individual, family and community health
3. Understand general theories of organizing theories for teaching health education
4. Understand general methods and materials for teaching health education

CHANGES IN CREDENTIALS
Health Services Credential

People in health services have developed a new health services specialist credential for preparation of the school nurse to work in the school. It is a five-year program and has been approved by the Ryan Commission.

OTHER POSSIBILITIES

The Fisher Law teacher preparation was extended to 1979. Under this law, the teacher can prepare in an academic major and minor. At California State University,
Northridge, health science is recognized as an academic subject by the state credential commission.

VENEREAL DISEASE EDUCATION

Guidelines for Instruction of Gonorrhea and Syphilis, Jr. and Sr. High School in California. Sacramento: State Department of Education.

This is a guideline for VD education that has come out of the State Department of Education and is developed on the conceptual approach. Copies can be obtained from the Kern County Superintendent's office by school personnel in this county.

The California School Nurses Association produced a booklet in 1969. Mandates of Interest in Health Services in California Public Schools. The latest updating was 1974 and includes legal requirements for health services and health instruction. This booklet is the best summary available in regard to legal requirements.

PREGNANT MINOR

The girl that is pregnant, still of school age, and in school is covered legally under that section of Title V which includes assistance to physically handicapped children.

The pregnant girl is considered as an emancipated minor and as such, has the rights and privileges of adulthood to the point where parents need not provide permission for any service rendered to the girl of a medical nature. The schools are now in the position to assist this girl, and
that includes transportation to and from a physician if she is not capable of getting there and to and from school if necessary.

Title V, Article 5, Section 3640
Any minor pupil diagnosed by a licensed physician and surgeon as pregnant is eligible...for assignment to a special day class for minors with the same physical condition.

Title V, Article 5, Section 3645
Transportation provided pursuant to Education Code Section 18060 to a pregnant minor "handicapped in mobility" is limited to the period, between the fifth month of pregnancy and delivery, unless the distance exceeds two miles or unless a licensed physician and surgeon finds that walking would be inimical to the health of the expectant mother or developing child.
F. SUMMARY OF GROUP ACTIVITIES-CONTENT AREA
Participants were divided into groups consisting of approximately five individuals, one from each grade level. The purpose of these groups was to: (1) select one of the ten content areas; (2) identify a "big idea" or concept at each of the grade levels; (3) develop instructional objectives related to the "big idea" and; (4) develop learning opportunities that will enable the learner to attain the instructional objectives and "big idea". A summary of selected "big ideas", instructional objectives and learning opportunities produced in the group sessions follows.
CONTENT AREA: ENVIRONMENTAL HEALTH HAZARDS
GRADE LEVEL: Primary
"BIG IDEA": There are a variety of common household items that are hazardous to health.

INSTRUCTION

OBJECTIVE(S): The student will be able to identify hazardous household items by labeling them.

LEARNING

OPPORTUNITIES: 1. Set up a table in the classroom labeled "These household items are not good for you."

2. Permit children to arrange empty containers of harmful items they have brought from home.

3. Label each item and discuss where they should be kept in the home.

4. Discuss the harmful effects of each item and show the danger signs on items.
CONTENT AREA: DRUG USE AND MISUSE
GRADE LEVEL: Primary (K-3)
"BIG IDEA": Some medicines (drugs) can be beneficial or harmful.

INSTRUCTIONAL

OBJECTIVE(S): The student will be able to show the beneficial or harmful effects of medicine by drawing pictures.

LEARNING OPPORTUNITIES:

1. Have children listen to a pharmacist explain use and misuse of medicine.
2. Pharmacist will present film "Safe Places for Medicine-Out of Reach of Small Children."
3. Have children draw pictures of the beneficial effects and harmful effects of medicine.
CONTENT AREA: MISUSE OF DRUGS
GRADE LEVEL: Primary (4-6)
"BIG IDEA": Early misuse of drugs may be detrimental to later psychological development.

INSTRUCTIONAL
OBJECTIVE(S): 1. The learner will tell how drug misuse may cause the user to become psychologically dependent on drugs.
                2. The learner will list and briefly explain in writing some of the mental disorders that may result from drug misuse.

LEARNING OPPORTUNITIES: 1. Make a poster illustrating a mental disorder caused by the misuse of drugs.
                            2. Interview an authority on drug misuse to learn the nature, treatment, and outcome of dependence on given drugs.
                            3. Visit a hospital to get a "first-hand" study of patients suffering from the effects of drug misuse. Respond by writing a brief report on the visit.
CONTENT AREA: DRUG USE AND MISUSE

GRADE LEVEL: JUNIOR HIGH (7-8)

"BIG IDEA": Social situations may influence a young person's misuse of drugs.

INSTRUCTIONAL OBJECTIVE(S): When confronted with drug misuse and social pressure to misuse drugs, students will be able to identify these situations and make decisions independent of social pressure.

LEARNING OPPORTUNITIES:
1. Show a film dramatizing various social situations that pressure students to take drugs.
2. Discuss with class the types of social pressures present at their grade level.
3. Have a psychologist or psychiatrist discuss social and peer pressures with class.
CONTENT AREA: DUG USE AND MISUSE-Harmful
GRADE LEVEL: 9-12
"BIG IDEA": Society and peer groups may affect attitudes of the individual regarding misuse of drugs.

INSTRUCTIONAL OBJECTIVE(S):
1. Discuss ways that peer pressure upon individuals might cause misuse of drugs.
2. List drugs that are socially unacceptable to our community, and also summarize briefly what makes these drugs unacceptable. (personal values, peer pressure, ethnic reasons, geographic location, economics, religions, etc.)

LEARNING OPPORTUNITIES:
1. Have student interview their own peers as to why they do or do not misuse drugs.
2. Use members of the community that represent a sampling of social economic levels as resource people—either as speakers or consultants on drugs.
3. Make reports on individual ethnic groups or religious groups in the community regarding their attitudes toward drugs.
4. Use the library for data on whether economic level or culture has any relevance on drug misuse, and how this has changed in the past 10 years (if it has changed).
5. Have students research why drugs used to be more readily available in larger cities and question whether this is necessarily true today, and what modernization of society may have made drugs more available.

6. Have class visit former drug users in hospitals and try to establish reasons why these users got started on drugs.

7. Have class debate on negative and positive channels of peer pressure.

8. Provide the opportunity to discuss parental attitudes of drugs and what is considered misuse.
CONTENT AREA: DRUG USE AND MISUSE
GRADE LEVEL: 9-12
"BIG IDEA": A teenager may have been exposed to many factors since early childhood which influenced his present attitudes toward drug use and misuse.

