LEGISLATIVE RESEARCH COMMISSION

REPORT
TO THE

1979
GENERAL ASSEMBLY OF NORTH CAROLINA

HEALTH EDUCATION

PROJECT HEED

RALEIGH, NORTH CAROLINA

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STATE OF NORTH CAROLINA

LEGISLATIVE RESEARCH COMMISSION

STATE LEGISLATIVE BUILDING

RALEIGH 27611

TO THE MEMBERS OF THE 1979 GENERAL ASSEMBLY:

The Legislative Research Commission herewith reports to the 1979 General Assembly of North Carolina on the matter of Health and Education United, a School Health Education Project. The report is made pursuant to Senate Joint Resolution 826 of the 1977 General Assembly and at the direction of the Cochairmen of the Legislative Research Commission under the authority of G.S. 120-30.17(1).

This report was prepared by the Legislative Research Commission Committee on Health Education, and it is transmitted by the Legislative Research Commission to the members of the 1979 General Assembly for their consideration.

Respectfully submitted,

John T. Henley

Carl J. Stewart, Jr.

Cochairmen

LEGISLATIVE RESEARCH COMMISSION

ARTICLE 6B.

Legislative Research Commission.

§ 120-30.10. Creation; appointment of members; members ex officio. — (a) There is hereby created a Legislative Research Commission to consist of five Senators to be appointed by the President pro tempore of the Senate and five Representatives to be appointed by the Speaker of the House. The President pro tempore of the Senate and the Speaker of the House shall be ex officio members of the Legislative Research Commission. Provided, that when the President of the Senate has been elected by the Senate from its own membership, then the President of the Senate shall make the appointments of the Senate members of the Legislative Research Commission, shall serve ex officio as a member of the Commission and shall perform the duties otherwise vested in the President pro tempore by G.S. 120-30.13 and 120-30.14.

(b) The cochairmen of the Legislative Research Commission may appoint additional members of the General Assembly to work with the regular members of the Research Commission on study committees. The terms of the additional study committee members shall be limited by the same provisions as apply to regular commission members, and they may be further limited by the appointing authorities.

(c) The cochairmen of the Legislative Research Commission may appoint persons who are not members of the General Assembly to advisory subcommittees. The terms of advisory subcommittee members shall be limited by the same provisions as apply to regular Commission members, and they may be further limited by the appointing authorities. (1965, c. 1045, s. 1; 1975, c. 692, s. 1.)

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§ 120-30.17. Powers and duties. — The Legislative Research Commission has the following powers and duties:

(1) Pursuant to the direction of the General Assembly or either house thereof, or of the chairmen, to make or cause to be made such studies of and investigations into governmental agencies and institutions and matters of public policy as will aid the General Assembly in performing its duties in the most efficient and effective manner.

(2) To report to the General Assembly the results of the studies made. The reports may be accompanied by the recommendations of the Commission and bills suggested to effectuate the recommendations.

(3), (4) Repealed by Session Laws 1969, c. 1184, s. 8. (1965, c. 1045, s. 8; 1969, c. 1184, s. 8.)

MEMBERSHIP

House Speaker Carl J. Stewart, Jr. Chairman	Senate President Pro Tempore John T. Henley, Chairman
Representative Chris S. Barker, Jr.	Senator Dallas L. Alford, Jr.
Representative John R. Gamble, Jr.	Senator Russell Walker
Representative A. Hartwell Campbell	Senator Cecil J. Hill
Representative H. Parks Helms	Senator Robert B. Jordan, III
Representative Lura S. Tally	Senator Vernon E. White

INTRODUCTION

The Legislative Research Commission authorized by Article 6B of Chapter 120 of the General Statutes (G.S. 120-30.17(1)) is a general purpose study group whose duties are that of making or causing to be made, upon the direction of the General Assembly, "such studies of and investigations into governmental agencies and institutions and matters of public policy as will aid the General Assembly in performing its duties in the most efficient and effective manner."

By Senate Joint Resolution 826 (1977 Session Laws, Resolution 69) the Legislative Research Commission was authorized to undertake a study of the HEED Project (Health and Education United) a proposed school health education project fostered by Blue Cross and Blue Shield, and initiated in the Cabarrus County Schools and Concord City Schools. The goal is the development of a curriculum that will present health information to children throughout their school years in a manner enabling each child to assume subsequently the major responsibility for maintaining health and preventing disease. (See Appendix A.)

