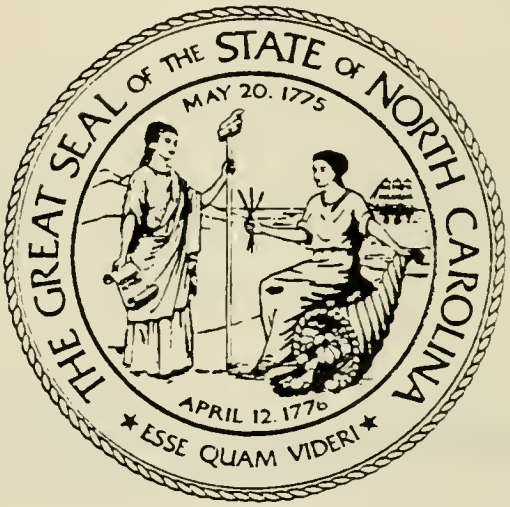
# ADOLESCENT PREGNANCY

# STUDY COMMISSION




## REPORT TO THE

## 1989 GENERAL ASSEMBLY

## OF NORTH CAROLINA

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January 5, 1989

TO THE MEMBERS OF THE 1989 GENERAL ASSEMBLY:

The Adolescent Pregnancy Study Commission herewith submits to you for your consideration its final report. The report was prepared by the Adolescent Pregnancy Study Commission pursuant to Part X of Chapter 873 of the 1987 Session Laws.

Respectfully submitted,

Luther R. Jeralds

Marvin M. Ward

Cochairmen
Adolescent Pregnancy Study Commission

TABLE OF CONTENTS

Letter of Transmittal ..... i

COMMITTEE PROCEEDINGS ..... 1

FINDINGS AND RECOMMENDATIONS ..... 5

APPENDICES

Relevant portions of Part X of Chapter 873 of the 1987 Session Laws authorizing the study ..... A

Membership of the Adolescent Pregnancy Study Commission ..... B

Interim Report to the 1987 General Assembly, 1988 Session ..... C

Documentary History of Legislation about Adolescent Pregnancy:

Original Prevention Projects (1985 Sess. Laws, Chapter 479, §§ 101-102) ..... D

Authorization of First Study Committee (1985 Sess. Laws, Chapter 790) ..... E

Authorization of Second Study Committee (1985 Sess. Laws, Chapter 1032) ..... F

Original Social Services Block Grant to Prevention Projects (1985 Sess. Laws, Chapter 1014, § 7) ..... G

Second Social Services Block Grant to Prevention Programs (1987 Sess. Laws, Chapter 738, § 100) and adjustment to Anson County project (Chapter 830, § 29) ..... H

Basic Education Program (G.S. 115C-81) ..... I

Third Social Services Block Grant to Prevention Programs (1987 Sess. Laws, Chapter 1086, § 129) ..... J

AIDS Curriculum Mandate (1987 Sess. Laws, Chapter 630) ..... K

Questionnaire for 11 Selected Adolescent Pregnancy Prevention Projects to Make Presentations at January 15 Meeting and Request of Secretary David Flaherty for Cooperation ..... L

Outline of Remarks by Mr. Leonard Dawson.
UNC School of Public Health.
Concerning Evaluation of Adolescent Pregnancy
Prevention Projects. January 15, 1988 ..... M

Outline for Statewide Master Plan.
Ms. Barbara Huberman of N.C. Coalition
on Adolescent Pregnancy, January 15, 1988 ..... N

Letter to Secretary Flaherty regarding Reporting
by Social Services Block Grant Projects ..... O

Proposal by CoChairmen for Preliminary
Assessment of Adolescent Pregnancy
Prevention Projects, February 17, 1988 ..... P

Material on Family Life Education in
North Carolina public schools, presented
by N.C. Department of Public Instruction.
February 17, 1988 ..... Q

Excerpt from 1987 Study of Sex Education in
N.C. public schools by Ms. Joyce Swetlick.
UNC School of Public Health ..... R

Material on Adolescent Parenting Program from
Division of Social Services, and
Recommendation from N.C. Social
Services Association, April 28, 1988 ..... S

Request for Proposal for Preliminary Assessment
of Adolescent Pregnancy Prevention Projects ..... T

Excerpts from Preliminary Assessment of
Adolescent Pregnancy and Prematurity
Prevention Pilot Projects,
conducted for Adolescent Pregnancy Study Commission
by Human Services Institute, Inc., October 3, 1988 ..... U

Excerpts from Report of an Evaluation Study
of Four Adolescent Pregnancy and
Prematurity Prevention Projects, conducted by
the Public Health Education Department of
UNC-Greensboro, October 1988 ..... V

Report and Recommendations from
N.C. Coalition on Adolescent Pregnancy
November 22, 1988 ..... W

Proposal by CoChairmen concerning
Adolescent Pregnancy Prevention Projects,
November 22, 1988 ..... X

Initial draft of Finding and Recommendation on Family Life Education, used for discussion at December 14, 1988 Meeting ..... Y

South Carolina Health Education Act ..... Z

Georgia Sex Education Act ..... AA

Legislative Proposal I -- A BILL TO BE ENTITLED AN ACT TO CREATE AN ADOLESCENT PREGNANCY PREVENTION COMMISSION AND FUND AND TO PROVIDE FOR THE DISTRIBUTION OF MONEY FROM THE FUND..... BB

Legislative Proposal II -- A BILL TO BE ENTITLED AN ACT TO MANDATE COMPREHENSIVE HEALTH EDUCATION IN THE PUBLIC SCHOOLS AND TO INCLUDE IN THAT CURRICULUM FAMILY LIFE EDUCATION, PREGNANCY PREVENTION EDUCATION, AND REPRODUCTIVE HEALTH EDUCATION ..... CC

## COMMISSION PROCEEDINGS.

The Adolescent Pregnancy Study Commission was created by the 1987 General Assembly to study the subjects adolescent pregnancy and teaching about adolescent sexuality. It was directed to monitor and evaluate the adolescent pregnancy prevention projects funded by the 1987 General Assembly. Those projects were funded through two routes: through a unified pilot program administered by the Department of Human Resources (Appendix D) and separately through the Social Services Block Grant (Appendices G, H, and J). The Study Commission was directed to report to the 1988 Short Session and to the 1989 General Assembly.

Twice before, in 1985 and 1986, the General Assembly had authorized studies dealing with adolescent sexuality and pregnancy (Appendices E and F). Neither study made a report.

The Adolescent Pregnancy Study Commission met six times in the State Legislative Building in Raleigh. The Study Commission, as directed, made an interim report to the 1988 Session of the General Assembly (Appendix C) and makes this report to the 1989 General Assembly. In addition, pursuant to its charge to monitor and evaluate the adolescent pregnancy prevention projects funded by the General Assembly, the Study Commission contracted with a consultant for an assessment of those projects. The consultant's complete interim and final reports are not appended to this report, but excerpts of the final report are included at Appendix U, and the complete reports are available in the Legislative Library.

### First Meeting -- January 15, 1988

The Study Commission held its first meeting on January 15, 1988. Pursuant to a request by the CoChairmen, the Study Commission heard or received reports from 11 of the 34 adolescent pregnancy prevention projects funded by the 1987 General Assembly. The 11 projects had been selected by the CoChairmen as a sampling of the projects. The 11 were asked to give structured responses to a questionnaire (Appendix L). The projects' written responses are not included in this report, but are available in the Commission's notebook in the Legislative Library.

Also at the first meeting, the Study Commission heard a report from Mr. Leonard Dawson, Associate Professor of Health Education at the University of North Carolina School of Public Health, on the topic of evaluating adolescent pregnancy prevention projects (Appendix M). And Ms. Barbara Huberman, Executive Director of the North Carolina Coalition on Adolescent Pregnancy, reported on the progress of the Coalition toward a Statewide Master Plan on adolescent pregnancy (Appendix N).

In response to reports of difficulties by the Division of Health Services in gaining cooperation from some of the Social Services Block Grant programs, the CoChairmen of the Study Commission wrote a letter to Secretary David Flaherty of the Department of Human Resources stating that it was their intention that those programs cooperate fully with reporting (Appendix O).

Second Meeting -- February 17, 1988.

The Study Commission held its second meeting on February 17, 1988. The meeting was devoted to two major topics: a proposal for a preliminary assessment of adolescent pregnancy prevention projects, and a discussion of family life education in the public schools.

The Study Commission approved the proposal (Appendix P) by the Co-Chairmen to contract with a consulting firm for a preliminary assessment of the 34 adolescent pregnancy prevention projects funded by the General Assembly. (Appendix T is the Request for Proposal that was subsequently sent to potential bidders. After a pre-bid conference attended by several interested parties, the CoChairmen decided to recommend that the Study Commission contract with the Human Services Institute, Inc., of Greensboro.)

The members heard from Ms. Pat Yancey, Mr. John Bennett, Ms. Rebecca Payne, and Ms. Deborah Shumate from the North Carolina Department of Public Instruction on the subject of health and family life education in the public schools (Appendix Q), and they heard a report based on a survey done as a master's thesis at the UNC School of Public Health on the way that sex education is taught in the local school districts (Appendix R). The members discussed, without resolution, the question of whether a specific curriculum of family life education should be mandated by the General Assembly, or by the State Board of Education, or left to the local school boards.

Third Meeting -- April 28, 1988.

The Study Commission held its third meeting on April 28, 1988.

The Study Commission approved the CoChairmen's recommendation that a $12,000 contract be entered into with the Human Services Institute, Inc., for a preliminary assessment of the prevention projects.

Another discussion of family life education adolescent was conducted, with reports from Prof. Dawson of UNC and Ms. Yancey of the Department of Public Instruction. Ms. Sharon Bennett, a member of the Study Commission who was also a high school student, suggested the use of the Student Councils network as a vehicle for gathering information about students' needs and attitudes toward the schools' approach to sexuality.

Officials of the Division of Social Services and the Social Services Association made presentations concerning the Adolescent Parenting Program, a pilot in eight counties. (Appendix S).

The Study Commission voted to recommend to the 1988 Short Session of the General Assembly that new language be added to the special budgetary provision appropriating Social Services Block Grant money to 12 adolescent pregnancy prevention projects (Appendix C). The language was designed to make the projects more clearly accountable.

## 1988 Session of the General Assembly

The 1988 Session enacted its third annual appropriation of Social Services Block Grant money to 12 prevention projects, this time with the new language recommended by the Study Commission (Appendix J).

## Fourth Meeting -- November 22, 1988

The fourth meeting was held November 22, 1988. The Study Commission heard its preliminary assessment report from the Human Services Institute. (The entire report is not included in this report, but some excerpts are included as Appendix U). The Study Commission also heard a report from the team from UNC-Greensboro that conducted an evaluation of four of the prevention projects for the Division of Health Services. (Excerts at Appendix V).

Ms. Huberman of the Coalition made a report and recommendations concerning the prevention projects. (Appendix W).

The Commission approved for more detailed drafting a skeletal proposal from the CoChairmen about future handling of local prevention programs (Appendix X). At the request of other members, the staff was requested to draft proposals to expand the health education coordinator program and to enact a Statewide mandate for more specific family life education in the public schools.

## Fifth Meeting -- December 14, 1988

The Study Commission held its fifth meeting on December 14, 1988. The members approved what essentially became the current version of Findings and Recommendations Numbers I and II of this report, dealing with Adolescent Pregnancy Prevention Projects and Health Education Coordinators. Rep. Charles Cromer registered his objection to the part of Recommendation I that had the President Pro Tem of the Senate, rather than the President of the Senate, responsible for recommending three of the General Assembly's appointments to the Adolescent Pregnancy Prevention Commission. But he said he had no objection to the rest of Recommendation I.

After considering a suggested recommendation that proposed, in general language, that family life education be mandated in a more uniform manner throughout the State (Appendix Y), the Study Commission directed the staff to draft a bill that amended North Carolina's Basic Education Program (Appendix I is the current Basic Education Program statute) to incorporate "family life education," "reproductive health education," and "pregnancy prevention education," more or less as defined by a recently enacted statute in South Carolina (Appendix Z). The Study Commission also considered a statute recently enacted in Georgia in its deliberations (Appendix AA).

Sixth Meeting -- January 5, 1989.

The Study Commission held its sixth and final meeting on January 5, 1989. At that meeting, after much discussion, the Study Commission adopted the final version of the Findings and Recommendations on Pages 5-11 of this Report, and the draft bills at Appendices BB and CC).

## FINDINGS AND RECOMMENDATIONS.

1. Adolescent Pregnancy Prevention Projects.

FINDING: That the General Assembly's three-year experience with funding community adolescent pregnancy prevention programs has taught several lessons:

* That, despite initial problems in concept and practice, the projects have been worthwhile.

* That the original concept of the projects as pilots "to serve as successful models for replication" had two basic problems: 1. the diversity of the State's communities, which makes replication of model programs difficult, and 2. the nature of the problem, which does not lend itself to remedies that can be judged on the strength of a short-term trial.

* That some projects, needing more than two years to accomplish very much, have fallen into dependency on the uncertain process of legislative funding. That this instability of funding has made staff difficult to keep.

* That the process of selecting projects has not been adequately shielded from politics, and that that process has suffered damage from over-exposure to the politics of both the executive and legislative branches.

* That some projects tended to lose direction because their goals were not well enough thought-out at the beginning. That, because of the "pilot project" assumption at the core of the program, the projects were not encouraged to make long-term plans.

* That some projects foundered for lack of coordination with other insititutions in their communities and generally because they were unable to generate support in their communities. That some communities provide soil more fertile to adolescent pregnancy prevention than do others, and that the degree of receptivity does not always reflect the degree of need.

* That evaluation of projects was not adequately built into the system.

* That projects were not always diligent in seeking the technical assistance that was available for them. That not enough technical assistance was available.

RECOMMENDATION I-A:

1. We recommend that the General Assembly continue to fund local adolescent pregnancy prevention projects, not as pilot projects but as permanent projects for which the State will provide start-up, or

"seed," money. We recommend that the new goal be a network of community-based prevention projects, each designed to meet standards of quality but each suited to unique local needs.

2. We recommend that the General Assembly create a permanent Adolescent Pregnancy Prevention Fund, to which it will make regular appropriations of $3 million per biennium from the General Fund.

3. We recommend that the General Assembly create a permanent Adolescent Pregnancy Prevention Commission, to be housed administratively in the Department of Human Resources, but independent from the Department in all its executive functions. We recommend that the Commission's duties would be to allocate money from the Fund to local projects that meet minimum standards, to evaluate and assist the projects, to promulgate rules for the projects, and to report to the General Assembly on the status of the adolescent pregnancy problem. We recommend that the Commission be given the authority to hire its own staff and to contract for services, to be paid for with a $100,000/year allocation for administration from the Fund. We recommend that the Commission have 15 voting members:

   * Three appointed by the Governor. One of the Governor's appointees would be a member of the medical profession.

   * Three appointed by the General Assembly upon the recommendation of the Speaker of the House of Representatives. (Because of the Separation of Powers provision in the State Constitution, no legislators may be appointed.) One of thesee appointees would be a public school student.

   * Three appointed by the General Assembly upon the recommendation of the President Pro Tem of the Senate. (No legislators may be appointed.) One of these appointees would be a member of a local school board.

   * Six officials or their designees, as follows: the State Health Director, the State Social Services Director, the State Superintendent of Public Instruction, the Chairman of the North Carolina Coalition on Adolescent Pregnancy, the President of the North Carolina PTA, and the Chairman of the North Carolina Child Advocacy Institute.

   We recommend that the members serve for two-year terms to commence in September of odd-numbered years, and that they be eligible for reappointment. We recommend that the members elect one of their number as Chair at the beginning of their terms.