INSTRUCTIONAL OBJECTIVE(S): Students explain that attitudes, which are internal, are developed by external factors and motivate behavior.

LEARNING OPPORTUNITIES:
1. Have students examine their own family practice and home medicine cabinet with reference to:
   a. Purchase of over-the-counter drugs.
   b. Disposal of outdated prescriptive medications.
2. Have students compare findings with peers and try to decide if family has good or poor practices and attitudes.
CONTENT AREA: DRUG USE AND MISUSE
GRADE LEVEL: 9-12

"BIG IDEA": There are certain social, biological, and environmental influences on people who misuse drugs.

INSTRUCTIONAL

OBJECTIVE(S):
1. List social influences which result in a person misusing drugs.
2. Explain why people misuse drugs because of environmental influences.

LEARNING

OPPORTUNITIES:
1. Campaign--anti-drugs
2. Poster--made from magazines
3. Interviews with police as to why people abuse drugs.
CONTENT AREA: DRUG USE AND MISUSE
GRADE LEVEL: 9-12
"BIG IDEA": Social interaction may contribute to drug misuse.

INSTRUCTIONAL

OBJECTIVE(S): Discuss peer group pressure as a possible stimulus for drug misuse.

LEARNING

OPPORTUNITIES:
1. Within the specified time limit in class, students can form a group(s) and role play a typical fraternity group. One, or two, or more individuals may play the role of the fraternity candidate.
2. Panel discussion on social groups and their role in modifying an individual's behavior.
3. Library research--bibliography supplied to students.
CONTENT AREA: DRUG USE AND MISUSE
GRADE LEVEL: 13-14
"BIG IDEA": Drugs may have a therapeutic or detrimental effect on the health and well-being of young adults and their offspring.

INSTRUCTIONAL OBJECTIVE(S):
1. The student will list the beneficial and harmful effects of drugs that are used therapeutically.
2. The student will list the immediate and long term effects of "abuse drugs" as they relate to the individual, as well as to family and community.

LEARNING OPPORTUNITIES:
1. Have student bring a report on prescription drugs that a family member or friend takes.
2. Arrange a field trip for students to see children who are mentally retarded due to drug problems of their parents.
3. Invite law enforcement officer to show a display of "abuse drugs" and explain how they affect the community.
CONTENT AREA: DISEASE AND DISORDERS

GRADE LEVEL: Primary (K-3)

"BIG IDEA": Immunization as a method of preventing infectious diseases may be advantageous to individuals and society.

INSTRUCTIONAL OBJECTIVE(S): The children describe common diseases they have had and what can be done to prevent some of these diseases.

LEARNING OPPORTUNITIES:
1. Role playing of doctor, nurse, patient being immunized.
2. A visit from the doctor.
3. Films
4. Flannel board stories
5. Discussion—children tell about their own immunizations that they have had.
6. Community helpers.
7. Children try to tell the difference between well and ill.
8. Children discuss symptoms of diseases.
9. Writing stories.
CONTENT AREA: DISEASE AND DISORDERS
GRADE LEVEL: Junior High (7-8)
"BIG IDEA": Immunization as a method of preventing infectious disease may be advantageous to individuals and society.

INSTRUCTIONAL OBJECTIVE(S):
1. The student will be able to write a definition of immunization.
2. The student will be able to give examples of different types of immunizations.
3. The student will write a paper on the history of the smallpox (or other) vaccine.
4. The student will be able to explain why immunization works.
5. The student will list at least three diseases that people can be immunized against.

LEARNING OPPORTUNITIES:
1. Have students write a report—perhaps give it orally.
2. Show a movie on immunization.
CONTENT AREA: DISEASES AND DISORDERS

GRADE LEVEL: 9-12

"BIG IDEA": Immunization as a method of preventing infectious disease may be advantageous to individuals and society.

INSTRUCTIONAL

OBJECTIVE(S):

1. Student will be able to identify diseases amenable and not amenable to immunization.
2. Student will be able to compare and contrast the benefits of immunization to the society and family.
3. Student will be able to describe natural and acquired immunity.

LEARNING

OPPORTUNITIES:

1. Have group of students interview a physician to identify amenable and non-amenable diseases.
2. Have a second group of students research and prepare a report on immune process and types.
CONTENT AREA: ORAL HEALTH
GRADE LEVEL: Primary (4-6)
"BIG IDEA": The function of the different types of teeth is influenced by the degree of dental care given to them.

INSTRUCTIONAL OBJECTIVE(S):
1. The student will list on a test paper the different types of teeth and each of their functions.
2. From a picture of the set of teeth, the student will label each tooth in the mouth, according to it's classification.

LEARNING OPPORTUNITIES:
1. Have students construct a set of 32 teeth in their correct shapes and label them with their function underneath the label. (Use paper mache, foil, etc.)
2. Have students write a paper on what effects the absence of each type of tooth would have if they were not a part of the whole tooth structure. How will our eating habits change? How will this effect our economy?
CONTENT AREA: ORAL HEALTH

GRADE LEVEL: 9-12

"BIG IDEA": Structure of teeth is affected by dental caries.

INSTRUCTIONAL OBJECTIVE(S):
1. Identify and discuss the structure of a tooth.
2. Describe how decay destroys the structure of a tooth.

LEARNING OPPORTUNITIES:
1. Show films and slides.
2. Have dentist lecture and conduct a demonstration.
CONTENT AREA: MENTAL, EMOTIONAL HEALTH
GRADE LEVEL: 9-12
"BIG IDEA": One can promote an environment for positive mental growth and development.
INSTRUCTIONAL OBJECTIVE(S): The student creates rich experiences (or environment) which are conducive to optimal levels of emotional health and growth.
LEARNING OPPORTUNITIES: 1. Have students write a paper about an ideal environment which can provide optimal levels of emotional health and growth.
CONTENT AREA: MENTAL, EMOTIONAL HEALTH

GRADE LEVEL: 9-12

"BIG IDEA": An emotionally developed person strives to broaden his personal relationships by accepting others as being individuals with a mutual feeling of respect and understanding.

INSTRUCTIONAL OBJECTIVE(S):

Explain the idea of mutual respect for individuals in developing positive relationships.

   a. being open with problems and ideas
   b. being honest with one another
   c. considering the feelings of others
   d. helping to make each individual independent

LEARNING OPPORTUNITIES:

1. Role playing by two individuals
2. Movie on relationships with others
3. Case study questions on individuals who are having problems in a relationship-how it can be solved.
4. Write a paper on qualities you look for in a friend.
CONTENT AREA: MENTAL, EMOTIONAL HEALTH

GRADE LEVEL: 13-14

"BIG IDEA": Insight into emotional problems/mental illness is a prerequisite for successful treatment.