In order to accomplish these tasks, Representative Lura S. Tally, as a member of the Legislative Research Commission was appointed to oversee and coordinate the efforts of the Committee on HEED. Senator Kenneth C.Royall, Jr., and Representative John W. Varner were appointed cochairmen. The other members appointed were Senators Melvin Daniels, Jr., and Russell Walker; Representatives Edd Nye and Eugene M. White; and public members Dr. William J. DeMaria, Dr. Edna Hoffman, Dr. C. Clement Lucus, Jr., and Dr. John L. McCain. The Legislative Services Office provided staff assistance to the Committee for this study.

BACKGROUND

We Americans are health worshipers. We have invested, and continue to invest billions in our temples of health -- our hospitals, medical schools and nursing homes. In 1976 we spent over $139 billion on health care--8.6 of the GNP. Government at all levels contributed 42 percent. These figures are still rising.

Can we really buy better health by spending ever increasing sums on acute health care? There is a growing body of evidence that we cannot--that despite our faith in hospitals and curative medicine, we may be worshiping in the wrong church. There has been a relatively small gain in longevity over the last decade when health spending more than doubled.

Many of our most difficult contemporary health problems such as cancer, heart disease, and accidental injury have a built-in behavioral component. Clearly the solution to problems such as these cannot be realized through acute intervention in hospitals. If they are to be solved at all we must change our style of living. Unless we assume such individual responsibility for our own health, we will soon learn what a cruel and expensive hoax we have worked upon ourselves through our belief that more money spent on health care is the way to better health.

Some members of the General Assembly have had a perception of these facts for many years. In a 1971 report of the Legislative Research Commission on Health Manpower Needs in North Carolina the question was posed, "What should be the responsibility of State and local governments for meeting the health needs of the citizens and how should this responsibility be met?" The recommendation was, "attention should be given to prevention of illness as well as to cure, to health maintenance as well as health restoration, to education for all-around health awareness."

It was the feeling of the Committee at that time that this recommendation could best be realized through a concerted effort

by our public education system toward a health education curriculum that was fully supported at the State and local levels. This support has languished over the years even though specific direction was given by the General Assembly on specific health education topics. (See G.S. 115-37.)

The immediate years have brought some new efforts in health education in North Carolina. This is shown through the passage of H.B. 540 (Ch.1256 1977 Session [Second Session 1978]) and the HEED Project. Therefore, Senate Joint Resolution 826 was passed so that the Legislative Research Commission could discover how this innovative curriculum development project was functioning in a localized area.

PROCEEDINGS

The Legislative Research Commission's Committee on HEED held three meetings during the course of the deliberations on its mission of making recommendations concerning State participation in the Project. The first meeting was devoted to an in-depth study of Project HEED and its objectives. The rationale for Project HEED stems from the fact that the most serious health problems of children and youth--namely accidents, imbalanced nutritional problems, dental disease, and acute illnesses--are largely preventable. Moreover, many of the chronic illnesses characteristic of the older population are contingent upon practices established in early years.

There are no nationally standardized health tests for the primary grades; therefore, little is known about the health knowledge of local children in comparison to children of other regions. The State Assessment of Educational Progress in North Carolina 1973-74 revealed an uneven performance by third grade children in the area of health. This was attributed by health consultants in

the Division of Health Safety and Physical Education of the Department of Public Instruction to the nature of health education, which was described in the research report as inconsistent and fragmented.

A recent survey of local teachers in grades K-3 revealed that, on the average, one health lesson of 15 minutes' duration is conducted each week; however there is no consistency as to which topics or concepts are taught. Teachers differ, too, in the kinds of training received for health instruction. Concern for primary health curriculum is not confined to the local level, but has also been expressed throughout the State. The State Survey of Teachers and Principals for 1973-74 revealed the greatest percentage of need in health education as "curriculum" (23.1%). Of all basic subject areas, curriculum needs were greatest in the area of Health Education.