4. We recommend that the Commission select, every June, a list of projects for funding during the next fiscal year. We recommend that in selecting any project for funding, the Commission be required to:

first, find that the project meets the minimum standards in the statute, and, second, weigh the merits of the project's application with those of other applicants on such criteria as the qualifications of the project's personnel, the need of the locality, and the appropriateness of the project to the locality.

5. We recommend that the following minimum standards for new projects applying for Fund grants be set in the statute:

   a. Attendance at a proposal writing seminar conducted by the Commission prior to submission of the application. The seminar would include information about additional funding sources to meet the matching requirement a funded project would face.

   b. Realistic, specific and measurable goals for the prevention of adolescent pregnancy.

   c. A plan of action that extends for at least five years.

6. We recommend that the following minimum standards be set in the statutes for any project seeking continued funding after its first year:

   a. Maintenance of a Board of Advisors containing representatives from specified segments of the local community, including schools, social services department, and health department. The Board must meet at least quarterly and must be responsible for the submission of the required reports and evaluations to the Commission.

   b. Maintenance of cooperative ties with other community institutions.

   c. Cooperation with the Commission, including prompt submission of all required reports.

   d. Demonstration of ability to attract funding from outside the Fund.

7. We recommend that stability of funding and self-reliance be encouraged by the use of a standard five-year term of funding for all projects. We recommend that the percentage of the project's budget to be provided by the Fund for each of the five years be as follows:

   * First year -- 80%.

   * Second year -- 70%.

   * Third year -- 60%.

   * Fourth year -- 50%.

* Fifth year -- 40%.

8. We recommend that the Commission be directed to continue allocations from the Fund according to the schedule for the full five years to all chosen programs that continue to meet the minimum standards. We recommend that the Commission be directed not to allocate any money from the Fund after five years.

9. We recommend that the Commission be prepared to make its first selection of projects in June 1990. We recommend that all projects funded by the General Assembly before 1990 be eligible for selection by the Commission for full five-year allocations from the Fund, and that the Commission fund them at an appropriate level if it determines, after considering their experience and impact and measuring their applications against that of other programs, that they should be funded.

RECOMMENDATION I-B:

We recommend that the 1989 General Assembly continue for the 1989-90 fiscal year the present level of funding for all projects that were ranked in Groups I, IIa, IIb, and IIIa by the Human Services Institute (see Preliminary Assessment of Adolescent Pregnancy Pilot Programs in North Carolina, Final Report, October 3, 1988, p. 7). We recommend that projects ranked in Groups IIIb and IV of that report be funded for the 1989-90 fiscal year only if they can demonstrate to the Human Resources Appropriations Committee that they have improved since the assessment report to a level that would be appropriate for continued funding.

II. **Health Education Coordinators.**

FINDING: That one of the problems encountered in the adolescent pregnancy prevention pilot program was lack of coordination among health departments, schools, social services departments, and other community institutions. That such coordination has been improved and local efforts to prevent adolescent pregnancy have been enhanced in those areas that have health education coordinators. That although authorization exists for the hiring of health education coordinators to cover the entire State, only 66 counties are now served.

RECOMMENDATION II:

We recommend that the health education coordinator program be fully implemented during the 1989-91 biennium, to the end that all 100 counties be served by the end of that period.

## III. Comprehensive Health Education.

FINDING: That a complete program of health education is valuable in giving adolescents the information and skills to avoid the traps of early sexual involvement. That, although North Carolina by statute has established a School Health Education Program as a part of the Basic Education Program, the statute (G.S. 115C-81(e)) leaves uncertain whether such a program is mandatory for all local school districts, or only for those that seek funding for a school health coordinator. That the Healthful Living curriculum designed by the State Department of Public Instruction does not address as thoroughly as is desirable certain topics, such as contraception, that adolescents need to know about. That implementation and monitoring of the curriculum is left up to local school districts. That the available evidence shows a picture of spotty coverage of important topics across the State, of certain crucial topics sometimes taught too late, and of classes taught by teachers of widely varying qualifications.

RECOMMENDATION III:

We recommend that the General Assembly mandate the teaching of family life education, pregnancy prevention education, and reproductive health education as a part of a comprehensive health education program developed by each school district for kindergarten through the twelfth grade.

1. Expansion of Current Program. We recommend that the current School Health Education Program (G.S. 115C-81(e)) be expanded from a kindergarten-through-ninth-grade program to a K-12 program.

2. Changes in Curriculum Content. We recommend that the name of the School Health Education Program be changed to the "Comprehensive Health Education Program." That term, along with the included terms of "family life education," "pregnancy prevention education," and "reproductive health education," would be defined essentially as is done in the South Carolina Health Education Act. The definition of "pregnancy prevention education" would encompass the teaching of skills necessary to maintain abstinence and the teaching of the benefits and risks of various contraceptive methods.

3. Clarification of Responsibility for Curriculum. We recommend that the Health Education statute be rewritten so that the development of a curriculum would be the joint responsibility of every local school district and of the State Department of Public Instruction. The State Department would, as now, develop a model curriculum with the help of the School Health Advisory Committee. The local district would develop a curriculum tailored to local needs with the help of a local advisory committee appointed by the school board. The local district could adopt the State Department's model or its equivalent as approved by the State Board of Education. The curriculum would have to include the topics listed in Item 2 above, but the choice of

the appropriate grade levels at which to teach the topics would be left to the local districts, subject to review by the State Board.

4. Exemption from Instruction. We recommend that the local school districts establish policies and procedures to facilitate the exemption from instruction in family life, pregnancy prevention, or reproductive health education of any children whose parents object to the teaching. Every effort should be made to spare those exempted from penalty or embarrassment.

5. Monitoring of Goals and Outcomes. We recommend that the State Department of Public Instruction be given the duty to establish and monitor goals, expectations, and outcomes of the Comprehensive Health Education Program.

## APPENDIX A

GENERAL ASSEMBLY OF NORTH CAROLINA
1987 SESSION
RATIFIED BILL

CHAPTER 873
HOUSE BILL 1

AN ACT TO AUTHORIZE STUDIES BY THE LEGISLATIVE RESEARCH COMMISSION, TO CREATE AND CONTINUE VARIOUS COMMITTEES AND COMMISSIONS, TO MAKE APPROPRIATIONS THEREFOR, AND TO AMEND STATUTORY LAW.

The General Assembly of North Carolina enacts:

PART I. TITLE

Section 1. This act shall be known as "The Study Commissions and Committees Act of 1987."

. . .

PART X.-----ADOLESCENT PREGNANCY STUDY COMMISSION

Sec. 10.1. The Adolescent Pregnancy Study Commission is created. The Commission shall consist of 14 members:

(1) Four Senators appointed by the President of the Senate;

(2) Four Representatives appointed by the Speaker of the House; and

(3) Six non-legislators: three appointed by the President of the Senate to include one health educator, one public health official or public health provider, and one public school student; and three appointed by the Speaker of the House to include one school board member, one public school student, and one member of the general public. All initial appointments shall be made by September 15, 1987. Vacancies on the Adolescent Pregnancy Study Commission shall be filled in the same manner as initial appointments.

Sec. 10.2. The President shall designate one Senator as Cochair and the Speaker shall designate one Representative as Cochair. The Cochairs shall call the initial meeting of the Adolescent Pregnancy Study Commission.

Sec. 10.3. The Adolescent Pregnancy Study Commission shall study the subjects of adolescent pregnancy and teaching about adolescent sexuality. The Adolescent Pregnancy Study Commission shall monitor and evaluate the State's efforts in the areas of adolescent pregnancy and teaching about adolescent sexuality. Specifically, the Adolescent Pregnancy Study Commission shall monitor and evaluate the adolescent pregnancy programs funded with appropriations by the 1985 and 1987 General Assemblies; and it

shall monitor and evaluate family life education under the Basic Education Program.

Sec. 10.4. The Adolescent Pregnancy Study Commission shall submit a report of its findings and recommendations to the 1988 Session of the 1987 General Assembly and shall submit a report to the 1989 General Assembly on or before the first day of the 1989 Session of the General Assembly by filing the report with the President of the Senate and the Speaker of the House of Representatives. Upon filing its final report, the Adolescent Pregnancy Study Commission shall terminate.

Sec. 10.5. Upon approval of the Legislative Services Commission, the Legislative Administrative Officer shall assign professional staff to assist in the work of the Adolescent Pregnancy Study Commission. Clerical staff shall be furnished to the Adolescent Pregnancy Study Commission through the offices of the House and Senate Supervisors of Clerks. The expenses of employment of the clerical staff shall be borne by the Adolescent Pregnancy Study Commission. The Adolescent Pregnancy Study Commission may meet in the Legislative Building or the Legislative Office Building with approval of the Legislative Services Commission.

Sec. 10.6. Members of the Adolescent Pregnancy Study Commission shall be paid subsistence and travel allowances as follows:

(1) Adolescent Pregnancy Study Commission members who are also General Assembly members at the rate established in G.S. 120-3.1;

(2) Adolescent Pregnancy Study Commission members who are also officials or employees of the State at the rate established in G.S. 138-6;

(3) All other Adolescent Pregnancy Study Commission members at the rate established in G.S. 138-5.

Sec. 10.7. There is appropriated from the General Fund to the Legislative Services Commission for fiscal year 1987-88 the sum of thirty thousand dollars ($30,000) to fund the Adolescent Pregnancy Study Commission. Unexpended funds at the end of the 1987-88 fiscal year do not revert but shall remain in the budget to fund the Adolescent Pregnancy Study Commission until it terminates.

. . .

-----EFFECTIVE DATE

Sec. 31. This act is effective on July 1, 1987.

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|---|---|
| **SUBJECT:** | **ADOLESCENT PREGNANCY** |
| Authority: | Chapter 873, Part X, § 10.1 (HB 836-Jeralds) |
| Report by: | Adolescent Pregnancy Study Commission |
| Report to: | President of the Senate and Speaker of the House of Representatives |
| Date: | Interim Report to 1988 Session of 1987 General Assembly; Final Report to 1989 Session |

**MEMBERS**

**Lt. Governor's Appointments**

Sen. Marvin Ward, Cochair
641 Yorkshire Road
Winston-Salem, NC 27106
(919) 724-9104

Ms. Sharon Bennett
5117 Wickham Road
Raleigh, NC 27606

Mrs. Elizabeth Brown
Post Office Box 527
Winton, NC 27986
(919) 358-7741

Ms. Betty B. Compton
Route 1, Box 393
Cedar Grove, NC 27231
(919) 732-8487

Sen. William N. Martin
Post Office Box 21325
Greensboro, NC 27420
(919) 373-1108

Sen. James D. McDuffie
819 Eastway Drive
Charlotte, NC 28205
(704) 568-6997

Sen. A. P. Sands, III
Post Office Box 449
Reidsville, NC 27320
(919) 349-7041

**Speaker's Appointments**

Rep. Luther Jeralds, Cochair
319 Jasper Street
Fayetteville, NC 28301
(919) 486-3542

Rep. Marie W. Colton
392 Charlotte Street
Asheville, NC 28801
(704) 253-7350

Rep. Charles L. Cromer
32 Trade Street
Thomasville, NC 27360
(919) 472-5111

Mr. Charles D. Evans
Post Office Box 189
Manteo, NC 27954
(919) 473-2171

Miss Donna Elizabeth Haywood
1208 Kent Road
Raleigh, NC 27606

Rep. Judy Hunt
Post Office Box 1526
Blowing Rock, NC 28605
(704) 295-7777

Ms. Linda B. Johnson
406 W. Sycamore Extension
Zebulon, NC 27597

**Staff:** Mr. Bill Gilkeson
Legislative Services Office
(919) 733-2578

**Clerk:** Ms. Jackie Hamby
(919) 733-5855 (O)
(919) 876-0255 (H)

NORTH CAROLINA GENERAL ASSEMBLY
LEGISLATIVE SERVICES OFFICE
2129 STATE LEGISLATIVE BUILDING
RALEIGH 27611

GEORGE R HALL JR
LEGISLATIVE ADMINISTRATIVE OFFICER
TELEPHONE (919) 733 7044

GERRY F COHEN DIRECTOR
LEGISLATIVE DRAFTING DIVISION
TELEPHONE (919) 733 6660

THOMAS L COVINGTON DIRECTOR
FISCAL RESEARCH DIVISION
TELEPHONE (919) 733 4910

M GLENN NEWKIRK DIRECTOR
LEGISLATIVE AUTOMATED SYSTEMS DIVISION
TELEPHONE (919) 733 6834

TERRENCE D SULLIVAN DIRECTOR
RESEARCH DIVISION
TELEPHONE (919) 733 2578

MARGARET WEBB
LEGISLATIVE INFORMATION OFFICER
TELEPHONE (919) 733 4200

May 13, 1988

The Honorable Robert B. Jordan III,
President of the Senate, and
The Honorable Liston B. Ramsey,
Speaker of the House

Dear Sirs:

As Co-Chairmen of the Adolescent Pregnancy Study Commission, we would like to report briefly on our progress and to make a recommendation to the 1988 Session of the General Assembly.

The charge of the Study Commission was to "study the subjects of adolescent pregnancy and teaching about adolescent sexuality ... to monitor and evaluate the State's efforts in the areas of adolescent pregnancy and teaching about adolescent sexuality. Specifically, the ... Commission shall monitor and evaluate the adolescent pregnancy programs funded with appropriations by the 1985 and 1987 General Assemblies; and it shall monitor and evaluate family life education under the Basic Education Program." 1987 Sess. Laws, Chapter 873, Part X.

The Study Commission was directed to report to the 1988 Session and to the 1989 General Assembly.

Since its creation, the Study Commission has held three meetings. It has heard numerous speakers and has discussed in depth both of the main subjects of the study: adolescent pregnancy prevention and family life education.

The major project the Study Commission has in progress is a preliminary assessment of the 34 adolescent pregnancy prevention pilot projects funded by the 1987 General Assembly. With the authorization of the leadership of the Legislative Services Commission, the Study Commission has entered into a $12,000 contract with The Human Services Institute, Inc., of Greensboro to conduct this assessment. The Institute has agreed to read the documentation on the 34 programs, make site visits, and return by October 1, 1988 with a professional judgment of the appropriateness of the approach each project takes in addressing

the adolescent pregnancy problem. We believe this study is an essential prerequisite to the Study Commission's making its final report to the 1989 General Assembly.

The Study Commission has one recommendation to make to the 1988 Session. That recommendation was approved at the Study Commission's April 28 meeting. It is a conditional recommendation: If the General Assembly decides to re-appropriate adolescent-pregnancy funds from the Social Services Block Grant for the second year of the biennium, the Study Commission recommends that the special provision contain language that does two things not done in previous provisions:

1. specify that the projects use the money for adolescent pregnancy or prematurity prevention, and

2. set out a requirement of reporting to the N.C. Department of Human Resources.

Previous special provisions appropriating Social Services Block Grant money to adolescent pregnancy pilot projects have included language stating what the projects may not use the money for, but have not stated what they may use it for. Twelve of the 34 projects now receive Social Services Block Grant money under such a special provision.

Attached are a copy of the 1987 special provision giving Social Services Block Grant money to 12 adolescent pregnancy pilot projects, and the wording that the Study Commission recommends be used if another special provision is enacted in 1988.

The Study Commission expects to have further meetings in the fall and to make a full final report to the 1989 General Assembly.

Thank you very much.

Sincerely,

Representative Luther R. Jeralds, Senator Marvin M. Ward,

Co-Chairmen, Adolescent Pregnancy Study Commission.