INSTRUCTIONAL OBJECTIVE(S):

1. Explain the importance of recognizing warning signals of emotional problems/mental illness.
2. Identify areas where treatment is available and how to get necessary help.

LEARNING OPPORTUNITIES:

1. T-group demonstration/participation
2. Field work with the mentally ill in various treatment settings.
3. Sociodrama
4. Contact key people in area of treatment for discussion on emotional problems.
G. SUMMARY OF RESOURCES

IDENTIFIED BY SMALL GROUPS
HEALTH TEACHING RESOURCES

LOCAL RESOURCES

FILMS:

"Marijuana" - Bakersfield Police Department
"Stresses and Strains" - Kern Co. Health Department
"The Story of Eric" - Family Planning
"I'm Pregnant-What do I do?" - Adoption Agency
"Young Alcoholics" - Kern Co. Health Department

ORGANIZATIONS:

1. Tehachapi Prison -- Speakers
2. Teen Challenge -- Drug speakers
3. Bakersfield Police Department -- Bike safety
4. Cancer Society -- Lung models
5. Mental Health Association -- Speakers
6. Sierra Club -- Environment speakers
7. Retarded Childrens Assoc. -- Speakers
8. Kern Co. Sheriff Department -- Safety, drugs
9. Alcoholics Anonymous -- Speakers
10. Welfare Department -- Nutrition program
11. Diabetic Association -- Speakers
12. Seventh Day Adventists -- How to Stop Smoking

INDIVIDUALS

Ardis Chaney, R.N.
Bakersfield College Dental Students --
    check k-3 student's teeth
City Fire Department -- "Resusci Annie"
Ambulance Service -- First aid
Harry Felcher -- A.A.A.

Dr. Dexter, M.D., Porterville -- Chromosomal Aberrations
Ruth Sutton, R.N., Porterville -- First aid, Growth and Development

Arlene McGregor, R.N., Porterville -- Mental Retardation
Ilene Kutzner, R.N., Porterville -- V.D. and Nutrition

James T. Shelton, M.D. -- Porterville State Hospital
E.W. Flickinger, D.D.S. -- Oral Hygiene

STATE RESOURCES

ORGANIZATIONS
1. California Medical Association -- monthly newsletter
2. California Dental Society
3. State Health Department -- newsletters

LITERATURE
1. C.S.H.A. Journals
2. C.A.H.P.E.R. Journals
3. California Framework for Health Instruction
4. University of California Extension -- Nutrition

NATIONAL RESOURCES

INDUSTRY
1. Colgate -- "Tuffy Tooth" film
2. Kleenex Corp. -- "How to Catch a Cold" film
3. Florida Citrus Growers -- poster on diet and
dental health

4. Eli Lilly Co. -- Diabetic information
5. Sandoz-Central Nervous System Diagrams and information
6. Winthrop Co. -- information on Acne
7. Tampaz Co. -- Diagrams on female reproductive system
8. Burroughs-Wellcome Co. -- Models of eye, ear and foot
9. Mead Johnson Formula -- Growth and development charts
10. Ross Laboratory -- Growth and development charts
11. Proctor & Gamble (Crest) -- Dental kits and posters

ORGANIZATIONS:

1. World Health Organization
2. Food and Drug Administration
3. American Dental Association
4. National Dairy Council
5. American Association for Health, Physical Education and Recreation
6. American Medical Association
E. LIST OF PARTICIPANTS
List of Participants

Anderson, Ellen  
3819 Phaffle Dr.  
Bakersfield, California  
832-4793

Aubin, Ruth Luverne  
119 Cedar Street  
Bakersfield, California  
322-4231

Beal, Carolyn  
125 Real Road, Apt. N  
Bakersfield, California  
327-2688

Brierley, Evelyn Jane  
101 Western Drive  
Bakersfield, California  
324-1579

Brown, Margaret  
2630 17th Street  
Bakersfield, California  
323-7783

Carter, Velaska  
912 Terrace Way, Apt. A  
Bakersfield, California  
831-4438

Cooper, Freda Estell  
2548 South West Street  
Visalia, California  
209-732-4796

Curran, Muriel Elizabeth  
3006 Crest Drive  
Bakersfield, California  
871-6015

Cornesky, Robert Dr.  
9001 Stockdale Highway  
Bakersfield, California  
833-3161

Edwards, Trudy Diane  
2040 W. Avenue, J 13, Apt. 13  
Lancaster, California  
373-8462

Evans, Dorothy Jean  
3512 D Sampson Court  
Bakersfield, California  
833-8461

Farrell, Patricia Ann  
P.O. Box 232  
Woody, California  
725-4391

Fraker, Deanne  
2008 Anita Lane  
Bakersfield, California  
833-0922

Gandy, Gayle Marie  
24623 Road 224  
Lindsay, California  
209-562-2271

Humphrey, Carol  
2412 Gill Avenue  
Bakersfield, California  
871-4873

Gould, Peggy Jean  
26204 Road 212  
Exeter, California  
209-592-5297

Hoagland, Eleanor Theresa  
2415 Pine Street  
Bakersfield, California  
322-2485
Edgmon, Edward C.
2704 Peerless
Bakersfield, California
399-6326

McGregor, Arlene Joyce
P.O. Box 222
Exeter, California
209-564-2809

Peck, James
4313 Axminster
Bakersfield, California
831-9687

Peck, Theresa Alice
4313 Axminster
Bakersfield, California
831-9687

Preston, Patrick
716 Cherokee Street
Bakersfield, California
834-1997

Rettstatt, Ruth Ann
1320 Beryl Drive
Bakersfield, California
832-3130

Rimmer, Micheal Bruce
2720 Occidental
Bakersfield, California
872-1041

Salzman, Gerald Roger
2802 Peerless Avenue
Bakersfield, California
393-0851

Schapper, Bob
17900 Schoenborn, #26
Northridge, California
213-885-8500

Schilling, Kathy
1821 Lacey Street, Apt. D.
Bakersfield, California
834-1911

Kuney, Cheryl L.
1124 Madison
Delano, California
725-1277

Tai, Pearl
110 L Street
Bakersfield, California
322-4794

Sutton, Ruth E.
1836 West School Avenue
Porterville, California
209-784-0744

Wattenbarger, Beverly L.
1000 W. Columbus, #56
Bakersfield, California
324-8259

Wells, Patricia L.
802 Kelton Street
Tehachapi, California
822-3945
I. SUGGESTED ROLES OF GROUP PARTICIPANTS, LEADERS AND RECORDERS
SUGGESTED ROLES OF GROUP PARTICIPANTS

LEADERS AND RecorderS

I. GROUP PARTICIPANTS

A. DYNAMICS OF PARTICIPATION (32)

1. Every participant in a small group discussion is in direct and dynamic relationship with everyone else in the group. He communicates unilaterally with each person in the group and with the leader, yet every participant is a listener and reacts in some way to every communication which appears to be between two persons.