To meet these needs certain forces were at work, such as Project HEED. Dr. William DeMaria, Medical Director of Blue Cross-Blue Shield, developed the Project's concept, and in conjunction with Concord and Cabarrus schools initiated curriculum development initially with a grant from a major industry in the area and beginning this year a three year grant from the federal government.

The HEED Project objective is to develop and evaluate an easily usable health education and screening method for students in kindergarten through twelth grade. To attain this, HEED is developing four integrated teaching tracts to include nutrition, safety, common disease and conditions and "The Wonder of Me." With each major lesson, special activities and experiences occurring in the classroom and the community are planned as integral components of the learning process. All of this is to be tested and evaluated as the project is developed.

The developers of HEED believe that it is unique for several reasons:

1. Each child is given enough information to help him make life style choices which will help prevent disease and maintain health.

2. Every lesson has "take home" information for parents.

3. Each lesson is prepared so that teachers may use the materials with little time used in preparation.

The Committee also spent some time on House Bill 540. This bill establishes a statewide school health education program over a ten year period. The major provisions of the bill are:

- Requires the Department of Public Instruction to establish standards for health curriculum in grades K-9.
- Requires the Department to hire a State school health education consultant to supervise the program.
- Requires local units to develop a plan for health curriculum and hire a local coordinator.
- Establishes a State school health advisory committee to report annually to the Governor and the State Board of Education.

(For a more thorough explanation see Appendix B.)

CONCLUSIONS

The Committee, after review of the subject, suggests that no more specific legislation is needed but reports the following to the General Assembly:

1. The Committee wishes to commend highly Project HEED for pursuing a need in health education curriculum development, and for its innovative ideas. All groups interested in health education should support these activities for it has the potential for benefit to North Carolina children. The charge to the Committee was to make recommendations concerning State participation. We find that the State Department of Public Instruction is in fact giving their

support to the Project. We feel that financial support at this time would be inappropriate since the Project is in the initial stages of development and has adequate federal funding for a three year period. It may in fact be more beneficial to allow the Project to develop in a more independent manner. The Committee feels that any State health education funding at this time should be channeled through the Department of Public Instruction. The Committee suggests that the Department of Public Instruction watch the development of this curriculum very carefully, so hopefully the entire State may make use of this excellent research.

2. It has been shown to the Committee that health education has been one of the most poorly taught subjects within the various school systems. It has been so often isolated and separate from the regular core of common subjects. It is evident to the Committee that the Department of Public Instruction has not been aggressive over the years in pursuing health education. It is suggested that the Department should harness the considerable interest in health education, and get on with making this subject area second to none. Continued attention should be focused by the General Assembly on health education to insure its progress.

3. Lack of funding has always been given as a reason for a poor health education curriculum; but the General Assembly has begun to rectify this through the funding of H.B. 540. The Committee suggests that the 1979 General Assembly make sure that the Department of Public Instruction has adequate funds to help health education receive the attention it needs.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 1977
RATIFIED BILL

RESOLUTION 69

SENATE JOINT RESOLUTION 826

A JOINT RESOLUTION DIRECTING THE LEGISLATIVE RESEARCH COMMISSION TO STUDY A PROPOSED SCHOOL HEALTH EDUCATION PROJECT: THE "HEED" PROJECT.

Whereas, the HEED Project (Health and Education United - fostered by Blue Cross and Blue Shield of North Carolina) has as its goal to present health information to children throughout their school years (K-12) in a manner enabling each child to assume subsequently the major responsibility for maintaining health and preventing disease; and

Whereas, the HEED Project promotes health subjects ranging from teeth care to emergency care, but emphasis is placed on subjects such as safety, nutrition, and drug abuse; and

Whereas, concerning safety, auto accidents are the single greatest killer and crippler from age 2 1/2 to 35 years, and early education in use of seat-shoulder restraints can save thousands of lives and prevent millions of injuries each year in the United States; and

Whereas, concerning nutrition, we must displace the notion that "fat babies are healthy babies" with the truth; and further, we must prevent the American nibble-mania of excess calories, especially of the high carbohydrates and fats; and we must recognize not only that obese children may have developmental and personality problems, but also that they set

the stage for even more serious problems such as diabetes, heart disease and strokes; and