CC: The Honorable J.J. Harrington, President Pro Tem of the Senat

# 1987 - House Bill 1514
# Chapter 738.

Requested by: Rep. Locks

-----PREVENTION PROGRAMS FUNDS

Sec. 100. (a) Social Services Block Grant funds appropriated in Section 4 of this act shall be allocated as follows:

| | | |
|---|---|---|
| Swain County | Cherokee Boys Club, Inc. | $30,000 |
| Caldwell County | Health Department | 30,000 |
| Robeson County | Health Department | 30,000 |
| Harnett County | Health Department | 40,000 |
| Buncombe County | Health Department | 40,000 |
| Carteret County | Community Action, Inc. | 40,000 |
| Davidson County | Health Department | 40,000 |
| Greene County | Health Care Inc. | 40,000 |
| Bertie County | Health Department | 40,000 |
| Scotland County | Health Department | 40,000 |
| Macon County | Programs for Progress | 55,000 |
| Mecklenburg County | N.C. Coalition on Adolescent Pregnancy | 20,000 |

(b) No funds allocated under this section shall be used for purchase and prescriptions of contraceptives, nor shall contraceptives be distributed on school property under this section. None of the funds allocated under this section may be used for transportation to and from abortion services. None of the funds allocated under this section may be used for abortions. This subsection applies only to the funds allocated under this section.

## SUGGESTED LANGUAGE FOR 1988 BLOCK GRANT APPROPRIATIONS TO ADOLESCENT PREGNANCY PROGRAMS.

(b) Programs receiving funds allocated under this section shall use these funds for adolescent pregnancy prevention and prematurity prevention projects.

(c) No funds allocated under this section shall be used for purchase and prescriptions of contraceptives, nor shall contraceptives be distributed on school property under this section. None of the funds allocated under this section may be used for transportation to and from abortion services. None of the funds allocated under this section may be used for abortions. This subsection applies only to the funds allocated under this section.

(d) Each program receiving funds under this section shall report to the Department of Human Resources those program specifics required by the Department, including specifics required by the Department designed to permit evaluation of the program's success in fulfilling the requirement set out in subsection (b) of this section. The Department shall report to the General Assembly no later than May 1, 1989 on the programs' operations, including any legislative recommendations.

——ADOLESCENT PREGNANCY ADVISORY BOARD

Sec. 101. The Secretary of Human Resources shall select individuals from the membership of the Statewide Family Planning Advisory Council and the Perinatal Council of the Health Services Commission to serve as an Advisory Board for Adolescent Pregnancy and Prematurity Prevention. The individuals so selected shall include a representative of the Division of Social Services, a representative of the Division of Mental Health, Mental Retardation, and Substance Abuse Services, a representative of the Family Planning Branch of the Division of Health Services, a representative of the Maternal and Child Health Branch of the Division of Health Services, a representative of the North Carolina Coalition on Adolescent Pregnancy, a representative of the North Carolina Child Advocacy Institute, and a representative of Planned Parenthood. The Advisory Board shall advise the Secretary of the Department of Human Resources and the Division of Health Services on issues relating to the problem of adolescent pregnancy and of prematurity prevention in North Carolina. Before funds appropriated by Section 2 of this act for model adolescent pregnancy and prematurity prevention projects may be allocated for the establishment of these projects, the Secretary and the Division of Health Services shall receive and review the recommendations of the Advisory Board regarding the selection of model programs. The final authority for the selection of the projects to be established shall rest with the Secretary.

——ADOLESCENT PREGNANCY AND PREMATURITY PREVENTION PROJECTS

Sec. 102. The Division of Health Services shall design the Adolescent Pregnancy and Prematurity Prevention Projects in order to reduce most effectively the numbers of unintended adolescent pregnancies, and to improve the health of pregnant adolescents and their infants, by means of the development of innovative community based programs and projects such as school based adolescent health clinics and community based adolescent counseling and education programs. The Projects shall be undertaken as pilot projects to serve as successful models for replication in areas of the State where there are statistically high incidences of adolescent pregnancy, premature births, and infant mortality.

Project selection may be based solely on the merits of the proposals submitted to the Division. The Secretary shall adopt rules to administer the selection process and to establish and administer the Projects. All Projects established and funded during the 1985-87 fiscal biennium shall be evaluated by the Division of Health Services. The Division of Health Services shall report the results of this evaluation, together with any recommendations, to the Joint Legislative Commission on Governmental Operations and to the Fiscal Research Division, no later than January 15, 1987.

S.B. 636 **CHAPTER 790**

AN ACT AUTHORIZING STUDIES BY THE LEGISLATIVE RESEARCH COMMISSION, MAKING TECHNICAL AMENDMENTS THERETO, AND TO MAKE OTHER AMENDMENTS.

*The General Assembly of North Carolina enacts:*

**Section 1.** Studies Authorized. The Legislative Research Commission may study the topics listed below. Listed with each topic is the 1985 bill or resolution that originally proposed the issue or study and the name of the sponsor. The Commission may consider the original bill or resolution in determining the nature, scope and aspects of the study. The topics are:

(1) Continuation of the Study of Revenue Laws (H.J.R. 17-Lilley),

(2) Continuation of the Study of Water Pollution Control (H.J.R. 141-Evans),

(3) Adolescent Sexuality Teaching (H.J.R. 275-Jeralds),

(4) Continuation of the Study on the Problems of the Aging (H.J.R. 322-Greenwood),

(5) Continuation of the Study of Municipal Incorporations (H.J.R. 389-Greenwood),

(6) School Discipline (H.J.R. 861-Colton),

(7) Bail Bondsmen and Bail Bond Forfeiture (H.B. 967-Watkins),

(8) Preventative Medicine (H.B. 1052-Locks),

(9) Life Care Arrangements (H.B. 1053-Locks),

(10) State Personnel System (H.B. 1064-Wiser),

(11) Long-Term Health Care Insurance (H.B. 1103-Locks),

(12) Itinerant Merchants (H.B. 1170-Lancaster),

(13) Manufactured Housing Zoning (H.B. 1178-Ballance; S.B. 636-Plyler),

(14) Interest Rate Regulation (H.J.R. 1227-Evans),

(15) Underground Storage Tank Leakage Hazards and other ground water hazards (H.B. 1281-Locks),

(16) Mental Patient Commitments (H.J.R. 1313-Miller),

(17) High-Level Radioactive Waste Disposal (H.B. 1375-Diamont; S.B 655-Hipps),

(18) Stun Guns (H.J.R. 1390-McDowell),

(19) Continuation of the Study of Water Quality in Haw River and B Everett Jordan Reservoir (H.J.R. 1393-Hackney),

(20) Authority of Boards of County Commissioners in Certain Counties over Commissions, Boards and Agencies (H.J.R. 1405-Hoirovd),

(21) Superintendent of Public Instruction and State Board of Education (H.J.R. 1412-Nye),

(22) Rental Referral Agencies (H.B. 1421-Stamey),

(23) Child Abuse Testimony Study (S.B. 165-Hipps),

(24) Home Schooling Programs (S.J.R. 224-Winner),

(25) Pretrial Release (S.J.R. 297-Winner),

(26) Inmate Substance Abuse Therapy Program (S.J.R. 317-Plyler),

(27) Inmate Work-Release Centers (S.B 406-Swain),

(28) Community College System (S.B 425-Martin),

(29) Community Service Alternative Punishment and Restitution (S.B 495-Swain),

(30) State Employee Salaries and Benefits (S.B. 514-Jordan),

(31) State Infrastructure Needs (S.B. 541-Royall),

(32) Commercial Laboratory Water Testing (S.B. 573-Taft),

(33) Outdoor Advertising (S.B. 611-Thomas, R.P.),

(34) Premium Tax Rate on Insurance Companies (S.B. 633-Hardison)

(35) Continuation of the Study of Child Support (S.B. 636-Marvin),

(36) Local Government Financing (S.B. 670-Rauch),

(37) Medical Malpractice and Liability (S.B. 703-Taft),

(38) Marketing of Perishable Food (S.B. 716-Basnight),

(39) Child Protection (S.B. 802-Hipps),

(40) Legislative Ethics and Lobbying (S.B. 829-Rauch),

(41) Satellite Courts (S.B. 850-Barnes),

(42) Substantive Legislation in Appropriations Bills (S.B. 851-Rand),

(43) School Finance Act (S.B. 846-Taft).

Sec. 2. Transportation Problems at Public Facilities. The Legislative Research Commission may identify and study transportation problems at public transportation facilities in North Carolina.

Sec. 2.1. The Legislative Research Commission may study the feasibility of the prohibition of investment by the State Treasurer of stocks of the retirement systems listed in G.S. 147-69.2(b)(6), or of the assets of the trust funds of The University of North Carolina and its constituent institutions deposited with the State Treasurer pursuant to G.S. 116-36.1 and G.S. 147-69.2(19) in a financial institution that has outstanding loans to the Republic of South Africa or in stocks, securities, or other obligations of a company doing business in or with the Republic of South Africa.

Sec. 3. Reporting Dates. For each of the topics the Legislative Research Commission decides to study under this act or pursuant to G.S. 120-30.17(1), the Commission may report its findings, together with any recommended legislation, to the 1987 General Assembly, or the Commission may make an interim report to the 1986 Session and a final report to the 1987 General Assembly.

Sec. 4. Bills and Resolution References. The listing of the original bill or resolution in this act is for reference purposes only and shall not be deemed to have incorporated by reference any of the substantive provisions contained in the original bill or resolution.

Sec. 5. The last sentence of G.S. 120-19.4(b) is amended by deleting the citation "G.S. 5-4" and inserting in lieu thereof the following: "G.S. 5A-12 or G.S. 5A-21, whichever is applicable".

Sec. 6. G.S. 120-99 is amended by adding a new paragraph to read:

"The provisions of G.S. 120-19.1 through G.S. 120-19.8 shall apply to the proceedings of the Legislative Ethics Committee as if it were a joint committee of the General Assembly, except that the chairman shall sign all subpoenas on behalf of the Committee."

Sec. 7. G.S. 120-30.17 is amended by adding a new subsection to read:

"(9) For studies authorized to be made by the Legislative Research Commission, to request another State agency, board, commission or committee to conduct the study if the Legislative Research Commission determines that the other body is a more appropriate vehicle with which to conduct the study. If the other body agrees, and no legislation specifically provides otherwise, that body shall conduct the study as if the original authorization had assigned the study to that body and shall report to the General Assembly at the same time other studies to be conducted by the Legislative Research Commission are to be reported. The other agency shall conduct the transferred study within the funds already assigned to it."

Sec. 8. This act is effective upon ratification.

In the General Assembly read three times and ratified, this the 18th day of July, 1985.

H.B 2141 **CHAPTER 1032**

AN ACT AUTHORIZING STUDIES BY THE LEGISLATIVE RESEARCH COMMISSION, AND TO MAKE OTHER AMENDMENTS AFFECTING THE RAILROAD NEGOTIATING COMMISSION.

*The General Assembly of North Carolina enacts:*

Section 1. Studies Authorized. The Legislative Research Commission may study the topics listed below. Listed with each topic is the 1985 bill or resolution that originally proposed the issue or study and the name of the sponsor. The Commission may consider the original bill or resolution in determining the nature, scope and aspects of the study. The topics are:

(1) Uniform System of Voting Machines (H.B. 1664 - Wood),

(2) Adolescent Pregnancy and Premature Births (H.B. 2078 - Jeralds).

(3) Low-Level Radioactive Waste Regulation (S.B. 882 - Tally),

(4) Campaign and Election Procedures (S.B. 1002 - Martin, W.)

(5) Veterans Cemetery Study (H.B. 2117 - Lancaster).

Sec. 2. Transportation Matters. The Legislative Research Commission may study the actions proposed in the following portions of Senate Bill 866 of the 1985 General Assembly as introduced by Senator Redman.

Part I
Parts VII through XIII, and
Part XV.

Sec. 3. Reporting Dates. For each of the topics the Legislative Research Commission decides to study under this act or pursuant to G.S. 120-30.17(1), the Commission may report its findings, together with any recommended legislation, to the 1987 General Assembly.

Sec. 4. Bills and Resolution References. The listing of the original bill or resolution in Sections 1 through 3 of this act is for reference purposes only and shall not be deemed to have incorporated by reference any of the substantive provisions contained in the original bill or resolution.

——EXTEND COMPLIANCE WITH VOTING ACCESSIBILITY FOR THE ELDERLY AND HANDICAPPED ACT.

Sec. 4.1. Section 4 of Chapter 4, Session Laws of the Extra Session of 1986 is amended by deleting "October 1, 1986" and substituting "July 1, 1987".

——RAILROAD NEGOTIATING COMMISSION AMENDMENTS.

Sec. 5. Section 13.4(b) of Chapter 792, Session Laws of 1985 is rewritten to read:

"(b) The cochairmen of the Commission may appoint an executive committee for such purposes as determined by the Commission."

Sec. 6. The first sentence of Section 13.7(4) of Chapter 792, Session Laws of 1985 is repealed.

Sec. 7. Section 13.8 of Chapter 792, Session Laws of 1985 is amended by adding the following at the end:

"The Boards of Directors of the railroads (or the Board of Directors of the railroad, if the two railroads are merged or combined) each should appoint a negotiating committee to conduct negotiations concerning the leases. If such committees are established, the Commission shall designate two or more of its members (other than the Commission members appointed under subdivisions (6) and (7) of Section 13.2 of this act) who may attend the negotiating sessions of each railroad, without a vote; provided that if the two railroads are not merged or combined, no person so designated may attend the negotiating sessions of both railroads."

Sec. 8. Section 13.10 of Chapter 792, Session Laws of 1985 is repealed.

Sec. 9. Section 13.14 of Chapter 792, Session Laws of 1985 is rewritten to read:

"Sec. 13.14. The Commission shall advise the Governor and General Assembly of its opinion as to whether the Governor should vote his proxy

to approve any lease negotiated by the Board of Directors of each railroad, or the Board of Directors of a merged or combined railroad, if such lease requires shareholder approval, and shall advise the Council of State whether it should approve the lease under Chapter 124 of the General Statutes."

Sec. 10. Section 13.15 of Chapter 792, Session Laws of 1985 is amended by adding the following immediately before the period at the end: ", and shall recommend the same to the Governor, in the exercise of his executive function of disposing of property. In any vote on whether the stock held by the State should be sold, the members appointed under subdivisions (6) and (7) of Section 13.2 of this act would be invited to attend the meetings in this regard and to offer the Commission advice and opinion, but would not be entitled to vote."

Sec. 11. Article 6A.1 of Chapter 120 of the General Statutes is amended by adding a new section to read:

"§ 120-30.9H. *Decision letters of U.S. Attorney General published in North Carolina Register.*—All letters and other documents received by the authorities required by this Article to submit any 'changes affecting voting' from the Attorney General of the United States in which a final decision is made concerning a submitted 'change affecting voting' shall be filed with the Director of the Office of Administrative Hearings. The Director shall publish the letters and other documents in the North Carolina Register."

Sec. 12. G.S. 150B-63(d1) is amended by adding between the words "information." and "relating" the words "required by law to be published in it, and information".

Sec. 12.1. Chapter 792 of the 1985 Session Laws (First Session, 1985) is amended by adding the following to Section 11.7:

"Upon the approval of the Legislative Services Commission, additional expenses of the Study Commission on State Parks and Recreation Areas shall be paid from funds appropriated to the General Assembly for the 1986-87 fiscal year."

Sec. 12.2. Used Tire and Waste Oil Disposal. The Lesiglative Research Commission may study problems surrounding the environmentally safe disposal of used tires and waste oil and their possible solutions.

Sec. 13. This act is effective upon ratification.

In the General Assembly read three times and ratified, this the 16th day of July, 1986.