2. Participation in discussion is largely a series of interpersonal relationships between you and others in the room. Interpersonal communication is the fundamental basis of our interpersonal relations and likewise of the whole discussion process. There are some characteristics of the communication process which must be understood.

a. First, it is a two-way process, not a one-way street from speaker to listener. As the speaker talks, the listener reacts and thus influences the speaker. Thoughts and reactions are exchanged between the two as the process really becomes more than two-way and develops into a circular process.
b. Second, at least as much consideration must be given to the skill of listening as to the skill of speaking. Listening is an active part of communication.

c. Third, all communication takes place in some particular situation, not in a vacuum. Both speaker and listener must relate what they say and hear to the situation at hand.

d. Fourth, there are always barriers that are constantly thwarting the process of communication. Resolving most of the barriers to communication is a matter of speaking and listening as much as possible with the other person's position and interest in mind.

3. Human relations and the general endeavor to improve the way each of us get along with others is the broad goal of all interpersonal communication, and it is part of the goal in any discussion. It is why one must listen for understanding while trying to locate areas of agreement or common ground, rather than ways to refute.

4. This does not mean that you should never feel free to oppose and refute a point if evidence is available to advance your own position.
Everyone has this right, and he would not be honest with himself or with the group if he did not forthrightly express his opinion. The important thing is to use tact and an attitude of conciliation in answering the point or argument of another person.

B. PARTICIPANT'S RESPONSIBILITIES

1. Develop a proper attitude.
   A proper attitude is one of cooperation toward the group and the objective of the meeting and one of inquiry and open-mindedness toward the discovery of the best decisions for the good of most people.

2. Have respect for other members.
   A respect for other members and for what they say is stressed in regard to the need for understanding background, position, interests, feelings, and prejudices in regard to answering their points in a pleasant and conciliatory manner. Probably the most important aspect of your responsibility to respect others is the way you listen to them. Listening becomes a major tool as well as a responsibility for the participant in a conference.

3. Help shape goals and decisions.
   In helping to shape goals and decisions, you assume your responsibility along with other
members for the successful outcome of the meeting. The following is a suggested list of specific ways a member can help shape and guide the discussion:

a. Keep within the approximate agenda as indicated by the leader.

b. Avoid lengthy speeches and arguments.

c. Make or suggest making internal summaries or transitions.

d. Think constructively toward supporting proposals that are in the best interest of the group.

4. Participate appropriately.

Appropriate participation is your end goal as a group member. You must have a proper attitude, a respect for others, a desire and ability to listen, and a willingness to help shape group goals if you are to participate well as a speaker in group discussion.

C. ADDITIONAL SUGGESTIONS FOR SECURING MAXIMUM RESULTS (32)

1. Participate early so that you make your presence known and felt throughout the meeting.

2. Feel free to participate often as long as you have something to say. High participation is not necessarily disliked by other group members.
3. Supply information and facts when you can and when they will be useful to the group. Ask questions seeking information as appropriate.

4. Vary your participation from questions, information, opinion, and proof.

5. Time your participation appropriately. Do not make lengthy remarks at any one time; one minute is ordinarily enough.

6. Avoid argument and taking issue with others during the early part of a problem-solving discussion.

7. In taking issue with another, use the principles of tact and conciliation.

8. In advancing a point, use sound reasoning and good evidence and proof.

9. Use language that others understand. Stop and define or explain new terms.

10. Contribute spontaneously without being called on, as long as you don't interrupt a speaker.

II. GROUP LEADER

A. GROUP LEADERS NEEDS, FUNCTIONS AND PROCEDURES (30)

1. Awareness of his own impact on a group—Many people who are alert to human responses in their ordinary business and social contacts become quite insensitive when they are functioning in a group. Sensitivity is doubly
important if you are the leader of the group. You need to recognize the effects of other people's behavior on you.

2. Insight into the needs, abilities and reactions of others-
Insight into the needs and abilities of others is another form of sensitivity that pays big dividends in group leadership.

3. Sincere belief in the group approach to problem solving-
The group approach enables you to bring a wide variety of experiences, backgrounds, viewpoints and technical competences to bear on a problem. Group procedures also tend to lead to more creative solutions. People feel committed to a decision which they have helped to reach.

4. Understanding of what makes a group tick-
An understanding of what makes a group tick will enable you to follow several basic rules for releasing the group potential.

   a. Define clearly the problem.
      Try to get a single, sharply focused question before the group.

   b. Clarify the jurisdiction of the group.
      How much latitude does it have for reaching a decision? Is it serving merely in an advisory capacity, or is it
fully responsible for a binding decision? Uncertainty on these points will cause members to be wary about giving their opinions.

c. Try to create a relaxed, permissive atmosphere.

d. Withhold your own ideas about a solution, if you have any, until late in the sessions. If you put them on the table too early, you may give the group the false impression that you have already made up your mind and are merely looking for yes men.

e. Elicit as many ideas as possible before beginning to evaluate or criticize any particular solution.

f. Keep personalities and personal rivalries out of the picture as far as possible by giving each proposal a neutral designation—"plan A" or "suggestion number 1."

g. Don't ask the group to guess when it's possible to get facts.

h. Aim for a consensus of the group, rather than take a vote. A consensus is usually not too hard to obtain if you make it clear that the decision will be subject
to revaluation later if necessary.

5. Flexibility as a leader or member-
Try being flexible. Most people tend
unconsciously to cast themselves in the same role
at every meeting they attend. But it is much
better for the group—and for your relations
with the group—if you vary your role from time
to time. Try out a new role and see how you
feel about it, and how the others react to it.
If you've always been an idea giver, see how
much more you can accomplish in a group through
a little versatility.

III. GROUP RECORDER

The group recorder will indicate from his notes how the
meeting was opened, what issues were discussed, how
conflicts were settled and what decisions were, or were not,
made.(28)

In performing his specific function the group recorder
will:(31)

1. Keep a record of the main problems, issues, ideas,
facts, and decisions as developed in the
discussion.

2. Summarize points and report to group at
appropriate intervals.

3. Give the notes to the group leader at the end
of each meeting.
4. Consult with group about kind of final reports they would like made.