Whereas, concerning excessive use or abuse of alcohol, smoking and drugs, these abuses are linked with major medical problems such as heart disease, cancer, cirrhosis and ulcers; and in addition, they are a major factor in accelerating our nation's numbers and varieties of social disorders; and these same abuses coupled with a poorly disciplined society have provoked our venereal disease epidemic; and

Whereas, the HEED Project provides for teams of selected educators, laymen, nurses and physicians with special emphasis on community resources to develop "teaching kits" containing a prepared narrative tapes and slides for a series of health facts; and one health fact is to be presented each week to children, beginning with kindergarten; and teacher presentation of these health facts does not require preliminary preparation other than familiarization with the material in the teaching kits; and use of the kits is a method of education not requiring hiring of large numbers of health educators; and

Whereas, a series of meetings concerning the HEED Project was conducted in 1976 and they included superintendents of education, staff of several divisions of the North Carolina State Department of Public Instruction, the Regional Director of the Southwest Regional Education Center (SWREC), a university-based educator, public and private health nurses, and university-based and private physicians; and

Whereas, as a result of some of these meetings, Cabarrus County Schools under Superintendent Jay Robinson and Concord City

Schools under Superintendent William Irvin plan to implement Project HEED beginning in the fall of 1977; and

Whereas, a grant proposal for Project HEED has been submitted by Superintendent Robinson for Title IV funds to support the three-year development, application, and evaluation of this method beginning with the K-3 component; and

Whereas, a detailed discussion of this project was conducted in March of 1977 with Doctor Craig Phillips' staff, Doctor Jerome Melton presiding, and a written statement is forthcoming providing both their acceptance of the concept and firm backing of Project HEED;

Now, therefore, be it resolved by the Senate, the House of Representatives concurring:

Section 1. The Legislative Research Commission, as structured under G.S. 120-30.10 et seq., is directed to study the HEED Project as described in the whereas clauses of this resolution.

Sec. 2. The commission shall produce a report on its study, including recommendation on desirable State participation in the HEED Project.

Sec. 3. The commission shall report to the 1979 General Assembly.

Sec. 4. This resolution shall become effective upon ratification.

In the General Assembly read three times and ratified, this the 22nd day of June, 1977.

JAMES C. GREEN, SR.

James C. Green

President of the Senate

CARL J. STEWART, JR.

Carl J. Stewart, Jr.

Speaker of the House of Representatives

APPENDIX B

A PLAN
TO ESTABLISH, OVER A TEN YEAR PERIOD OF TIME,
A STATEWIDE SCHOOL HEALTH EDUCATION PROGRAM

A new program of school health education in North Carolina is essential

- because nothing is more basic to life or to education than good health, since an unhealthy student cannot readily learn and an unhealthy person cannot take full advantage of his education or fully contribute to society; and

- because people cause so many of their own health problems by the lifestyles they choose to lead, and behavior which is deliberately chosen is susceptible to the influence of education; and

- because health education is required to be taught in grades kindergarten through nine, but in too many North Carolina schools health education is unplanned, fragmented, and based on obsolete information and teaching methods; and

- because no new curriculum guides in comprehensive health education have been provided to North Carolina teachers in twenty-seven years; and

- because most teachers receive very little preparation for teaching health education; and

- because, even though North Carolinians in a recent public opinion survey identified drug abuse as the fourth major problem facing schools, and even though health problems such as cancer, alcoholism, heart disease, venereal disease, and poor nutrition are of considerable public interest, effective health education and the prevention of health problems are often neglected in the school curriculum; and

- because an independent survey of North Carolina's school superintendents and principals shows that only 31% of them believed that the general goals of health education were being met in North Carolina's schools; and

- because, although experience indicates that the most important elements in determining the quality of local school health education programs are the leadership and planning which can only be provided by a local school health education coordinator, only a very few schools employ such a person; and

- because the current overwhelming demand from local schools and others for health education consultant services, plus the additional state-level duties created by this plan, necessitate the permanent continuation within the Department of Public Instruction of the position of State School Health Education Consultant.

I. Purpose--The purpose of this plan is to provide every public school student in North Carolina with a health education program capable of enhancing the quality of life, raising the level of health, and favorably influencing the learning process. The goals of this program include:

   A. re-structuring the health curriculum and introducing appropriate resource materials so that students will be able to establish life styles, make decisions, and deal with life situations without taking risks with their health.