"—ALLOCATION OF FUNDS FOR GRANTIN-AID FOR PREVENTION PROGRAMS

Sec. 7. Social Services Block Grant funds appropriated in Section 5 of this act shall be allocated as follows:

| | | |
|---|---|---|
| Swain County | Cherokee Boys Club, Inc. | 30,000 |
| Caldwell County | Health Department | 30,000 |
| Robeson County | Health Department | 30,000 |
| Anson County | Morven Area Medical Center | 40,000 |
| Buncombe County | Health Department | 40,000 |
| Carteret County | Community Action, Inc. | 40,000 |
| Davidson County | Health Department | 40,000 |
| Greene County | Health Care Inc. | 40,000 |
| Bertie County | Health Department | 40,000 |
| Scotland County | Health Department | 40,000 |
| Macon County | Programs for Progress | 55,000 |
| Mecklenburg County | N. C. Coalition on Adolescent Pregnancy | 20,000 |

No funds allocated under this section shall be used for purchase and prescriptions of contraceptives, nor shall contraceptives be distributed on school property under this section. None of the funds allocated under this section may be used for transportation to and from abortion services. None of the funds allocated under this section may be used for abortions. This paragraph applies only to the funds allocated under this section.

# 1987 – House Bill 1514
# Chapter 738.

Requested by: Rep. Locks
-----PREVENTION PROGRAMS FUNDS

Sec. 100. (a) Social Services Block Grant funds appropriated in Section 4 of this act shall be allocated as follows:

| | | |
|---|---|---|
| Swain County | Cherokee Boys Club, Inc. | $30,000 |
| Caldwell County | Health Department | 30,000 |
| Robeson County | Health Department | 30,000 |
| Harnett County | Health Department | 40,000 |
| Buncombe County | Health Department | 40,000 |
| Carteret County | Community Action, Inc. | 40,000 |
| Davidson County | Health Department | 40,000 |
| Greene County | Health Care Inc. | 40,000 |
| Bertie County | Health Department | 40,000 |
| Scotland County | Health Department | 40,000 |
| Macon County | Programs for Progress | 55,000 |
| Mecklenburg County | N.C. Coalition on Adolescent Pregnancy | 20,000 |

(b) No funds allocated under this section shall be used for purchase and prescriptions of contraceptives, nor shall contraceptives be distributed on school property under this section. None of the funds allocated under this section may be used for transportation to and from abortion services. None of the funds allocated under this section may be used for abortions. This subsection applies only to the funds allocated under this section.

# 1987 – House Bill 1515
# Chapter 830.

Requested by: Sen. Plyler
-----MORVEN AREA MEDICAL CENTER FUNDS REALLOCATED

Sec. 29. The Morven Area Medical Center shall return to the State the funds allocated to it from the Social Services Block Grant for fiscal year 1986-87 under Section 7 of Chapter 1014, Session Laws of 1985. Such funds that are received by the State under this section are reappropriated to the Anson County Board of Education for an Adolescent Pregnancy Prevention Program.

## 115C-81. (For effective date see notes) Basic Education Program.

(a) The State Board of Education shall adopt a Basic Education Program for the public schools of the State. Before it adopts or revises the Basic Education Program, the State Board shall consult with an Advisory Committee, including at least eight members of local boards of education, that the State Board appoints from a list of nominees submitted by the North Carolina School Boards Association. The State Board shall report annually to the General Assembly on any changes it has made in the program in the preceding 12 months and any changes it is considering for the next 12 months.

The State Board shall implement the Basic Education Program within funds appropriated for that purpose by the General Assembly and by units of local government. It is the goal of the General Assembly that the Basic Education Program be fully funded and completely operational in each local school administrative unit by July 1, 1993.

(a1) The Basic Education Program shall describe the education program to be offered to every child in the public schools. It shall provide every student in the State equal access to a Basic Education Program. Instruction shall be offered in the areas of arts, communication skills, physical education and personal health and safety, mathematics, media and computer skills, science, second languages, social studies, and vocational education.

(a2) Instruction in the prevention of Acquired Immune Deficiency Syndrome (AIDS) virus infection and other communicable diseases shall be offered in the public schools and shall be conducted under guidelines to be developed by the State Board of Education emphasizing parental involvement, abstinence from sex and drugs, and other accurate and appropriate information to prevent the spread of the diseases.

(b) The Basic Education Program shall include course requirements and descriptions similar in format to materials previously contained in the standard course of study and it shall provide:

(1) A core curriculum for all students that takes into account the special needs of children and includes appropriate modifications for the learning disabled, the academically gifted, and the students with discipline and emotional problems;

(2) A set of competencies, by grade level, for each curriculum area;

(3) A list of textbooks for use in providing the curriculum;

(4) Standards for student performance and promotion based on the mastery of competencies, including standards for graduation;

(5) A program of remedial education;

(6) Required support programs;

(7) A definition of the instructional day;

(8) Class size recommendations and requirements;

(9) Prescribed staffing allotment ratios;

(10) Material and equipment allotment ratios;

(11) Facilities standards; and

(12) Any other information the Board considers appropriate and necessary.



§ 115C-81 is set out twice. See notes for effective dates.

(c) Local boards of education shall provide for the efficient teaching at appropriate grade levels of all materials set forth in the Basic Education Program, including integrated instruction in the areas of citizenship in the United States of America, government of the State of North Carolina, government of the United States, fire prevention, the free enterprise system, the dangers of harmful or illegal drugs, including alcohol, and cardio-pulmonary resuscitation (CPR) and the Heimlich maneuver.

Local boards of education shall require all teachers and principals to conduct classes except foreign language classes in English. Any teacher or principal who refuses to do so may be dismissed.

(d) The standard course of study as it exists on January 1, 1985, and as subsequently revised by the State Board, shall remain in effect until its components have been fully incorporated and implemented as a part of the Basic Education.

(e) School Health Education Program to Be Developed and Administered.

(1) A comprehensive school health education program shall be developed and taught to pupils of the public schools of this State from kindergarten through ninth grade.

(2) As used above, "comprehensive school health" includes 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, and any like subject matter. Comprehensive school health also includes the subject matter of bicycle safety in geographical areas where appropriate.

(3) The development and administration of this program shall be the responsibility of each local school administrative unit in the State that receives an allocation of State funds for a school health coordinator, a school health education coordinator who serves the local school administrative unit, the Department of Public Instruction, and a State School Health Education Advisory Committee.

(4) Each existing local school administrative unit is eligible to develop and submit a plan for a comprehensive school health education program which shall meet all standards established by the State Board of Education, and to apply for funds to execute such plans.

The State Board of Education shall designate an impartial panel to review health education program plans submitted by local school administrative units. Based on the panel's evaluation of the plans, the State Board of Education shall allocate the State-funded school health coordinators. Where feasible, a school health coordinator shall serve more than one local school administrative unit.

Each person initially employed as a State-funded school health coordinator after June 30, 1987, shall have a degree in health education.

(5) The Department of Public Instruction shall supervise the development and operation of a statewide comprehensive school health education program including curriculum development, in-service training provision and promotion of collegiate training, learning material review, and assessment and evaluation of local programs in the same manner



115C-81 is set out twice. See notes for effective dates.



as for other programs. It i
that a specific position or
Public Instruction shall be
forth in this subsection.

(6) A State School Health Advi
lished.

a. The committee shall pro
ations of the program
Board of Education or
provisions and intent o
to the department with
subsection, and encour
cation programs which
in the public schools

b. The committee shall r
twice annually. It sha
from among its own m
an equal vote and the
subcommittees as ma
committee shall serve
they shall be reimbur
Instruction for travel
the performance of the
mittee, to the extent
this purpose.

c. The committee shall
pointed by the Gove
Education, one by th
sentatives, one by t
three ex officio mem
Education, Departm
Chief, State Healt
Agency, Department
perintendent of Publ
The Governor's appo
lowing manner: one
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ety; one physician fr
by the North Carolin
from a list of three
Carolina Chiroprac
nurse from a list o
North Carolina Nur
a list of three names
Dental Society; one
submitted by the N
one member from a
the North Carolina
Inc.; one member fr
by the North Carol
cal Education, and
of three names sub
lic Health Associati
names submitted b
ference on Profess
Physical Education

§ 115C-81 is set out twice. See

as for other programs. It is the intent of this legislation that a specific position or positions in the Department of Public Instruction shall be assigned responsibilities as set forth in this subsection.

(6) A State School Health Advisory Committee is hereby established

a. The committee shall provide citizen input into the operations of the program, report annually to the State Board of Education on progress in accomplishing the provisions and intent of this legislation, provide advice to the department with regard to its duties under this subsection, and encourage development of higher education programs which would benefit health education in the public schools.

b. The committee shall meet as necessary but at least twice annually. It shall select annually a chairperson from among its own membership, each member having an equal vote and the chairperson shall appoint such subcommittees as may be necessary. Members of the committee shall serve without compensation; however, they shall be reimbursed by the Department of Public Instruction for travel and other expenses incurred in the performance of their duties as members of the committee, to the extent that funds are appropriated for this purpose.

c. The committee shall consist of 17 members: 10 appointed by the Governor, two by the State Board of Education, one by the Speaker of the House of Representatives, one by the President of the Senate, and three ex officio members: the Chief, Office of Health Education, Department of Human Resources; the Chief, State Health Planning and Development Agency, Department of Human Resources; and the Superintendent of Public Instruction, or their designees. The Governor's appointees shall be named in the following manner: one physician from a list of three names submitted by the North Carolina Medical Society; one physician from a list of three names submitted by the North Carolina Pediatric Society; one physician from a list of three names submitted by the North Carolina Chiropractic Association; one registered nurse from a list of three names submitted by the North Carolina Nurses' Association; one dentist from a list of three names submitted by the North Carolina Dental Society; one member from a list of three names submitted by the North Carolina Medical Auxiliary; one member from a list of three names submitted by the North Carolina Congress of Parents and Teachers, Inc.; one member from a list of three names submitted by the North Carolina Association for Health, Physical Education, and Recreation; one member from a list of three names submitted by the North Carolina Public Health Association; one member from a list of three names submitted by the North Carolina College Conference on Professional Preparation in Health and Physical Education. The State Board nominees shall



§ 115C-81 is set out twice. See notes for effective dates.

represent local school administrative units and shall have been recommended by the Superintendent of Public Instruction. The Speaker's nominee shall be a member of the North Carolina House of Representatives and the President of the Senate's nominee shall be a member of the Senate.

d. The appointed members of the advisory committee shall serve for a term of three years. Appointed members may be reappointed 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.

(f) Establishment and Maintenance of Kindergartens. —

(1) Local boards of education shall provide for their respective local school administrative unit kindergartens as a part of the public school system for all children living in the local school administrative unit who are eligible for admission pursuant to subdivision (2) of this subsection, provided that funds are available from State, local, federal or other sources to operate a kindergarten program as provided in G.S. 115C-81(f) and 115C-82.

All kindergarten programs so established shall be subject to the supervision of the Department of Public Instruction and shall be operated in accordance with the standards adopted by the State Board of Education, upon recommendation of the Superintendent of Public Instruction.

Among the standards to be adopted by the State Board of Education shall be a provision that the Board will allocate funds for the purpose of operating and administering kindergartens to each school administrative unit in the State based on the average daily membership for the best continuous three out of the first four school months of pupils in the kindergarten program during the last school year in that respective school administrative unit. Such allocations are to be made from funds appropriated to the State Board of Education for the kindergarten program.

(2) Any child who has passed the fifth anniversary of his birth on or before October 16 of the year in which he enrolls shall be eligible for enrollment in kindergarten.

(3) Notwithstanding any other provision of law to the contrary, subject to the approval of the State Board of Education, any local board of education may elect not to establish and maintain a kindergarten program. Any funds allocated to a local board of education which does not operate a kindergarten program may be reallocated by the State Board of Education, within the discretion of the Board, to a county or city board of education which will operate such a program. (1955, c. 1372, art. 5, s. 20; art. 23, ss. 1, 5, 6; 1957, cc. 845, 1101; 1969, c. 487, ss. 1, 2; 1971, c. 356; 1973, c. 476, s. 128; 1975, c. 65, ss. 1, 2; 1977, 2nd Sess., c. 1256, s. 1; 1981, c. 423, s. 1; 1983, c. 656, s. 2; 1983 (Reg. Sess., 1984), c. 1034, s. 81; c. 1103, s. 2; 1985, c. 479, s. 55(c)(1), 55(c)(2); 1987, c. 738, s. 186(b).)



5C-81 is set out twice. See notes for effective dates.



Section Set Out Twice. — The section above is effective when the components of the standard course of study have been fully incorporated and implemented as a part of the Basic Education Program. For this section as in effect until that time, see the preceding section, also numbered § 115C-81.

Editor's Note. — Session Laws 1985, c. 479, which in § 55(c)(1) substituted present subsections (a), (a1), (b), (c) and (d) for former subsections (a), (b), (c) and (d) and in § 55(c)(2) amended subsection (c), provides in § 55(c)(5):

"The State Board may permit local pilot programs on an annual basis to deviate from the Basic Education Program in order to encourage improvement through innovation. These local deviations and the purposes for each shall be described in the annual report required pursuant to G.S. 115C-81 before piloting begins. The achievement of purposes for each pilot program with recommendations shall also be reported. These local deviations shall be described in the annual report required pursuant to G.S. 115C-81 with accompanying rationale and recommendations."

Session Laws 1985, c. 479, s. 55(c)(8) and (c)(9), provide:

"(8) Nothing in this subsection creates any rights except to the extent that funds are appropriated by the State and the units of local government to implement the provisions of this subsection and the Basic Education Program.

"(9) This subsection shall apply to all school years beginning with the 1985-86 school year."

Session Laws 1987, c. 738, s. 1.1 provides that c. 738 shall be known as "The

## § 115C-81.1. Basic Educa to supplant l

It is the intent of the General priated by the General Assembly and clerical personnel to implen be used to supplement and not funding for the public schools. school administrative units rece tional education programs and were previously funded in whole local governments shall continu ing or capital purposes in the lo amount of money they would h

Sec. 127. (a) Section 16 of Chapter 856 of the 1987 Session Laws reads as rewritten:

"Sec. 16. G.S. ~~143B-173(a)(5)~~ 143B-173(a)(3) is repealed."

(b) This section shall become effective August 14, 1987.

Requested by: Representative Nye

-----CASWELL COUNTY FAMILY MEDICAL CENTER

Sec. 128. Of the funds appropriated to the Department of Human Resources, Division of Facility Services, for the 1988-89 fiscal year and included in Section 3 of this act, the sum of one hundred forty-five thousand dollars ($145,000) shall be used to construct an extension to the Caswell County Medical Center to help meet the medical needs of the area.

Requested by: Senator Walker, Representative Nye

-----PREVENTION PROGRAMS FUNDS

Sec. 129. Section 100 of Chapter 738 of the 1987 Session Laws reads as rewritten:

"Sec. 100. (a) Social Services Block Grant funds appropriated ~~in Section 1 of this act~~ for fiscal year 1988-89 and included in Section 5 of this act shall be allocated as follows:

| | | |
|---|---|---|
| Swain County | Cherokee Boys Club, Inc. | $30,000 |
| Caldwell County | Health Department | 30,000 |
| Robeson County | Health Department | 30,000 |
| Harnett County | Health Department | 40,000 |
| Buncombe County | Health Department | 40,000 |
| Carteret County | Community Action, Inc. | 40,000 |
| Davidson County | Health Department | 40,000 |
| Greene County | Health Care, Inc. | 40,000 |
| Bertie County | Health Department | 40,000 |
| Scotland County | Health Department | 40,000 |
| Macon County | Programs for Progress | 55,000 |
| Mecklenburg County | N.C. Coalition on Adolescent Pregnancy | 20,000 |

(b) Programs receiving funds allocated under this section shall use these funds for adolescent pregnancy prevention and prematurity prevention projects.