5. Prepare final group report and be responsible for getting it into the right hands.
J. QUESTIONNAIRE AND RESULTS
HEALTH SCIENCE WORKSHOP QUESTIONNAIRE
CALIFORNIA STATE COLLEGE, BAKERSFIELD
March 22-23, 1974

NAME: ____________________________ ; AGE __________ ; SEX __________

HOME ADDRESS: __________________________ ; PHONE __________

BUSINESS ADDRESS: __________________________ ; PHONE __________

LEVEL OF INTEREST: __________________________
   Elementary ______
   Jr. High ______
   Secondary ______
   Jr. College ______
   College ______
   Other ______

POSITION: __________________________
   Nurse ______
   Teacher ______
   Administrator ______
   Student ______
   Other ______

DEGREE: __________________________ ; Major __________ Minor __________

1. How long have you been in your present position? ______

2. Are you presently teaching in the area of health education? ______

   If the answer is YES--

      a. How long have you been teaching health education? ______

      b. What other classes are you teaching? ______

3. Is this the first health science workshop you have attended? ______

   If the answer is NO--

      a. List previous health science workshop titles and date of attendance. __________________________

   __________________________
If the answer is YES--

a. For what purpose did you attend this workshop?

4. Would you be interested in attending future workshops covering specific content areas?

Please indicate the areas of particular interest:

- Consumer Health
- Family Health
- Nutrition
- Community Health
- Disease and Disorders
- Others
- Mental-Emotional Health
- Oral Health, Vision, and Hearing
- Exercise, Rest, and Posture
- Environmental Health Hazards
- Drug Use and Misuse

Comments:
SUMMARY OF RESULTS

Twenty-nine of the thirty-three registered participants completed the Health Science Workshop Questionnaire. The following is a compiled summary of results.

LEVEL OF INTEREST:  POSITION:

Elementary  35%  Nurse  15%
Jr. High  2%  Teachers  80%
Secondary  45%  Administrators and Students  5%
Jr. College  18%  

Degree - included 9 BA, 7 BS, 1 AA, 8 nurses and 5 MA.

Approximately 10% of participants have a major or minor in Health Education.

Sixty-five percent of participants are presently teaching Health Education.

Seventy-five percent of participants had not attended any previous Health Science Workshop.

Eight-six percent of participants attended this workshop to gain knowledge and upgrade teaching of health science. The rest attended for the college credit to gain increase in salary.

Ninety-seven percent of participants were interested in attending future workshops covering specific health content areas. The following is the participants' ranking of health interest.

1. Mental-Emotional Health
2. Drug Use and Misuse
3. Family Health
4. Nutrition
5. Oral Health, Vision and Hearing
6. Disease and Disorders
7. Exercise, Rest, and Posture
8. Consumer Health
9. Community Health
10. Environmental Health

Additional comments included:
"Speakers were great"
"Too general"
"Excellent speakers and organizers"
"Very worthwhile"
"Would have liked more sharing of lesson ideas"
"Enjoyed workshop"
"Enjoyed the speakers immensely"
"Expected to receive more help during workshop"
"Been greatly motivated"
K. ADDITIONAL LIST OF RESOURCES
ADDITIONAL HEALTH TEACHING RESOURCES

RESOURCES LOCATED IN BAKERSFIELD

Children's Home Society of California
703 Truxtun Avenue
Bakersfield, California 93301 (324-4091)

Kern County Welfare Department Adoption Agency
1800 19th St.,
Bakersfield, California 93301 Mr. L.W. Colson, Super.

Gloria Runyan, Home Advisor:
Expanded Nutrition Education Program
Agricultural and Home Economics Services
Agricultural Extension Service, University of California
2610 "M" St.,
P.O. Box 2509, Bakersfield, California 93303 (861-2631)

Mr. John O. Hoyt, Farm Advisor: Education Facilities
Agricultural and Home Economics Services
Agricultural Extension Service, University of California
2610 "H" Street
P.O. Box 2509, Bakersfield, California 93303 (861-2631)

Alcoholics Anonymous
1001 34th Street
Bakersfield, California 93301 (322-9412)

Al-ANON Family Group
1001 34th Street
Bakersfield, California 93301 (322-9412)

(Angellic Rehabilitation-Recovery House)
Andy's Boarding Home
2429 19th Street
Bakersfield, California 93301 (322-9372)

Director, 12th Step House
2429 19th Street
Bakersfield, California 93301 (322-9372)

Mrs. Turner, Bakersfield Braille Center
Veteran's Memorial Hall
Mt. Vernon and Ridge Road
Bakersfield, California (322-8574)

Counselor: Visually Handicapped Persons
State Department of Rehabilitation
520 Kentucky Street, Room 4
Bakersfield, California 93305 (323-2911)
Librarian, Beale Memorial Branch Library  
Books for the Blind  
1315 Truxtun Avenue  
Bakersfield, California  93301  
(861-2135)

Ostin Trogdon  
Community Council of Metropolitan Bakersfield  
1525 Brundage Lane  
Bakersfield, California  93304  
(325-0715)

Charles Siplin, Executive Director  
FRIENDSHIP HOUSE  
2709 Buena Vista  
Bakersfield, California  93304  
(323-1643)

Juan Govea  
C S O BUYERS CLUB  
719 Sumner Street  
Bakersfield, California  93305  
(323-7410)

Volunteer Bureau  
331 Truxtun Avenue  
Bakersfield, California  93305  
(325-9119)

Librarian, Beale Memorial Branch Library  
Shut-In Services  
1315 Truxtun Avenue  
Bakersfield, California  93301  
(861-2135)

Mr. Clifton Morris, Director  
Kern County Probation Department  
Adult Division  
1415 Truxtun Avenue  
Bakersfield, California  93301  
(861-2451)

Greater Bakersfield Council of Churches  
500 Truxtun Avenue  
Bakersfield, California  93301  
(325-8794)

Consumer Credit Counselors  
1304 Chester Avenue  
P.O. Box 1842  
Bakersfield, California  93301  
(324-9628)

Rudy Gilmore, Executive Secretary  
Planned Parenthood Association of Kern County  
238 18th Street, Suite 6  
Bakersfield, California  93301  
(322-3651)
Dr. Kenneth Brouse  
Golden Empire Counseling Center  
1217 17th Street  
Bakersfield, California 93301  
(323-8287)