Purpose (continued)

B. training teachers and other appropriate school and community members in the use of contemporary health education methods and materials so that students will be better prepared to lead healthy, satisfying, and productive lives.

C. organizing and coordinating the use of all community resources in health education for the greatest advantage to students.

D. planning an organizing a comprehensive, sequential program of health education in every school.

II. Program Summary--The purpose of this plan will be accomplished by:

A. establishing, on an incremental basis over a ten year period of time, the position of School Health Education Coordinator in every local school administrative unit.

B. continuing the position of School Health Education Consultant (funded for the past three years by State legislative funds contracted through the N. C. Drug Commission) within the Department of Public Instruction to serve all local school administrative units in health education program development and teacher in-service training and to assist in the administration of the provisions of this plan.

C. developing and printing, over a four year period of time, a sequential Comprehensive Curriculum Guide in Health Education for distribution to, and use by, teachers of elementary and secondary students.

D. establishing a State School Health Education Advisory Committee to assist the Department of Public Instruction in accomplishing the provisions of this plan and to assess and report on the progress of the Department in this regard.

III. Definitions--For purposes of this plan,

A. the term "comprehensive school health education"

(i) includes, but is not limited to, the subject matter of mental and emotional health, drug and alcohol abuse prevention, nutrition, dental health, environmental health, family living, consumer health, disease control, growth and development, first aid and emergency care--such topics to be taught at grade levels appropriate to student needs, abilities, and interests; and

(ii) refers to a planned, sequential course of instruction provided in each academic year in grades kindergarten through nine, at the minimum, and provided in grades ten through twelve, whenever possible; and

(iii) refers to a discrete curriculum entity, as reflected by school schedules and personnel assignments, which neither replaces nor is replaced or subsumed by physical education or any other subject area; and

(iv) refers to teaching methods based on formation of attitudes and development of skills such as, decision making, values clarification, and coping, in addition to the dissemination of health information; and

Definitions (continued)

(v) does not exclude extra-curricular activities related specifically to the purposes of school health education.

B. the term "Department" means the Department of Public Instruction.

C. the term "Advisory Committee" means the State School Health Education Advisory Committee, as described in Part VIII of this plan.

IV. Local Programs

A. Generally

(i) The Department of Public Instruction shall make funds available to local school administrative units for the purpose of establishing comprehensive school health education programs.

(ii) Any local school administrative unit may submit to the Department a proposed plan for a comprehensive school health education program for approval by the Department. The Department may make funds available for those approved programs, provided that:

(a) funds are made available in a manner which insures the most equitable and effective distribution and which seeks to achieve a reasonable geographic distribution.

(b) the Department determines that the proposed program meets the guidelines for local comprehensive school health education programs described in Part IV. B. of this plan.

B. Eligibility. To be eligible for funding as a comprehensive school health education program, a local school administrative unit must agree to meet the following minimum guidelines:

(i) providing a sequential course of instruction in comprehensive school health education during each academic year in at least grades kindergarten through nine, and preferably above grade nine also.

(ii) regularly providing in-service training in health education for teachers and other school personnel.

(iii) organizing a local school health council which shall be appointed by the local school board and which shall represent local health related resources and members of the general public who have interest in health education. The local school health council shall assist the local school administrative unit in the development and implementation of the comprehensive school health education program and shall report annually to the local school board on the progress of the program; but, the local school health council is not limited to these functions.

(iv) employing, on a full-time basis, a school health education coordinator who provides local leadership and supervision of the development and operation of the comprehensive school health education program. The school health education coordinator shall work as a curriculum supervisor and shall perform the functions described in Part IV. C. of this plan.

Local Programs (continued)

(v) developing a plan to insure that health education in grades 7-9 and above is taught by teachers certified in health education, whenever possible.

(vi) continuously evaluating the effectiveness and efficiency of the local school health education program.

(vii) providing school health education program progress and budget reports to the Department. The nature and frequency of such reports shall be determined by the Department.

C. Local School Health Education Coordinator

(i) The duties of the local school health education coordinator include, but are not limited to:

(a) planning and coordinating the use of local resources in the school health education program.

(b) reviewing, testing, and procuring useful and effective health education instructional materials for school personnel.