~~(b)~~ (c) No funds allocated under this section shall be used for purchase and prescriptions of contraceptives, nor shall contraceptives be distributed on school property under this section. None of the funds allocated under this section may be used for transportation to and from abortion services. None of the funds allocated under this section may be used for abortions. This subsection applies only to the funds allocated under this section.

(d) Each program receiving funds under this section shall report to the Department of Human Resources those program specifics required by the Department, including specifics required by the Department designed to permit evaluation of the program's success in fulfilling the requirement set out in subsection (b) of this section. The Department shall report to the General Assembly no later than May 1, 1989, on the programs' operations, including any legislative recommendations."

Requested by: Senator Walker, Representative Nye

-----RESPITE CARE PROGRAM

Sec. 130. (a) Section 101(a) of Chapter 738 of the 1987 Session Laws reads as rewritten:

H.B. 666 CHAPTER 630

AN ACT TO PROVIDE FOR INSTRUCTION IN THE PUBLIC SCHOOLS ON THE PREVENTION OF AIDS AND OTHER COMMUNICABLE DISEASES.

*The General Assembly of North Carolina enacts:*

**Section 1.** G.S. 115C-81 is amended by adding a new subsection (a2) to read:

"(a2) Instruction in the prevention of Acquired Immune Deficiency Syndrome (AIDS) virus infection and other communicable diseases shall be offered in the public schools and shall be conducted under guidelines to be developed by the State Board of Education emphasizing parental involvement, abstinence from sex and drugs, and other accurate and appropriate information to prevent the spread of the diseases."

Sec. 2. This act is effective upon ratification.

In the General Assembly read three times and ratified this the 17th day of July, 1987.

NORTH CAROLINA GENERAL ASSEMBLY
LEGISLATIVE SERVICES OFFICE
2129 STATE LEGISLATIVE BUILDING
RALEIGH 27611

GEORGE R HALL JR
LEGISLATIVE ADMINISTRATIVE OFFICER
TELEPHONE (919) 733-7044

GERRY F COHEN DIRECTOR
LEGISLATIVE DRAFTING DIVISION
TELEPHONE (919) 733-6660

THOMAS L COVINGTON DIRECTOR
FISCAL RESEARCH DIVISION
TELEPHONE (919) 733-4910

M GLENN NEWKIRK DIRECTOR
LEGISLATIVE AUTOMATED SYSTEMS DIVISION
TELEPHONE (919) 733-6834

TERRENCE D SULLIVAN DIRECTOR
RESEARCH DIVISION
TELEPHONE (919) 733-2578

MARGARET WEBB
LEGISLATIVE INFORMATION OFFICER
TELEPHONE (919) 733-4200

January 4, 1988.

MEMORANDUM

TO: Selected State-Funded Adolescent Pregnancy Projects.

FROM: Rep. Luther R. Jeralds and Sen. Marvin M. Ward, Co-Chairmen of Adolescent Pregnancy Study Commission.

RE: Appearance Before Adolescent Pregnancy Study Commission.

As Co-Chairmen of the Adolescent Pregnancy Study Commission, we are requesting a presentation from your project at the first meeting of the Commission. The meeting will be at 10 a.m. Friday, January 15, 1988, in Room 1124 of the State Legislative Building in Raleigh.

The General Assembly directed the Study Commission to "monitor and evaluate the adolescent pregnancy programs funded with appropriations by the 1985 and 1987 General Assemblies." In working to fulfill that duty, we have selected 11 of those projects as a sample. We are asking each of the 11 to respond to the same set of questions. Please come to the meeting January 15 prepared to do the following:

* to distribute 20 copies of your responses to all the questions. This document should be no longer than two pages. And

* to make an oral presentation of your responses to the questions. This oral presentation should last no longer than 10 minutes.

Please respond specifically to each question, using the format provided. Please make your responses brief and concise.

If you cannot respond to any question, please state why you cannot.

Here are the questions:

1. What are your primary program objectives?

2. What interventions are you directing at each of the objectives?

3. What evaluation criteria are you using to measure program success in reaching objectives?

4. What data do you have that points to outcomes?

5. What percent of the population at risk is the target of your program?

6. What percent of that target population are you reaching?

7. What are the three major strengths of your program?

8. What are the three major weaknesses of your program?

9. What steps have you taken to supplement and expand financing of your project beyond State funding?

If you have any questions concerning this questionnaire, please do not hesitate to call Bill Gilkeson, the Counsel to the Study Commission, at (919)733-2578. Ms. Barbara Pullen-Smith of the Maternal and Child Health Section of the Division of Health Services, State Department of Human Resources, is another source of assistance with these questions.

Thank you very much for your cooperation. We look forward to seeing you at 10 a.m., Friday, January 15, 1988, in Room 1124 of the State Legislative Building in Raleigh.

cc: David T. Flaherty, Secretary of Human Resources.
Ms. Barbara Pullen-Smith, Maternal and Child Health Section, DHR.
Bill Gilkeson, Counsel, Adolescent Pregnancy Study Comm.

NORTH CAROLINA GENERAL ASSEMBLY

January 4, 1988.

The Honorable David T. Flaherty, Secretary,
North Carolina Department of Human Resources,
Albemarle Building, 325 North Salisbury Street,
Raleigh, North Carolina 27611.

Dear Secretary Flaherty:

As Co-Chairmen of the Adolescent Pregnancy Study Commission, we would like to request your assistance in preparing for the first meeting of the Study Commission January 15.

The General Assembly directed this Study Commission to "monitor and evaluate the adolescent pregnancy programs funded with appropriations by the 1985 and 1987 General Assemblies" (House Bill 1, Part XII). In trying to fulfill that charge, we are asking 11 of the 33 State-funded adolescent pregnancy programs to appear before the Study Commission January 15 and answer a set of questions. The questions are contained in a memorandum we are sending to the 11 programs, a copy of which is attached. The questions are designed to bring into focus what the objectives of the programs are, how those objectives are being pursued, and how progress toward those objectives is being measured.

Thirty-three adolescent pregnancy programs are funded by the General Assembly with appropriations made during the 1987 session. Of those 33:

* 21 were originally chosen by the Secretary of Human Resources through a process established by the 1985 General Assembly, and their funding was continued for the 1987-89 biennium; and

* 12 are funded separately with Social Services Block Grant money in 1987 (House Bill 1514, Section 100).

The 11 programs we have selected to appear before the Study Commission January 15 include programs from both categories. The following are the programs selected:

1. Gaston County.

2. Catawba County.
3. New Hanover County.
4. Guilford County.
5. Haywood County.
6. Martin County.
7. Durham County.
8. Carteret County.
9. Greene County.
10. Davidson County.
11. Harnett County.

Ms. Barbara Pullen-Smith, the official in your Department who has the responsibility of giving technical assistance to the 33 programs, has had as much involvement with the programs as anyone in the State. In our memo to the programs, we are mentioning Ms. Pullen-Smith as a source of assistance in preparing a response to the Study Commission's questions. If you wish to direct her or anyone else in your Department to assist the programs or to have input into the work of the Study Commission, please do not hesitate to do so.

If you have any questions, please do not hesitate to call us or to call Bill Gilkeson, Counsel to the Study Commission, at 733-2578 in the Legislative Office Building.

We sincerely appreciate your cooperation with us in our attempt to fulfill our duties in this important area of public policy. We look forward to a productive working relationship with you.

Thank you very much, and Happy New Year!

Sincerely,

Representative Luther R. Jeralds

Senator Marvin M. Ward

Co-Chairmen, Adolescent Pregnancy Study Commission.

cc: Ms. Marilyn Damian, Division of Health Services.
Ms. Barbara Pullen-Smith, Division of Health Services.
Bill Gilkeson, Counsel, Adolescent Pregnancy Study Commission.

APPENDIX M

Outline of Remarks by Leonard Dawson, Associate Professor, UNC School of Public Health.

Legislative Study Commission
Adolescent Pregnancy Prevention
1-15-88

# Issues in Evaluation NC Adolescent Pregnancy and Prematurity Prevention Programs

A. Problems with evaluation of NC APP Programs:
   1. No uniform data base.
   2. Variability of intervention.
   3. No controls or comparison groups.
   4. Incomplete and inconsistent reporting.
   5. Documentation of <u>effort</u> not translated into <u>effect</u>.
   6. Outcomes/impact not measurable in less than 3-5 years.
      a. 1st year - start up
      b. 2nd year - first nine months of fertility can't be attributed to program/interventions.
      c. 3rd year — <u>Possible</u> attribution of
      d. 4th year — outcomes to program/
      e. 5th year — intervention

B. General evaluation questions for year 1 and 2:
   1. Have needs been established with specific documentation?
   2. Have needs been prioritized?
   3. Have targets been specified and prioritized?
   4. How well do program objectives correlate with needs and targets?
   5. Do program activities/interventions relate to the objectives?
   6. Are program objectives and interventions possible, realistic and measurable?
   7. Are program operations efficient?
   8. Is program acceptable to <u>local</u> community?
   9. <u>Unrealistic</u> to ask about <u>impact or outcome</u> of program after year 1 and/or year 2.

<u>Only programs of which positive answers to the above can be substantiated should be considered for continuation!</u>

| C. <u>Levels of intervention</u> | <u>Possible Measures</u> |
|---|---|
| 1. Activities to delay initiation of sexual intercourse | |
| a. Knowledge | - Pre-post measures<br>- Teaching effectiveness |

| | |
|---|---|
| b. Behavioral factors | - To determine reduction in high risk behaviors.<br>- Percent target reached |
| 2. Activities to minimize consequences among the sexually active. | |
| a. knowledge | - Pre-post |
| b. Behavioral factors | - * Pregnancy tests<br>- * repeat pregnancy tests<br>- % family planning<br>- Time interval between referral and acquiring services.<br>- * Abortions<br>- Pregnancy rates<br>- Abortion rates<br>- Birth rates |
| 3. Activities to reduce consequences of pregnancy. | |
| a. Knowledge | - Pre-post |
| b. Behavioral factors | - Risk behaviors<br>- Utilization rates: Pre-natal, post-partum, family planning, repeat pregnancies, time interval between birth and subsequent pregnancy, well child care. |

D. Outcome Measures:

| | |
|---|---|
| 1. Age and race specific | -pregnancy rates<br>-abortion rates<br>-birth rates<br>-fetal death rates<br>-pre-maturity rates |
| 2. Comparisons | County<br>Pre-natal care region<br>NC |

# the north carolina coalition on ADOLESCENT PREGNANCY

## NCCAP STATEWIDE MASTER PLAN
## 1988-1989

Goal: To create a means by which the State of North Carolina approaches adolescent pregnancy prevention in a coordinated, comprehensive, and cost efficient manner.

Objectives:

1) Through an assessment tool and interviews, survey existing services and programs in North Carolina that are relevant to adolescent pregnancy prevention by March 1, 1988.
Responsible: NCCAP Staff

2) To review data collected from statewide survey and determine gaps in service and needs by July 1, 1988.
Responsible: 8 volunteer Task Forces in these focus groups:
1. Health/Medical Services, private & public
2. Education, private, public & religious
3. Media, print, electronic
4. Business/Economics/Life Skills/Finance
5. Community Organizations/Family & Youth Service Providers/Parents
6. Social Services/Welfare
7. Religious/Spiritual
8. Government/Legislative

3) To create a statewide action plan for North Carolina with recommendations for public policy makers, private funders and interest groups, and local community prevention councils by October 1, 1988.
Responsible: 8 Task Forces

4) To publish a report documenting the existing services, gaps and needs, and action plan by December 31, 1988.
Responsible: NCCAP Staff

5) To work with public policy makers to insure report is considered and work to promote policy changes and funding that reflect and support action plan in 1989 Legislative session.
Responsible: 8 Task Forces
Local Councils on Adolescent Pregnancy Prevention
NCCAP

6) To monitor progress of implementation of action plan recommendations continuously.
Responsible: 8 Task Forces
NCCAP

429 B East Boulevard Charlotte, N.C. 28203 704/335-1313
Barbara Huberman, Executive Director

NORTH CAROLINA GENERAL ASSEMBLY
LEGISLATIVE SERVICES OFFICE
2129 STATE LEGISLATIVE BUILDING
RALEIGH 27611

GEORGE R HALL JR
LEGISLATIVE ADMINISTRATIVE OFFICER
TELEPHONE (919) 733 7044

GERRY F COHEN DIRECTOR
LEGISLATIVE DRAFTING DIVISION
TELEPHONE (919) 733-6660

THOMAS L COVINGTON DIRECTOR
FISCAL RESEARCH DIVISION
TELEPHONE (919) 733-4910

M GLENN NEWKIRK DIRECTOR
LEGISLATIVE AUTOMATED SYSTEMS DIVISION
TELEPHONE (919) 733-6834

TERRENCE D SULLIVAN DIRECTOR
RESEARCH DIVISION
TELEPHONE (919) 733 2578

MARGARET WEBB
LEGISLATIVE INFORMATION OFFICER
TELEPHONE (919) 733-4200

February 2, 1988.

The Honorable David T. Flaherty, Secretary,
North Carolina Department of Human Resources,
Albemarle Building, 325 North Salisbury Street,
Raleigh, North Carolina 27611.

Dear Secretary Flaherty,:

As Co-Chairmen of the Adolescent Pregnancy Study Commission, we want to clarify our position about cooperation with your Department's Division of Health Services by the 13 adolescent pregnancy programs funded through the Social Services Block Grant.

Ms. Barbara Pullen-Smith of the Division is responsible for assisting the 34 adolescent pregnancy programs funded by the State. She has been attempting to collect information from those programs for the purpose of monitoring and evaluation. From the 21 programs funded directly through your Department, Ms. Pullen-Smith has required certain reports. From the 13 programs funded through the Social Services Block Grant, she has requested the same information. Some of the 13 programs have elected not to deliver everything Ms. Pullen-Smith requested.

Your legal staff has advised Ms. Pullen-Smith that she may require the 21 programs to report because their funding is pursuant to contract. Reporting is one of their duties under the contract. The staff has advised her that she may not require reporting from the 13 programs, because their funding is simply a grant-in-aid.

The legislators who helped fund the Social Services Block Grant programs in 1987 intended that those programs should cooperate with the Division of Health Services in reporting to the same extent as the 21 contract programs.

We can appreciate misunderstandings some programs may have had in the past about the expectations for reporting. We now urge you to make clear that we expect all adolescent pregnancy programs funded by the State to cooperate fully in the Division's reporting program.

Thank you.

Sincerely,

Representative Luther R. Jeralds,

Luther R. Jeralds

Senator Marvin M. Ward,

Marvin M. Ward

Co-Chairmen, Adolescent Pregnancy Study Commission.

cc: Glenn L. Cobb, DHR.
Ms. Jane Smith, DHR.
Ms. Marilyn Damian, DHR.
Ms. Barbara Pullen-Smith, DHR.

NORTH CAROLINA GENERAL ASSEMBLY

February 17, 1988

MEMORANDUM

**TO:** Members of the Adolescent Pregnancy Study Commission.

**FROM:** Rep. Luther R. Jeralds and Sen. Marvin M. Ward, Commission Co-Chairmen.

**RE:** Proposal for Outside Assistance In Assessing Adolescent Pregnancy Programs.

We propose using $12,000 of the $30,000 appropriated to the Study Commission to seek outside assistance for a preliminary assessment of the adolescent pregnancy projects funded by the 1987 General Assembly.

The 1987 General Assembly directed the Adolescent Pregnancy Study Commission to "monitor and evaluate" the adolescent pregnancy projects funded by the General Assembly. We have determined that we need outside assistance to help us accomplish that task.