Neil Scott, Director  
Crisis Center  
700 19th Street  
P.O. Box 44  
Bakersfield, California  
Hotline (323-HELP)

Larry Fogle, Director  
Alliance for Drug Education and Prevention  
2000 Brundage Lane  
Bakersfield, California  
(322-7842)

Dr. David Hewes  
PARENTS EFFECTIVENESS TRAINING CLASSES  
518 Haberfelde Building  
1706 Chester  
Bakersfield, California 93304  
(323-1016)

Executive Director  
Kern Regional Center for Services to the Retarded  
2330 Truxtun Avenue  
Bakersfield, California 93301  
(327-8531)

Employment Office, California Department of  
Human Resources Development  
1924 Q Street  
Bakersfield, California 93301  
(327-4692)

WIN/EMPLOYABLES OFFICE  
1920 Q Street  
Bakersfield, California 93301  
(327-4692)

Job Corps  
1920 Q Street  
Bakersfield, California 93301  
(327-4692)

REGIONAL OCCUPATIONAL CENTER OF KERN  
3511 Union Avenue  
Dr. Robert L. Illinik  
P.O. Box 266  
Bakersfield, California 93302  
(324-6091)

VOCATIONAL REHABILITATION SERVICES  
California State Department of Rehabilitation  
520 Kentucky Street, Room 4  
Bakersfield, California 93305  
(323-2911)
Mrs. Hortencia Solis  
Mexican-American Opportunity Foundation  
Youth Apprenticeship Program  
814 E. California Avenue  
Bakersfield, California 93307  
(325-0751)

Carol Heppe, Student Teacher Coordinator  
KERN ADULT LITERACY COUNCIL  
238 18th Street  
Bakersfield, California 93301  
(324-3213)

KERN COUNTY HEALTH DEPARTMENT  
1700 Flower Street  
Bakersfield, California 93302  
(861-2231)

Kern County Epilepsy Society  
331 Truxtun Avenue, P.O. Box 3427  
Bakersfield, California 93305  
(322-6546)

Kern County Society for Crippled Children  
and Adults of Kern County  
(The Easter Seal Agency)  
610 4th Street  
Bakersfield, California 93304  
(322-5595)

Mrs. Howard Zimmerman, Kern County Association  
for Neurologically Handicapped Children  
709 Elsey Street  
Bakersfield, California 93309  
(323-6906)

EMPHYSEMA CLUB OF KERN COUNTY  
1903 23rd Street  
Bakersfield, California 93301  
(322-3530)

KERN OSTOMY ASSOCIATION  
Mrs. Ethel Mae Hall, President  
128 Decatur Street  
Bakersfield, California  
(399-5661)

BUCK OWENS HEALTH AND RESEARCH  
ORGANIZATION OF KERN COUNTY  
P.O. Box 5256  
Bakersfield, California 93308

Stewart Lolchin, Greater Bakersfield  
Legal Assistance, Inc.  
703 Sumner Street  
Bakersfield, California 93305  
(325-5943)
American Cancer Society
Kern County Branch
220 18th Street
Bakersfield, California 93301  (324-3421)

Houchlin Community Blood Bank
2601 G Street
Bakersfield, California 93301  (327-8541)

American Lung Association
Mrs. Mary Hildebrand, Executive Director
1903 23rd Street
Bakersfield, California 93301  (327-1601)

Kern County Heart Association
612 18th Street
P.O. Box 2111
Bakersfield, California 93301  (327-0921)

Roy M. Smith, Executive Director
Bakersfield Association for Retarded Children
530 Fourth Street,
Bakersfield, California  (327-0921)

Kern County Mental Health Services Department
MENTAL HEALTH CLINIC
1960 Flower Street,
Bakersfield, California  (861-2251)

Kern County Mental Health Services Department
DAY CARE CENTER
1819 Jessie Street
Bakersfield, California  (861-2251)

Philip M. Foley, Drug Abuse Program Coordinator
Kern County Mental Health Services Department
1960 Flower Street
Bakersfield, California  (861-2251)

Kern Regional Center
California State Department of Mental
Retardation and Disabilities Services
2330 Truxtun Avenue
Bakersfield, California  (327-8531)

Miss Helen Marshall
NEW HORIZONS CLUB
Alternate Care Services Unit
520 Kentucky Street
Bakersfield, California  (327-5515)
Sylvia Presthes, MARILY ADAMS SUICIDE PREVENTION CENTER OF BAKERSFIELD
800 11th Street
Bakersfield, California (325-1232)

Robert Brooks, Executive Director
"Helping People Help Themselves"
KERN COUNTY ECONOMIC OPPORTUNITY CORPORATION
220 Eureka Street
Bakersfield, California (323-7811)

Howard O. Campbell
Young Men's Christian Association
900 17th Street
Bakersfield, California (327-8455)

Young Women's Christian Association
1130 17th Street
Bakersfield, California (323-6072)

Social Security Administration
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
2619 F Street
Bakersfield, California (323-7676)

American Red Cross, VETERAN'S SERVICES
Chapter Headquarters
239 18th Street
Bakersfield, California (324-6427)

Rev. and Mrs. Alonso Heath
Bakersfield Rescue Mission
830 Beale Street
Bakersfield, California (325-0863)

Kern County Welfare Department
1115 26th Street
Bakersfield, California (861-3344)

Salvation Army
724 East 21st Street
Bakersfield, California (327-3086)

RESOURCES LOCATED IN KERN COUNTY

Alcoholic Rehabilitation Center
Wheeler Ridge Road
Arvin, California 93202 (845-0709)
A.R. McCorkle, ACSW, Executive Director
Desert Counseling Clinic, Building 00671
Corner Lauritsen and Minits (714-375-1441)
P.O. Box 5246 Ext. 3761 or 3762
China Lake, California

Delano Family Planning (725-4780)
617 Ellington Street
Delano, California

Shafter Family Planning
C.U.P.C. Center (746-6155)
147 Central Avenue
Shafter, California

CALIFORNIA STATE RESOURCES

Braille Institute of America, Inc. (Books and Appliances for the Blind and Physically Handicapped)
741 N. Vermont Avenue (213-663-1111)
Los Angeles, California 90029 (213-660-3880)

Mr. Benny O. Larsen, Executive Director
Guide Dogs for the Blind, Inc.
P.O. Box 1200 (415-479-4000)
San Rafael, California 94902

Albany Orientation Center for the Blind
400 Adams,
Albany, California 94706

John R. Longley, Coordinator
CALIFORNIA COUNCIL ON CRIMINAL JUSTICE
REGION VII-SOUTH
P.O. Box 1441, East Bardsley Road
Tulare, California 93274 (209-686-0028)