(c) regularly organizing and providing health education in-service training to school personnel and other appropriate community members.

(d) developing and implementing a specific scope and sequence for comprehensive health education at all grade levels, based on State guidelines but adapted to suit local needs, problems, and desires.

(e) initiating and assisting school health education related programs in addition to the basic curricular program.

(f) working and planning with all local school personnel who have responsibility for health education, including all teachers kindergarten through grade six, health teachers in grades seven through nine, and any other school personnel who may be involved in health education or in providing health services.

(g) cooperative planning with local health service, education, or resource agencies; and organizations and institutions of higher learning which prepare teachers.

(h) evaluating the local school health education program.

(i) preparing annual plans and progress and budget reports for submission to the Department.

(j) meeting and cooperatively working with the local school health council.

(ii) the minimum professional qualifications of the local school health education coordinator shall be determined by the Department; but shall include, at least: a Master's degree in health education, or in a health related area, or in some other area, but with comparable experience in health education; experience in classroom teaching; familiarity

with and demonstrable skill in using contemporary health education teaching methods and materials.

V. State School Health Education Consultant--The State School Health Education Consultant position shall be permanently established within the Department.

A. Duties. The duties of the State School Health Education Consultant include, but are not limited to:

(i) providing leadership in, and supervision of the development and operation of, the statewide comprehensive school health education program.

(ii) serving all local school administrative units in school health education program planning and development; and, especially, initiating, developing, providing technical assistance to, and monitoring new local school health education programs.

(iii) providing health education in-service training to requesting schools.

(iv) administering the provisions of this plan.

(v) assisting institutions of higher learning, upon request, in promoting improved teacher preparation in school health education.

(vi) coordinating school health education programs with the various other federal, state, and local health and health related agencies and organizations.

(vii) developing school health education curriculum guides and materials for statewide use, as described in Part VI of this plan.

(viii) reviewing instructional materials for use in school health education programs.

(ix) assessing and evaluating local school health education programs.

B. Qualifications. The minimum professional qualifications of the State School Health Education Consultant shall be established by the Department, but shall include at the minimum: A Master's degree in health education, or in a health related area, or in some other area, but with comparable experience in health education; classroom teaching experience; and familiarity with and demonstrable skill in using contemporary methods and materials of health education.

VI. Comprehensive Health Education Curriculum Guide

A. Development. The Department shall develop and test a comprehensive K-12 school health education curriculum guide for printing and distribution to all interested teachers and schools. Development and testing shall be accomplished by June 30, 1979. Printing and distribution will begin after July 1, 1979. Interested persons, agencies, universities, and organizations shall be invited to participate in the development of the curriculum guide.

B. Content. The comprehensive school health education curriculum shall include, but shall not be limited to, the health topics of nutrition, mental and

emotional health, drug and alcohol abuse prevention, consumer health, dental health, communicable and chronic diseases, family living, first aid, growth and development, environmental health; and shall incorporate the learning of skills such as, problem solving, decision making, values clarification, and coping, along with health and medical information. The guide shall include specific suggestions to teachers for use of the material, concepts to be learned, behavioral objectives, specific classroom activities to accomplish these objectives, and suggestions for resource and reference materials.

C. Goals. The goals of the school health education curriculum guide shall include, but shall not be limited to:

(i) helping students to accept responsibility for their own health.

(ii) improving students' ability to make and implement health related decisions consistent with their needs.

(iii) helping students to become aware of the positive and negative determinants of individual health status, including the social, environmental, psychological, and genetic factors, and including personal life styles.

(iv) improving students' understanding of the relationships between health status and the major needs, sources of stress, and developmental characteristics of people throughout the human life cycle.

(v) enabling students to develop healthy life styles and to deal with life situations without taking unnecessary risks with their health.

VII. State School Health Education Advisory Committee

A. Membership. The Advisory Committee shall assist the Department in administering this plan. The Advisory Committee shall consist of 15 members to be determined as follows:

(i) The Governor shall appoint nine(9) members in the following manner: one(1) physician from a list of three names submitted by the N. C. Medical Society; one(1) physician from a list of three names submitted by the N. C. Pediatric Society; one(1) registered nurse from a list of three names submitted by the N. C. Nurses' Association; one(1) dentist from a list of three names submitted by the N. C. Dental Society; one (1) member from a list of three names submitted by the N. C. Medical Auxiliary; one(1) member from a list of three names submitted by the N. C. Congress of Parents and Teachers, Inc.; one(1) member from a list of three names submitted by the N. C. Association for Health, Physical Education, and Recreation; one(1) member from a list of three names submitted by the N. C. Public Health Association; one(1) member from a list of three names submitted by the N. C. College Conference on Professional Preparation in Health and Physical Education.