We propose that the consultant do the following:

1. Review each project's original proposal to determine what it was funded to do,

2. Examine what each project says it has done, as well as the evidence of what the project has in fact done, and

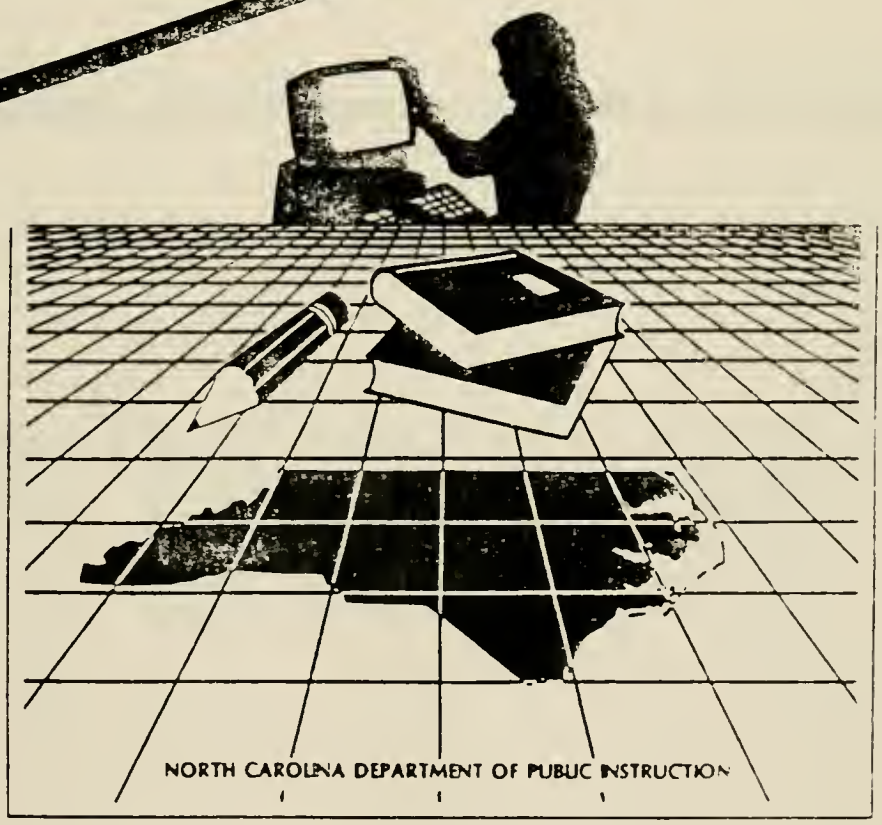
3. Determine if the project's goals and record reflect an appropriate approach to adolescent pregnancy.

This work would entail site visits and the reviewing of reports the projects have submitted to the Division of Health Services.

# TEACHER HANDBOOK

## HEALTHFUL LIVING K-12

EXCERPT: HEALTH EDUCATION
GOALS, OBJECTIVES, MEASURES

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# CONTENTS


page

HEALTH EDUCATION . . . . . 1
Purpose and Overview . . . . . 1
Broad Goals . . . . . 2
Learning Outcomes . . . . . 2
Course of Study . . . . . 3
Grades K-3 . . . . . 4
Major Emphases . . . . . 4
Grade K . . . . . 4
Mental Health . . . . . 5
Nutrition . . . . . 5
Chemicals and Substance Abuse . . . . . 6
Dental Health . . . . . 6
Safety/First Aid . . . . . 7
Family Life . . . . . 7
Growth and Development . . . . . 8
Grade 1 . . . . . 9
Mental Health . . . . . 10
Nutrition . . . . . 10
Chemicals and Substance Abuse . . . . . 11
Consumer Health . . . . . 12
Dental Health . . . . . 13
Safety/First Aid . . . . . 13
Family Life . . . . . 14
Communicable Diseases . . . . . 14
Growth and Development . . . . . 15
Grade 2 . . . . . 17
Mental Health . . . . . 18
Nutrition . . . . . 19
Chemicals and Substance Abuse . . . . . 20
Dental Health . . . . . 20
Safety/First Aid . . . . . 21
Family Life . . . . . 22
Communicable Diseases . . . . . 22
Growth and Development . . . . . 24
Grade 3 . . . . . 25
Mental Health . . . . . 26
Nutrition . . . . . 27
Chemicals and Substance Abuse . . . . . 28
Dental Health . . . . . 28
Safety/First Aid . . . . . 29
Family Life . . . . . 29
Growth and Development . . . . . 30
Grades 4-6 . . . . . 31
Major Emphases . . . . . 31
Grade 4 . . . . . 31
Mental Health . . . . . 32
Nutrition . . . . . 32
Chemicals and Substance Abuse . . . . . 35
Consumer Health . . . . . 36
Dental Health . . . . . 38
Family Life . . . . . 38
Safety/First Aid . . . . . 39
Growth and Development . . . . . 39


APPENDIX C

Grade 5 . . . . . 40
Mental Health . . . . . 41
Nutrition . . . . . 41
Cheoicals and Subatance Abuse . . . . . 42
Consumer Health . . . . . 43
Dental Health . . . . . 44
Safety/First Aid . . . . . 44
Chronic Diseases . . . . . 46
Growth and Development . . . . . 47
Grade 6 . . . . . 49
Mental Health . . . . . 50
Environmental Health . . . . . 51
Nutrition . . . . . 51
Chemicals and Substence Abuse . . . . . 53
Consumer Health . . . . . 54
Dental Health . . . . . 55
Safety/First Aid . . . . . 56
Family Life . . . . . 58
Growth and Development . . . . . 58
Grades 7-8 . . . . . 59
Major Emphases . . . . . 59
Grade 7 . . . . . 59
Mental Health . . . . . 60
Nutrition . . . . . 62
Chemicals and Substance Abuse . . . . . 63
Consumer Health . . . . . 65
Safety/First Aid . . . . . 66
Family Life . . . . . 67
Communicable Diseases . . . . . 67
Grade 8 . . . . . 71
Mental Health . . . . . 71
Nutrition . . . . . 72
Consumer Health . . . . . 73
Safety/First Aid . . . . . 74
Family Life . . . . . 75
Grades 9-12 . . . . . 76
Major Emphases . . . . . 76
health Education . . . . . 76
Mental Health . . . . . 77
Nutrition . . . . . 79
Chemicals and Substance Abuse . . . . . 81
Consumer Health . . . . . 83
Safety/First Aid . . . . . 83
Family Life . . . . . 84
Chronic Diseases . . . . . 88



APPENDIX C

# HEALTH EDUCATION

## PURPOSE AND OVERVIEW

The purpose of health education is to enhance the quality of life of individuals by enabling them to meet their needs in the healthiest ways available.

Few of us live in order to be healthy; rather, we use our health to facilitate meeting those needs that we all have in common, e.g., needs for shelter, sustenance, acceptance, security, affection, exploration, and tranquility. Health is an instrument, not a goal. Correspondingly, the roles of health education are to:

- inform us sufficiently so that we do not, in ignorance, take risks with our health
- help us cherish the instrumental value of our health so that we don't jeopardize it
- teach us the skills necessary to locate and use healthful means of meeting our needs

Health is defined as the state of complete mental, physical, and social well-being, not merely the absence of disease or infirmity. We know now that these aspects of health are totally interdependent and that all are influenced by genetic, learned, and environmental factors; thus, a successful health education curriculum must similarly encompass all aspects of life and the "whole" human being.

Health once was determined mainly by fate until it became the province of those select few who had expertise in sanitation, nutrition, immunization, and the use of diagnostic procedures, surgery, and medicines. Today health is our personal responsibility for we cause more than half of our modern health problems chiefly by the lifestyles we choose. Therefore, the health curriculum, while not ignoring the still-valuable health knowledge learned in the past, must now focus on contemporary behavior patterns as the source of contemporary health problems.

At the age when students leave public schools, the leading causes of death are traffic and other accidents (the majority of which involve alcohol or other drug use), homicide (also involving alcohol use), and suicide. As these students age, cardiovascular problems and cancer, along with accidents, become the major health problems. All of these are, in good part, lifestyle or behavior-induced health problems. Therefore, the school curriculum in health must cumulatively develop skills in such areas as lifestyle decision-making, stress management, productive problem-solving, handling emotions, goal-setting, and interpersonal relations. It is here that health education can have an impact on health problems.

Of course, death is but one aspect of health/illness. Social health indicators in such areas as divorce, child abuse, domestic violence, and drug and alcohol abuse demonstrate the curricular need for lifestyle and behavior management skills with an emphasis on personal responsibility.

Finally, the fact that our society can barely afford ever-escalating costs of treating our self-generated illnesses illustrates the direction a health curriculum must pursue if it is to serve the economic needs of our society as well as the personal needs of individuals.

## Broad Goals

The broad goals of health education dictate the variety of subject matter that must be incorporated into an effective health curriculum. To accomplish the purpose of health education, each student in accordance with her/his needs and abilities will:

- accept responsibility for her/his own health
- be aware of the positive and negative determinants of individual health status—including social factors, environmental factors, psychological factors, genetic factors, and personal lifestyles
- accept the instrumental value of good health (the relationship of individual health status to the achievement of life goals and the fulfillment of human needs)
- be aware of major individual and public health problems and health issues (causes and potential solutions)
- be aware of health problems of select demographic groups
- develop the decision-making, problem-solving, communication, and interpersonal skills necessary to develop a healthy lifestyle
- understand the relationships between health and the major structures and functions of the human body
- be aware of the relationships between health status and the major needs, sources of stress, and developmental characteristics of people throughout the human life cycle
- be aware of career opportunities in health fields
- be skilled in basic first aid
- function skillfully as a consumer of health-related products, resources, and services

## LEARNING OUTCOMES

Health education has learning objectives in three main areas: cognitive, affective, and behavioral.

Cognitive objectives include developing students' knowledge in the areas of mental health, consumer health, nutrition, chemicals and substance abuse, communicable diseases, family living, growth and development, dental health, safety, acute and chronic diseases, environmental health, and health careers.

Affective objectives include developing students' self-concepts, enhancing attitudes toward the value of health, and accepting personal responsibility for maintaining and promoting health.

Behavioral objectives include demonstrating behavior self-modification skills, demonstrating responsibility for the health of oneself and others, demonstrating effective decision-making, and demonstrating success in identifying and meeting one's own needs.



## COURSE OF STUDY

The affective and behavioral objectives of health education do not readily lend themselves to a specific plan of scope and sequence because so many variables other than in-school education influence their development and because their demonstration depends heavily on unpredictable opportunity. However, the suggested cognitive scope and sequence is as follows:

| Instructional Areas | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9-12* |
|---|---|---|---|---|---|---|---|---|---|---|
| Mental Health | X | X | X | X | X | X | X | X | X | X |
| Environmental Health | | | | | | | X | | | |
| Nutrition | X | X | X | X | X | X | X | X | X | X |
| Chemicals & Substance Abuse | X | X | X | X | X | X | X | X | | X |
| Consumer Health | | X | | | X | X | X | X | X | X |
| Dental Health | X | X | X | X | X | X | X | | | |
| Safety/First Aid | X | X | X | X | X | X | X | X | X | X |
| Family Life | X | X | X | X | X | X | X | X | X | X |
| Communicable Diseases | | X | X | | | | | X | | |
| Chronic Diseases | | | | | | X | | | | X |
| Growth & Development | X | X | X | X | X | X | X | | | |

* In partial fulfillment of unit of credit required for high school graduation.

APPENDIX Q

## GRADES K-3

### Major Emphases

Some of the major emphases of K-3 health education are: (1) learning about our own bodies--what the parts are, what they do, and why our bodies are important to us; (2) becoming aware of feelings, what they are called, and accepting their existence; (3) understanding relationships with, and responsibilities to, other people, especially families and classmates; (4) comprehending what illness is and understanding that illness has causes and can often be prevented; (5) learning to deal with some of the most basic determinants of health and illness, e.g., nutrition, rest, exercise, sleep, safety, disease-causing organisms; (6) understanding that each person's behavior is related to her/his own health; (7) assuming a portion of the responsibility for one's own health and safety; and (8) recognizing that healthful living contributes to a satisfying life.

### Grade K Outline

1. Mental Health
   - 1.1 Recognizing own unique qualities
   - 1.2 Valuing one's own worth
2. Nutrition
   - 2.1 Relationship of food to health, growth, energy, feelings
   - 2.2 Differentiating between healthful and unhealthful foods
3. Chemicals and Substance Abuse
   - 3.1 Avoiding accidental poisoning
   - 3.2 Identifying warning signs and symbols
   - 3.3 Distinguishing foods from non-foods, medicines from other chemicals
   - 3.4 Safe storage of chemicals
4. Dental Health
   - 4.1 The uses of teeth
   - 4.2 Importance of teeth
   - 4.3 Keeping teeth healthy
5. Safety/First Aid
   - 5.1 Safe places to play
   - 5.2 Playing safely with things
   - 5.3 Safe storage of toys
6. Family Life
   - 6.1 Responsibilities of family members
   - 6.2 How family members help each other
   - 6.3 Sharing in a family
   - 6.4 Contributing to family harmony
7. Growth and Development
   - 7.1 Names of the major body parts



Grade Level: K Skills/Subject Area: Mental Health

COMPETENCY GOAL 1: The learner will value her/his individual worth.

| Objectives | Measures |
|---|---|
| 1.1 Recognize her/his uniqueness. | 1.1.1 Describe in pictures or words some ways in which s/he is different from every other person. |

Grade Level: K Skills/Subject Area: Nutrition

COMPETENCY GOAL 1: The learner will recognize that food intake is related to health, feelings, growth, and energy level.

| Objectives | Measures |
|---|---|
| 1.1 Know that food provides energy. | 1.1.1 Orally fill in the blank. "Cars need gasoline to run well. People need _____ to run well." |
| 1.2 Know that children who don't eat well don't feel lively and happy. | 1.2.1 Orally fill in the blank. "If you don't feed your dog or cat for a few days, it wouldn't feel happy and wouldn't run and play. If you don't eat plenty of good food, you might feel _____." |
| 1.3 Know that food is important for growth. | 1.3.1 Answer the following question. "When you pull a little plant out of the ground, it can't get any food from the soil, and it doesn't grow. If you don't eat plenty of good food, will you grow?" |
| 1.4 Name some foods that are good for health and some that are not. | 1.4.1 Respond to each statement by saying "yes" or "no".<br>a. Milk is a healthy food.<br>b. Candy is a healthy food.<br>c. Meat is a healthy food.<br>d. Kool-Aid is a healthy food.<br>e. Is it O.K. to like sweet things?<br>f. Is it good to eat a lot of sweet things? |

APPENDIX C

Grade Level: K  Skills/Subject Area: Chemicals and Substance Abuse

COMPETENCY GOAL 1: The learner will avoid accidental poisoning.

| Objectives | Measures |
|---|---|
| 1.1 Distinguish between food and non-food items. | 1.1.1 Given samples of household items classify each as food or non-food. |
| 1.2 Recognize common warning signs of potentially hazardous substances. | 1.2.1 Given samples of symbols, identify those that warn of hazardous substances. |
| 1.3 Distinguish between medicines, foods, and other household chemical and cosmetic items. | 1.3.1 Verbally answer the following questions correctly:<br>a. Are medicines poisons? (NO)<br>b. Can medicines be dangerous like poisons if they are used in the wrong way? (YES)<br>c. Should children ever use medicines unless grown-up family members, teachers, doctors, or nurses know about it and say it is O.K.? (NO) |
| | 1.3.2 Given a list of symbols, identify the "Rx" sign. |
| | 1.3.3 Describe where medicines should be kept in a house. |

Grade Level: K  Skills/Subject Area: Dental Health

COMPETENCY GOAL 1: The learner will demonstrate knowledge of the importance of teeth.