State of California - Department of Corrections
Parole and Community Services Division
511 18th Street
Bakersfield, California (325-5773)

S.B. Hill, M.S.W., Executive Director
Antelope Valley Mental Hygiene Clinic
1515 East Avenue, J., Suite B (942-9800)
Lancaster, California 93534 (942-3518)
California State Department of Mental Hygiene
Alternate Care Services Unit
520 Kentucky Street, Room 9
Bakersfield, California (327-5515)

UNITED STATES HEALTH RESOURCES

American Foundation for the Blind, Inc.
15 West 16th Street
New York, New York 10011

UNITED STATES DEPARTMENT OF JUSTICE
800 Truxtun Avenue
Bakersfield, California (323-7676)
UNITED STATES IMMIGRATION AND NATURALIZATION SERVICE
Border Patrol
800 Truxtun, Room 131
Bakersfield, California (323-7676)
CHAPTER IV.
EVALUATION

It was determined by the workshop staff in the primary planning stages that the workshop staff and participants should evaluate the outcome of the workshop to: (1) determine if workshop objectives had been met (question 5a through 5d, Section I, and questions 3 and 4 in Section II); and (2) serve as a guide for modification of future instructional programs (questions 1 through 4 in Section I and questions 1, 2 and 5 in Section II).

The basic format for the evaluation form has been used in previous workshop evaluations\(^3\) and as Rosenshine stated, "... evaluators frequently select a general category system which has been used in some other program in the hope that it will be useful for their specific purposes." (35:293)

The evaluation form and cover letter (see Appendices C and D) were mailed to the thirty-three health science workshop participants on April 1, 1974. The Program Director, Program Designer and the two consultants were requested to fill out the evaluation form also. Twenty-six of the possible thirty-seven forms were returned for consideration.
## RESULTS OF EVALUATION

### I. GROUP SESSIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How satisfied were you with the conclusions or decisions reached within your group?</td>
<td>17</td>
<td>9</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2. How productive was this discussion in terms of new ideas?</td>
<td>18</td>
<td>7</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3. Was the atmosphere of the group conducive to effective communication?</td>
<td>21</td>
<td>5</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4. Were adequate information and directives given to enable the group to function satisfactorily?</td>
<td>21</td>
<td>5</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>5. To what extent were the group discussions of value?</td>
<td>17</td>
<td>8</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>a. In developing &quot;big ideas&quot;...</td>
<td>15</td>
<td>9</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>b. In developing instructional objectives</td>
<td>15</td>
<td>10</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>c. In developing learning opportunities</td>
<td>15</td>
<td>10</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>d. In developing general resource information...</td>
<td>13</td>
<td>11</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
II. GENERAL SESSIONS:

1. To what extent did this workshop help better prepare you to teach in the area of health?..............
   Excellent 19  Average 17  Poor 0

2. To what extent do you think you will be able to utilize this information in your classroom................
   Excellent 18  Average 7  Poor 1

3. To what extent will the Framework for Health Instruction assist you in designing health instruction?........
   Excellent 24  Average 2  Poor 0

4. To what extent will this workshop help you in designing health instruction curriculum?................
   Excellent 21  Average 5  Poor 0

5. Please rate this workshop with other courses or workshops you have attended.......  
   Excellent 21  Average 5  Poor 0
III. ADDITIONAL COMMENTS

Six people made specific comments:

"I feel a follow-up workshop would be of great benefit!"

"Particularly found the two speakers from Northridge outstanding and informative men."

"More classes regarding techniques and specialized instructions in individual fields of health."

"Generally, I think the workshop was helpful and very informative. The group sessions, however, did not allow enough time to really develop ideas..."

"I recommend that there be a workshop for Health instruction learning opportunities. Now that we've concluded a workshop on objectives, I feel the next step should be in how to obtain our objectives through stimulating and exciting teaching methods and relevant methods."
CHAPTER V
DISCUSSION

The health science workshop, "Strategies for Health Instruction in California Public Schools," blended the community and professional resources available in Kern County. It succeeded in providing the workshop participants with the opportunity to develop health curriculum and assisted them in designing health instruction curriculum. The participants particularly valued the information given on the Framework for Health Instruction.

The general feeling on the part of the participants at the conclusion of the program, was one of commitment and involvement. Many participants commented that they sincerely hoped this workshop was the beginning of many health workshops and these individuals further volunteered to assist in planning, organizing and producing future health workshops.

Mrs. Caspary-Ruoss, Interim Director Southern San Joaquin Valley Health Manpower Consortium, Inc., stated at a post workshop conference that because of this workshop's success, funds for future health education workshops had been requested in the Consortium's budget request to the California Regional Medical Program. Appropriation of these funds will be a significant asset in planning future health education workshops.
The Health Science Questionnaire given to the participants, in which they ranked health content for future workshops, will aid greatly in selecting future course content.

The most significant drawback of the experience was the problems involved in the pre-planning stages. In particular, the forms of communication were quite satisfactory, but lacking knowledge of the health educationally involved individuals in the school districts that would benefit from and pass on the information was a distinct limitation. Through this experience, the workshop planners have begun to compile a list of important contacts and resources of health education personnel in the community for future use.

Another drawback, that became evident during the workshop, was the participants desire for copies of overhead material used by consultants. It had been previously determined that this material would be reproduced along with other materials produced at the workshop and forwarded to the participants at a later date. This material would, undoubtedly have been more effective if the participants could have had copies at the time the consultants were discussing the material and would have aided them in making relevant notations.

Two other main areas of concern of the participants, which became evident during the workshop and is reflected in the participants evaluations, was the work group
sessions and their concern that: (1) they would have preferred working with individuals on their own grade level; and (2) they did not have enough time allotted during work sessions for effective development of ideas.

It was determined by the workshop staff that the work groups would be a multi-grade level composite to promote the idea of health curriculum progression. Once this idea was explained to the participants, they appeared to support the action and worked effectively. On evaluation, though, a number of individuals were less than satisfied with the arrangement.

The second concern of inadequate time was well founded and, no matter how well planned, a workshop program has the tendency to devour time. Even with the shortness of time, the participants did develop a variety of lesson plans and a resource packet. Because of the format of this program, two consecutive days, there was no time available to reproduce materials developed and return them immediately for the participants use. Possibly programs set up on two consecutive Saturdays would be more appropriate for providing time to reproduce materials and, thus, avoid the participant's sense of non-accomplishment.