(ii) The State Board of Education, upon recommendation by the Superintendent of Public Instruction, shall appoint one (1) member who shall represent a local school administrative unit.

(iii) The Speaker of the House shall appoint one(1) member of the North Carolina House of Representatives.

(iv) The President of the Senate shall appoint one (1) member of the North Carolina Senate.

(v) The Chief, Office of Health Education, North Carolina Department of Human Resources; the Chief, State Health Planning and Development Agency, North Carolina Department of Human Resources; and the Superintendent of Public Instruction shall serve as members ex-officio. Any ex-officio member may designate another person to represent him on the Advisory Committee.

B. Term of Service. The appointed members of the Advisory Committee shall serve for a term of three years; except that in the case of the initial appointments, the representative of the N. C. Pediatric Society, the representative of a local school administrative unit, the representative of the North Carolina Association for Health, Physical Education, and Recreation, and the members of the North Carolina General Assembly shall be appointed for a term of two years; and the representatives of the N. C. Nurses' Association, the N. C. Dental Society, the N. C. Congress of Parents and Teachers, Inc., and the N. C. Public Health Association shall be appointed for a term of one year. Thereafter, each succeeding term shall be for three years. Appointed members may be re-appointed up to a maximum of nine years of service. Vacancies shall be filled in the same manner as original appointments for the balance of the unexpired term.

C. Operation. The Advisory Committee shall meet as necessary, but at least twice annually. The Advisory Committee shall select annually a chairperson from among its own membership, each member having an equal vote. The chairperson may appoint subcommittees as necessary.

D. Duties. The Advisory Committee shall have the following duties:

(i) providing assistance to the Department in implementing and administering the provisions of this plan.

(ii) establishing a plan for insuring that health education, grades 7-9 and above, is taught by teachers properly certified in health education.

(iii) providing assistance to the Department in establishing and maintaining communication among the various federal, state, and local health and health related agencies, organizations, associations, and institutions.

(iv) providing assistance, upon request, to local schools in the development and implementation of comprehensive health education programs.

(v) encouraging institutions of higher learning in the State to develop and expand health education curricula for both in-service and preservice professional preparation of teachers.

(vi) providing assistance to the Department in the preparation of comprehensive health education curriculum material.

(vii) reporting annually to the Governor and to the State Board of Education on progress in accomplishing the provisions and intent of this plan.

APPENDIX C

Names of Persons Appearing Before Committee

Mrs. Mary Edith Rogers, Director, Gaston County Health Department

Dr. Robert Pittilo, Assoc. Professor of Education, Duke University

Ms. Patti Lahr, Secondary Curriculum Coordinator, Cabarrus County Schools

Ms. Gail Latham, Director, Project HEED

Mr. Bob Byrd, Facilitator, Southwest Regional Education Center, Albemarle, N.C.

Ms. Carolyn Ashford, Health Coordinator, Project HEED

Ms. Barbara Rimer, Production Specialist, Project HEED

Dr. Charles Apperson, Extension Entomologist, N.C.S.U.

Ms. Barbara Whaley, Extension Program Specialist, N.C.S.U.

Mr. Al Klimas, Director, Cabarrus County Health Department

Dr. Mae Safrit, Public Health Dentist, Cabarrus County Health Dept.

Mr. George Shackelford, Consultant, Health Education, Department of Public Instruction

Mr. George Kahdy, Assistant State Superintendent, Instructional Services, Department of Public Instruction

Ms. Marion Solleder, Professor, Health Education, U.N.C.-Greensboro

Mr. Robert Frye, Health Education Consultant, Dept. of Public Instruction

Ms. Pansy Whicker, Health Education Coordinator, High Point Schools

Mr. Earl Griffith, Assistant Secretary, Alcohol and Drug Abuse Department of Human Resources