| Objectives | Measures |
|---|---|
| 1.1 Identify two activities that would be difficult to do without teeth. | 1.1.1 Look through magazines for pictures of people using their teeth; black out the teeth of at least two of these people; share with the class what problems these people might have in what they were doing if they had no teeth. |
| | 1.1.2 Look at others' smiles; imagine and describe how they would feel if they had no teeth. |

Grade Level: K  Skills/Subject Area: Safety/First Aid

COMPETENCY GOAL 1: The learner will use play things safely and in safe places.

| Objectives | Measures |
|---|---|
| 1.1 Be aware of safe play areas in and around the home. | 1.1.1 Name four safe play areas in and around the home. |
| | 1.1.2 Name four unsafe play areas in and around the home. |
| 1.2 Be aware of safe places to store toys. | 1.2.1 Given pictures from magazines, identify those that show both proper and improper ways to store toys. |

Grade Level: K  Skills/Subject Area: Family Life

COMPETENCY GOAL 1: The learner will identify contributions and responsibilities of each family member.

| Objectives | Measures |
|---|---|
| 1.1 Identify responsibilities of family members. | 1.1.1 Answer these questions:<br>a. Do you have certain jobs at home?<br>b. How do younger children help families? How do older people help families?<br>c. Do you think you should have jobs at home? Why or why not?<br>d. Why do family members help each other?<br>e. What are some jobs that you can help with at home? |
| | 1.1.2 Cut out pictures from magazines showing family members helping each other. |
| | 1.1.3 Name three responsibilities of any family member. |
| 1.2 Be aware of behaviors which contribute to a happier family life. | 1.2.1 Describe two behaviors that make for a happier family life. |

APPENDIX Q

Grade Level: K  Skills/Subject Area: Growth and Development

COMPETENCY GOAL 1: The learner will know the major body parts.

| Objectives | Measures |
|---|---|
| 1.1 Name the major body parts. | 1.1.1 Complete the following statements:<br><br>You put your shoes on your _____.<br><br>a. hand<br>b. head<br>c. neck<br>d. feet<br><br>If you have a cold you blow your _____.<br><br>a. toes<br>b. fingers<br>c. teeth<br>d. nose<br><br>Your teeth are in your _____.<br><br>a. mouth<br>b. arm<br>c. feet<br>d. chest<br><br>Your eyes are on your _____.<br><br>a. face<br>b. legs<br>c. feet<br>d. hands<br><br>1.1.2 Either draw the major body parts or cut out pictures from magazines and place them on a wall chart. |



## Grade 1 Outline

1. Mental Health
   - 1.1 Valuing own worth
   - 1.2 Being aware of similarities between self and others
   - 1.3 Recognizing own abilities
2. Nutrition
   - 2.1 Knowing a variety of foods
   - 2.2 Types of fruit, vegetables, animal products
   - 2.3 Using senses to identify foods
   - 2.4 Types of dairy products
3. Chemical and Substance Abuse
   - 3.1 Poisonous household items
   - 3.2 Knowing "warning" words
   - 3.3 Poisonous plants
   - 3.4 Effects of poisons on various body parts
   - 3.5 Safe handling of poisons and unknown substances
4. Consumer Health
   - 4.1 Purposes of advertisements
   - 4.2 Common sales techniques
5. Dental Health
   - 5.1 Flossing
   - 5.2 Using fluoride mouthrinse
   - 5.3 Toothbrushing
6. Safety/First Aid
   - 6.1 Safety hazards in and around the home
   - 6.2 Safe use of school materials
   - 6.3 Matches and electricity
7. Family Life
   - 7.1 Variations in family composition and size
   - 7.2 Roles of various family members
   - 7.3 Family bonds
8. Communicable Diseases
   - 8.1 Differences between wellness and illness
   - 8.2 Feelings, appearance, and actions of well people
9. Growth and Development
   - 9.1 Names and general functions of major body parts and systems
   - 9.2 Names and uses of the senses

APPENDIX O

Grade Level: 1 Skills/Subject Area: Mental Health

COMPETENCY GOAL 1: The learner will value her/his individual worth.

| Objectives | Measures |
|---|---|
| 1.1 Be aware of her/his power. | 1.1.1 Name at least three ways that s/he has power. |
| 1.2 Be aware of similarities between her/himself and others. | 1.2.1 Describe in words five ways s/he is like every other person in the class. |
| 1.3 Be aware of her/his abilities. | 1.3.1 Complete this sentence in pictures or words, giving at least three different answers: "Some things I do well are . . . ." |

Grade Level: 1 Skills/Subject Area: Nutrition

COMPETENCY GOAL 1: The learner will be familiar with a variety of foods.

| Objectives | Measures |
|---|---|
| 1.1 Correctly name different foods. | 1.1.1 Given samples or pictures of common foods, name each food. |
| 1.2 Categorize foods as fruits, vegetables, or coming from animals. | 1.2.1 Given pictures of a variety of animals, state the name of the food(s) which comes from each animal. |
| | 1.2.2 Name six fruits. |
| | 1.2.3 Name six vegetables. |
| | 1.2.4 Name two vegetables that come from seeds. |
| | 1.2.5 Name two vegetables that are plant leaves. |
| | 1.2.6 Name two vegetables that are roots of plants. |
| | 1.2.7 Name two vegetables that are green. |
| | 1.2.8 Name two fruits that are round, or nearly so. |
| 1.3 Identify foods by using the senses of taste, feel, and smell. | 1.3.1 Name two foods that taste sour. |
| | 1.3.2 Name two foods that feel dry. |
| | 1.3.3 Name two foods that smell spicy. |



| | |
|---|---|
| 1.4 Identify types of milk and their uses as food. | 1.4.1 Name three types of milk (e.g., powdered milk, evaporated milk, skim milk, buttermilk, low fat milk, whole milk) and state an example of a use for each one. |

Grade Level: 1 Skills/Subject Area: Chemicals and Substance Abuse

COMPETENCY GOAL 1: The learner will avoid accidental poisoning.

| Objectives | Measures |
|---|---|
| 1.1 Recognize words used to warn of dangerous chemicals and substances. | 1.1.1 Given a list of words, pick out the words "danger," "warning," and "caution." |
| 1.2 Identify common household items that can be poisonous. | 1.2.1 Given sketches of various locations in a house (e.g., bathroom medicine cabinet, cleaning or utility closet, kitchen sink cupboard, garden supply storage areas), name examples of poisonous substances that might be found in each. |

COMPETENCY GOAL 2: The learner will be aware of types of poisons and how they can harm people.

| Objectives | Measures |
|---|---|
| 2.1 Understand that poisons can affect different parts of the body. | 2.1.1 State examples of substances that can harm the skin, the mouth and stomach, the mind, the eyes, and the lungs. |
| 2.2 Be aware of the poisonous nature of certain plants. | 2.2.1 Name three poisonous plants or plant parts. |

APPENDIX Q

COMPETENCY GOAL 3: The learner will be aware of safe procedures regarding poisons.

| Objectives | Measures |
|---|---|
| 3.1 Distinguish between safe and unsafe procedures for handling potential poisons. | 3.1.1 Correctly answer a series of questions such as:<br>a. Should safety caps be left on medicines and chemicals?<br>b. Should medicines and chemicals be stored out of the reach of children?<br>c. If you don't know what is in a package or container, should you ask an adult before using or touching it? |

Grade Level: 1 Skills/Subject Area: Consumer Health

COMPETENCY GOAL 1: The learner will be aware of the purpose and techniques of commercial advertising.

| Objectives | Measures |
|---|---|
| 1.1 Analyze commercial advertisements to describe purpose and sales techniques. | 1.1.1 After viewing a video tape of a television commercial (from a children's program) for a food item, briefly describe what the advertiser wants you to do, what he wants you to believe, and how the advertisement lets you know these two things.<br>1.1.2 Given a collection of advertisements, identify which ones attempt to do the following:<br>a. cause you to think that the product provides benefits that no other product does<br>b. cause you to think that you will be stronger, faster, or have other physical characteristics that you don't now have<br>c. cause you to think you will be more attractive or more popular<br>d. cause you to think that life would be more fun or exciting<br>e. cause you to have talents (e.g., musical) that you don't now have |



Grade Level: 1 Skills/Subject Area: Dental Health

COMPETENCY GOAL 1: The learner will demonstrate techniques of proper dental care.

| Objectives | Measures |
|---|---|
| 1.1 Demonstrate the proper technique for flossing. | 1.1.1 Demonstrate flossing on a floss-board. |
| 1.2 Be aware of the value and use of fluoride. | 1.2.1 Correctly demonstrate the flunride mouthrinse procedure (if school participates in mouthrinse program).<br>1.2.2 Describe why an eggshell soaked in floutide doesn't soften as much as an unsoaked shell when placed in cola. |
| 1.3 Correctly brush teeth. | 1.3.1 Demonstrate correct brushing on a model. |

Grade Level: 1 Skills/Subject Area: Safety/First Aid

COMPETENCY GOAL 1: The learner will describe safe use of furnishings and materials in the home and school.

| Objectives | Measures |
|---|---|
| 1.1 Identify hazardous items found in the home and its immediate vicinity. | 1.1.1 Think of a room, such as a kitchen, bathroom, or garage, and describe possible hazards in each room (hot stove in kitchen, slippery bathtub, toys not properly stored). |
| 1.2 Demonstrate safe use of school materials and utensils. | 1.2.1 Describe one safe and one unsafe practice for handling each of the following:<br>a. scissors<br>b. trash<br>c. fork |
| 1.3 Understand the hazards of using matches and electrical devices. | 1.3.1 Describe three problems that can be caused by unsafe use of matches.<br>1.3.2 State two electrical safety rules. |

APPENDIX Q

Grade Level: 1 Skills/Subject Area: Family Life

COMPETENCY GOAL 1: The learner will be aware that many different types of families exist.

| Objectives | Measures |
|---|---|
| 1.1 Identify types of families. | 1.1.1 Describe examples of differences in families according to:<br><br>a. who acts as parents<br>b. size<br>c. activities<br>d. types of members |

Grade Level: 1 Skills/Subject Area: Communicable Diseases

COMPETENCY GOAL 1: The learner will distinguish between being well and being sick.

| Objectives | Measures |
|---|---|
| 1.1 Describe three feelings associated with being well. | 1.1.1 Check the items below that probably would be associated with feeling well and circle those associated with illness:<br><br>a. happy f. alert<br>b. friendly g. relaxed<br>c. depressed h. headache<br>d. playful i. sleepy<br>e. cooperative j. excited |

COMPETENCY GOAL 2: The learner will be aware that health affects behavior.

| Objectives | Measures |
|---|---|
| 2.1 Describe activities that a child who is well can perform. | 2.1.1 Name four activities that sick people don't usually do. |
| 2.2 Describe how unwell people often behave. | 2.2.1 Name four behaviors often associated with illness. |

Grade Level: 1 Skills/Subject Area: Growth and Development

COMPETENCY GOAL 1: The learner will be aware of general functions of major body parts and systems.

| Objectives | Measures |
|---|---|
| 1.1 Identify functions of body parts and systems. | 1.1.1 Complete the following statements:<br><br>Inside of her/him there is a pump for moving blood called the _____.<br><br>a. heart<br>b. stomach<br>c. brain<br>d. knee<br><br>S/he breathes with her/his _____.<br><br>a. toes<br>b. brain<br>c. stomach<br>d. lungs<br><br>S/he puts food into her/his body through her/his _____.<br><br>a. mouth<br>b. heart<br>c. lungs<br>d. hands<br><br>Her/his food is digested in her/his _____.<br><br>a. brain<br>b. stomach<br>c. fingers<br>d. lungs |
| 1.2 Identify four senses. | 1.2.1 Complete the following statements:<br><br>To smell flowers s/he uses her/his _____.<br><br>a. eyes<br>b. nose<br>c. hands<br>d. ears<br><br>To hear the telephone ringing s/he uses her/his _____.<br><br>a. ears<br>b. mouth<br>c. eyes<br>d. nose |

APPENDIX O

People watch movies with her/his _____.

a. feet
b. ears
c. mouth
d. eyes

S/he tastes food with her/his _____.

a. toes
b. tongue
c. eyes
d. ears



## Grade 2 Outline

1. Mental Health

   1.1 Importance of good relationships with others
   1.2 Respecting rights and property of others
   1.3 Respecting the self-concept of others
   1.4 Valuing cooperation
   1.5 Respecting feelings of others

2. Nutrition

   2.1 Eating a variety of foods
   2.2 Five food groups
   2.3 Use of food groups in daily food choices
   2.4 Problems of fats and sweets

3. Chemicals and Substance Abuse

   3.1 Being aware of abused substances and their harm
   3.2 Habit-forming substances

4. Dental Health

   4.1 Plaque
   4.2 Effect of sugar on teeth
   4.3 Sugar-free snacks

5. Safety/First Aid

   5.1 Whom to contact in emergencies
   5.2 What to do in emergencies
   5.3 Crossing streets safely

6. Family Life

   6.1 How each family member contributes to family well-being

7. Communicable Diseases

   7.1 How diseases are transmitted
   7.2 Preventing disease spread
   7.3 Minimizing illness symptoms

8. Growth and Development

   8.1 Why the senses are important

APPENDIX O

Grade Level: 2 Skills/Subject Area: Mental Health

COMPETENCY GOAL 1: The learner will value relationships with others.

| Objectives | Measures |
|---|---|
| 1.1 Be aware of her/his importance to others. | 1.1.1 Complete these sentences: "One thing I can do to help my family feel happy is . . . ." "One thing my teacher depends upon me for is . . . ." |
| 1.2 Appreciate the importance of self-concept to her/himself and others. | 1.2.1 Define the term self-concept. |
| | 1.2.2 Name five specific acts that s/he could do to help another person feel good about her/himself (e.g., compliment, listen carefully). |
| | 1.2.3 Name five specific acts that one person might do to another that might make the other person feel bad about her/himself (e.g., laugh at, leave out of a group). |
| 1.3 Be sensitive to the role of groups in daily living. | 1.3.1 Name at least five groups of which s/he is a member (e.g., class, family). |
| | 1.3.2 Describe one thing important to her/himself which s/he could not achieve or have without help from a group that s/he is part of. |
| | 1.3.3 Explain three behaviors that are not helpful to groups (e.g., bossiness, selfishness). |
| 1.4 Respect rights and property of others. | 1.4.1 In response to a description of a school rule (e.g., presence at starting time of school day), describe at least one specific problem that could occur if the rule did not exist, and describe how that problem might affect her/him or other students. |
| | 1.4.2 Name one possession that is valuable to her/him, and describe how s/he would feel if that possession were damaged or stolen by another person. |

Grade Level: 2 Skills/Subject Area: Nutrition

COMPETENCY GOAL 1: The learner will select a diet representative of the basic food groups, e.g., vegetable and fruit; bread and cereal; milk and cheese; and meat, fish, and poultry food groups.

| Objectives | Measures |
|---|---|
| 1.1 Identify the five basic food groups. | 1.1.1 Given a list of nutrition related terms, label those five terms that name the basic food groups. |
| 1.2 Classify foods according to the basic groups. | 1.2.1 Given a list of the five basic five food groups (vegetable and fruits; bread and cereal; milk and cheese; meat, fish, poultry and beans; fats and sweets), match specific foods with the appropriate food groups. |
| | 1.2.2 Name four foods s/he likes and that belong in the fruit and vegetable food group. |
| | 1.2.3 Given a list of ten foods, label the five which belong to milk and cheese group. |
| | 1.2.4 List four common breakfast foods that belong to the bread and cereal group. |
| | 1.2.5 Name three specific foods from animal sources and three specific foods from vegetable sources that belong to the meat, fish, poultry, and bean food group. |
| | 1.2.6 On a simplified "mock up" of a food label, check the ingredients which belong in the fats and sweets food group. |
| | 1.2.7 Name four common snack foods that have many ingredients in the fats and sweets food group. |
| 1.3 Know the main problems caused by the fat and sweets food group. | 1.3.1 Check the untrue statement in the list below: |
| | a. Fats and sweets can make you feel full so that you do not eat much of the other foods that are best for you. |
| | b. Too many fats and sweets in your diet can cause health problems. |
| | c. Fats are important to have every day. |