The health science workshop staff, including consultants, did feel a sense of accomplishment at the end of this experience. We were greatly pleased with the participants' sharing of information, the materials produced, and with the immediate feedback and enthusiasm. The Health Sciences
Department, California State College, Bakersfield plans to pursue the prospects of setting up and offering a continuing series of health education courses through the Extension. With the Consortium's interest and funding and the willingness of the community to work and put the programs together, the acceptability and success of the programs are enhanced.
BIBLIOGRAPHY
BIBLIOGRAPHY

In-Service Education


Interviews


20. Cornesky, Robert Dr. Associate Professor, California State College, Bakersfield, California. Interview, 5 December 1973.


Workshop Program


Evaluation


APPENDIX A

HEALTH SCIENCE WORKSHOP Flier
HEALTH SCIENCE WORKSHOP
MARCH 22-23, 1974
HEALTH SCIENCE WORKSHOP
Theme
STRATEGIES FOR HEALTH INSTRUCTION IN CALIFORNIA PUBLIC SCHOOLS
Sponsored by
DEPARTMENT OF HEALTH SCIENCES
CALIFORNIA STATE COLLEGE
BAKERSFIELD, CALIFORNIA
Coordinated by
SOUTHERN SAN JOAQUIN VALLEY HEALTH MANPOWER CONSORTIUM, INC.
A Project of California Regional Medical Programs
5001 Stockdale Highway
Bakersfield, California

TENTATIVE TOPIC SCHEDULE
Friday - March 22, 2-4 p.m.
1. Health sciences curriculum development. (7:00-9:00 p.m.)
2. Health services, programs, and evaluation. (7:00-9:00 p.m.)
Saturday - March 23, 9-4 p.m.
3. How to organize health instruction within a school or district. (9-11 a.m.)
4. How to conduct health instruction. (11:15-12:30 p.m.)
5. Health instruction in the classroom. (1:30-3:30 p.m.)

APPLICATION
Please enroll me for the Health Science Workshop, March 22-23, 1974
NAME ____________________________
DEGREE ___________________________
POSITION __________________________
SCHOOL ___________________________
PHONE (home) _____________________ (work)
ADDRESS (home) ___________________

1. Credit (1 credit unit) - $0.00 (credit and non-credit)
2. Non-credit $4.00 (cost of materials only)
MAIL TO: Marion F. Fodor, Ph.D., Chairman, Department of Health Sciences, California State College, 5001 Stockdale Highway, Bakersfield, CA 93301
SOUTHERN SAN JOAQUIN VALLEY HEALTH MANPOWER CONSORTIUM, INC., 930 New Time Road, Bakersfield, California

Appendix A  Health Science Workshop Flier
APPENDIX B

HEALTH SCIENCE WORKSHOP POSTER
HEALTH SCIENCE WORKSHOP

Strategies for Health Instruction in California Public Schools

SPEAKERS:

- Dr. Joseph C. Sutton, M.D.
  Director of Health Science Education
  California State University, Sacramento

- Dr. Lyman Elsasser, M.D.
  Assistant Director of Health Science Education
  California State University, Sacramento

SPONSORED BY:

- California State University, Sacramento
- California State University, Fullerton
- California State University, Los Angeles

MARCH 23, 9:00am
- Session 1: The Health Sciences Curriculum
- Session 2: Health Educator Training

PLACE:

West High School, Room 1200
1001 West 12th Street
Bakersfield, CA 93301

APPLICATION:

Follow instructions for the Health Science Workshop, March 22-23, 1974.

Application forms available at:
- California State University, Sacramento
- California State University, Fullerton
- California State University, Los Angeles
- California State University, Bakersfield

Enrollment is limited to first come, first served.

Participants in this workshop can receive one quarter unit at
Upper Division Elective Credit in Health Science or Education through
California State College, Bakersfield.

Appendix B  Health Science Workshop Poster
APPENDIX C

EVALUATION FORM
EVALUATION

HEALTH SCIENCE WORKSHOP

CALIFORNIA STATE COLLEGE, BAKERSFIELD

March 22-23, 1974

In this Workshop our aim has been to introduce and provide the opportunity for designing health instruction curriculum, kindergarten through college. To help us determine whether or not our objectives have been met we ask that you complete the following questionnaire.

DIRECTIONS: PLEASE RESPOND TO EACH QUESTION BY CIRCLING ONE OF THE NUMBERS TO THE RIGHT OF EACH QUESTION (5-excellent or very good, 4-good, 3-fair or average, 2-below average, 1-poor).

I. GROUP SESSIONS:

1. How satisfied were you with the conclusions or decisions reached within your group? 5 4 3 2 1
2. How productive was this discussion in terms of new ideas? 5 4 3 2 1
3. Was the atmosphere of the group conducive to effective communication? 5 4 3 2 1
4. Were adequate information and directives given to enable the group to function satisfactorily? 5 4 3 2 1
5. To what extent were the group discussions of
   a. In developing "big ideas" 5 4 3 2 1
   b. In developing instructional objectives 5 4 3 2 1
   c. In developing learning opportunities related to instructional objectives 5 4 3 2 1
   d. In developing general resource information 5 4 3 2 1

II. GENERAL SESSIONS:

1. To what extent did this workshop help better prepare you to teach in the area of health? 5 4 3 2 1
2. To what extent do you think you will be able to utilize this information in your classroom? 5 4 3 2 1
3. To what extent will the Framework for Health Instruction assist you in designing health instruction? 5 4 3 2 1
4. To what extent will this workshop help you in designing health instruction curriculum? 5 4 3 2 1
5. Please rate this workshop with other courses or workshops you have attended 5 4 3 2 1

III. ADDITIONAL COMMENTS:

Appendix C  Evaluation Form
APPENDIX D

EVALUATION OVERVIEW LETTER
School of Natural Sciences and Mathematics
Department of Health Sciences

April 1, 1974

Dear Workshop Participant:

Enclosed is an evaluation questionnaire for the Health Science Workshop, "Strategies for Health Instruction in California Public Schools", given March 22-23, 1974 at West High School. We sincerely hope that you will take a few moments of your time to complete this form and return it as soon as possible in the enclosed envelope.

The proceedings of the workshop, which I am sure you are anxious to see and use, are being processed and will be forwarded to you at the earliest possible time.

We thank you for your interest and the valuable comments you made following the workshop. Together with these comments and the results of this evaluation questionnaire, we hope to plan future health science programs.

Respectfully,

Darlene Y. Shubert, M.T.B.S.
Program Designer;
Health Science Workshop

Appendix D  Evaluation Overview Letter