APPENDIX Q

| | |
|---|---|
| 1.4 Be aware of the value of eating a variety of foods everyday from the basic food groups, e.g., vegetable and fruit; bread and cereal; milk and cheese; and fish, poultry, and bean. | 1.4.1 Explain which of the following is not a good reason to eat a variety of foods from the vegetable and fruit; bread and cereal; milk meat, and cheese; and meat fish, poultry, and beao group every day:<br>a. Each food group has its own special things you need every day to be healthy.<br>b. The special things in each food group work best when all of these are mixed together inside your body every day.<br>c. All of the special things in food that you need to grow strong are in meat. |

Grade Level: 2 Skills/Subject Area: Chemicals and Substance Abuse

COMPETENCY GOAL 1: The learner will be aware that older children and adults sometimes abuse harmful substances.

| Objectives | Measures |
|---|---|
| 1.1 Identify some dangerous chemicals and substances sometimes abused by people. | 1.1.1 From a list of chemicals and substances, identify those sometimes abused by older children and adults (e.g., tobacco, alcohol). |
| 1.2 Know that some chemicals and substances can be habit-forming. | 1.2.1 Define the term "habit-forming."<br>1.2.2 Name some chemicals and substances that can be habit-forming. |

Grade Level: 2 Skills/Subject Area: Dental Health

COMPETENCY GOAL 1: The learner will demonstrate knowledge of how foods effect the health of teeth.

| Objectives | Measures |
|---|---|
| 1.1 Identify, from a selection of foods, sugar-free snacks that are good for the teeth. | 1.1.1 Given pictures of various foods, identify those foods that could be helpful and those foods that could be harmful. |
| 1.. Be aware that plaque germs cause decay. | 1.2.1 Describe how plaque causes decay.<br>1.2.2 Name the item in many foods that results in tooth decay. |



Grade Level: 2 Skills/Subject Area: Safety/First Aid

COMPETENCY GOAL 1: The learner will know how to use standard emergency procedures.

| Objectives | Measures |
|---|---|
| 1.1 Know who to contact to get help in case of an emergency. | 1.1.1 Name persons to contract in emergencies (e.g., police, next door neighbor, parents at work). |
| 1.2 Identify procedures to use in emergency situations. | 1.2.1 Recite her/his name, address, phone number, and names of parents.<br>1.2.2 Describe what to do at school in the event of fire or tornado. |

COMPETENCY GOAL 2: The learner will act safely as a pedestrian.

| Objectives | Measures |
|---|---|
| 2.1 Demonstrate proper procedures for crossing street. | 2.1.1 Use school halls as mock streets and safely demonstrate crossing a street at an intersection.<br>2.1.2 Correctly fill in the blanks:<br>The "thinking" light is _____.<br>Watch out for _____ when you cross the street.<br>Walk, don't _____ across the street.<br>The "go" light is _____.<br>The yellow light tells us to _____.<br>_____, don't run across the street.<br>The yellow light is a _____ light.<br>Stand on the _____ before crossing the street.<br>Never play in the _____.<br>The "stop" light is _____.<br>The green light tells us to _____. |

APPENDIX C

Grade Level: 2 Skills/Subject Area: Family Life

COMPETENCY GOAL 1: The learner will understand the value of families.

| Objectives | Measures |
|---|---|
| 1.1 Understand how families help us meet our own needs. | 1.1.1 Describe three ways that fathers, mothers, brothers, sisters, grandparents, and relatives help each other. |
| | 1.1.2 Describe what a family member might do in each of the following situations: |
| | a. You missed the school bus, and you called your mom and your dad. |
| | b. You cooked a cake, and it fell and was all sticky inside. |
| | c. Your big brother was driving the car, and someone ran into the rear of the car. |
| | d. A heavy storm came, and the lights at home went off while everyone was at the supper table. |
| | e. You got an A+ on a story you'd written, and you took your paper home. |

Grade Level: 2 Skills/Subject Area: Communicable Diseases

COMPETENCY GOAL 1: The learner will understand that disease-causing organisms are spread in different ways.

| Objectives | Measures |
|---|---|
| 1.1 Describe ways that disease-causing organisms are spread. | 1.1.1 List classroom objects which can carry germs and should not be placed in the mouth, ear, or nose. |
| | 1.1.2 Mark any of the following that can spread communicable diseases: |
| | _____sleeping |
| | _____coughing |
| | _____reading |
| | _____sneezing |
| | _____bathing |
| | _____exchanging food |
| | _____putting foreign objects in mouth |
| | _____drinking from a common cup |
| | _____failing to wash hands |
| | _____using dirty eating utensils |
| | _____letting flies and other insects on food |

COMPETENCY GOAL 2: The learner will know ways of limiting illness and its effects.

| Objectives | Measures |
|---|---|
| 2.1 Describe three ways to prevent or to minimize illnesses. | 2.1.1 State an example of a method of preventing or minimizing illness for each of the following: |
| | a. drinking water |
| | b. getting check-ups |
| | c. contact with sick people |
| | d. paying attention to early signs of illness |
| | e. going to doctor when sick |
| | f. following doctor's advice |
| | g. using personal hygiene |
| | h. preventing spread of germs |
| | i. obtaining immunization |
| | 2.1.2 Name at least two diseases against which people can be immunized, e.g., Diptheria, Tetanus, Measles, Polio, Mumps. |
| | 2.1.3 Correctly fill in the blanks: |
| | When I have to sneeze, I should _____. |
| | When the doctor gives me medicine, I should _____. |
| | When I get too hot, I should _____. |

APPENDIX Q

Whao I get aoakfng wat, I ahould _____.

When I have a fever, I ahould _____.

Whan I get chilled, I ahould _____.

When I get vary tired, I ahould _____.

Before I eat lunch, I ahould _____.

Grade Level: 2 Skills/Suhject Area: Growth and Development

COMPETENCY GOAL 1: The learnar will underatand and appraciate the contribution of the aenaes to human functioning.

| Objectivee | Meaaurae |
|---|---|
| 1.1 Deacribe an effect of a aenaory loae. | 1.1.1 State four waye her/hia life would be different if you:<br>a. could not heer<br>b. could not aee<br>c. had no ability to feel thinge |



## Grade 3 Outline

1. Mental Health
   - 1.1 Awarenraa of feelinge
   - 1.2 Identifying feelinge
   - 1.3 How feelinge and behaviore influence aach other
   - 1.4 Changing feelinge conatructively
2. Nutrition
   - 2.1 Sie claaaea of nutrienta
   - 2.2 Influence of nutrianta on health
   - 2.3 Sourcaa of nutrienta
3. Chamicala and Subatance Abuaa
   - 3.1 Truatworthy aourcaa of madiciaa and druga
   - 3.2 Truatworthy aourcaa of information about madiciaaa and druga
   - 3.3 Safa and harmful uaaa of madicinaa
4. Dantal Haalth
   - 4.1 Praventing dantal injuriaa
5. Safaty/Firat Aid
   - 5.1 Vahicla paaanger aafaty practicaa
   - 5.2 Safaly axiting vahiclaa in aa amargancy
   - 5.3 Baing conaidarata of vahicla drivara
6. Family Lifa
   - 6.1 Underatanding that all living thinga raproduca
7. Growth and Davalopmant
   - 7.1 Awaranaaa of growth changaa
   - 7.2 Individual differancaa in growth rataa and patterna
   - 7.3 Factora that affact growth

APPENDIX Q

Grade Level: 3 Skills/Subject Area: Mental Health

COMPETENCY GOAL 1: The learner will comprehend the existence of feelings.

| Objectives | Measures |
|---|---|
| 1.1 Demonstrate an awareness of feelings in her/himself and others. | 1.1.1 Name at least five different feelings (e.g., anger, happiness, hurt, joy). |
| | 1.1.2 Given pictures or examples of role playing depicting specific feelings, tell about an incident in which s/he has had these feelings. |
| | 1.1.3 Given pictures depicting specific feelings, identify possible causes for these feelings. |

COMPETENCY GOAL 2: The learner will be aware that feelings can be changed.

| Objectives | Measures |
|---|---|
| 2.1 Identify possible ways people can make constructive changes in the way they feel. | 2.1.1 Given a story or a role playing of a child with a problem, identify methods to change the negative feelings (e.g., direct energies toward hobbies, talk to someone, change attitudes). |
| | 2.1.2 List or role play constructive and destructive methods of getting rid of angry feelings. |

COMPETENCY GOAL 3: The learner will understand that feelings and behaviors are related.

| Objectives | Measures |
|---|---|
| 3.1 Recognize that feelings can cause behaviors and behaviors can cause feelings. | 3.1.1 Given a list of feelings or pictures depicting feelings, identify one potential behavior of a person having that feeling. For example: |

| FEELING | POTENTIAL BEHAVIOR |
|---|---|
| happy | . laughing<br>. smiling<br>. jumping up and down |
| left out | . crying<br>. bullying<br>. moping |

3.1.2 Complete the following sentences:

a. Suppose a person felt lazy. Then suppose that person ran a race against another person. Then he might feel . . . .

b. Suppose you were feeling happy about playing outside with a group of your friends, but you are told you must come inside. Then you might feel . . . .

Grade Level: 3 Skills/Subject Area: Nutrition

COMPETENCY GOAL 1: The learner will choose to eat foods that contribute to health.

| Objectives | Measures |
|---|---|
| 1.1 Be aware of the relationship between food consumption and health. | 1.1.1 List the six classes of nutrients. |
| 1.2 Select foods that meet specific nutrient needs of the body. | 1.2.1 Beside each item on a list of specific nutrients (e.g., calcium), write the name of the nutrient class (e.g., mineral) to which the item belongs. |
| | 1.2.2 Name four good sources of calcium. |
| | 1.2.3 Describe, in phrases or sentences, three important uses of calcium by the body. |
| | 1.2.4 Name two good sources of flouride. |
| | 1.2.5 Describe in a sentence the main use of flouride by the body. |
| | 1.2.6 Name four foods which are good sources of Vitamin C. |
| | 1.2.7 In two or three sentences, describe the main use of Vitamin C by the body. |
| | 1.2.8 Name four foods which are good sources of iron. |
| | 1.2.9 In one or two sentences, describe the main use of iron by the body. |
| 1.3 Select foods that meet the fiber needs of the body. | 1.3.1 Name four good sources of fiber |
| | 1.3.2 Describe the two main functions of digestion. |
| | 1.3.3 Describe the role of fiber in digestion. |

APPENDIX Q

| | | |
|---|---|---|
| 1.4 Select an appropriate variety of food containing all six classes of nutrients and fiber every day. | 1.4.1 Name the two minerals and the vitamin, all in milk, that work together to help bones and teeth grow. | |
| | 1.4.2 Name the vitamin which works with iron to help the body. | |
| | 1.4.3 For each nutrient class, write one food you ate yesterday that contributed to the need for the nutrient class. | |

Grade Level: 3 Skills/Subject Area: Chemicals and Substance Abuse

COMPETENCY GOAL 1: The learner will comprehend the importance of accepting drugs and medicines only from parents or medically-trained and qualified professionals.

| Objectives | Measures |
|---|---|
| 1.1 Understand the type and reasons for the training necessary for pharmacists, physicians, and nurses to be able to prescribe, administer, and/or dispense drugs. | 1.1.1 Briefly describe the training received by medical professionals who handle drugs. |
| | 1.1.2 Name five prescription medicines that can harm people if they are used incorrectly. |
| 1.2 Be aware of conditions that can cause use of medicines to be harmful (e.g., taking the wrong dose, taking someone else's medicine, using at improper intervals, using for incorrect length of time, mixing with other medicines). | 1.2.1 Given several hypothetical situations related to choosing to use medicines and several possible choices of action, select the correct action. |
| 1.3 Understand that unsafe conditions for using medicines apply to all drugs that are not prescribed or not approved by parents. | 1.3.1 Given a series of hypothetical situations involving the choice of use of nonprescription drugs, state what makes conditions unsafe to use the drugs. |

Grade Level: 3 Skills/Subject Area: Dental Health

COMPETENCY GOAL 1: The learner will prevent dental accidents.

| Objectives | Measures |
|---|---|
| 1.1 Be familiar with common dental accident hazards and rules for prevention. | 1.1.1 Identify at least two school situations in which a dental accident could occur and identify at least two rules for the prevention of these accidents. |



Grade Level: 3 Skills/Subject Area: Safety/First Aid

COMPETENCY GOAL 1: The learner will act safely as a passenger in a vehicle.

| Objectives | Measures |
|---|---|
| 1.1 Be aware of safety procedures to use while riding in vehicles. | 1.1.1 Complete the following statements:<br><br>While riding in a car you should not _____.<br><br>a. sit quietly<br>b. talk with another passenger<br>c. put your hand out the window<br>d. listen to the radio<br><br>While riding in a car you should not _____.<br><br>a. argue with the driver<br>b. read.<br>c. notice what is outside<br>d. mind the driver |
| 1.2 Demonstrate proper procedures for exiting a vehicle during an emergency situation. | 1.2.1 Arrange to have a school bus available, and have students show correct exiting procedures. |
| 1.3 Understand the importance of passengers not disturbing the driver of the vehicle. | 1.3.1 State three unsafe things that could happen if the vehicle driver were disturbed. |

Grade Level: 3 Skills/Subject Area: Family Life

COMPETENCY GOAL 1: The learner will understand that all living things reproduce.

| Objectives | Measures |
|---|---|
| 1.1 Identify things that reproduce. | 1.1.1 Correctly mark the following statements as "True" or "False".<br><br>a. dogs reproduce<br>b. plants reproduce<br>c. rocks reproduce<br>d. cats reproduce<br>e. rabbits reproduce<br>f. frogs reproduce |

APPENDIX Q

Grade Level: 3 Skills/Subject Area: Growth and Development

COMPETENCY GOAL 1: The learner will understand that children grow at different rates.

| Objectives | Measures |
|---|---|
| 1.1 Identify examples of differing growth rates in children. | 1.1.1 For each of the following, state an example of how children differ in their growth rates:<br><br>a. teeth<br>b. height<br>c. weight<br>d. coordination |

## Grades 4-6

Major Emphases

Some of the major emphases of grades 4-6 health education are: (1) learning how the body and its parts work; (2) understanding how the body changes through growth and development; (3) comprehending that the development and functioning of the body and mind can be influenced by positive and negative factors, e.g., personal health practices, environmental conditions, intake of chemicals, diseases; (4) practicing some of the elements of health-related decision-making, e.g., clarifying one's own values, identifying alternative forms of behavior, projecting consequences of various forms of behavior; (5) identifying some of the influences on human behavior, e.g., human needs, emotions, and interpersonal relationships, and finding healthy ways to handle these influences; (6) recognizing the responsibilities that each of us has in maintaining our own health and the health of the community in which we live; (7) learning to evaluate health-related information, products, and services; and (8) developing an awareness of the human life cycle and its relationship to our health and growth.

### Grade 4 Outline

1. Mental Health

   1.1 Looking at oneself realistically
   1.2 Personal strengths and weaknesses
   1.3 Setting personal change goals

2. Nutrition

   2.1 Selecting foods that meet body nutrient needs
   2.2 Food package labels as sources of nutritional information
   2.3 Nutritional values of foods produced in North Carolina

3. Chemicals and Substance Abuse

   3.1 Misuse of health-related products
   3.2 Effects of tobacco on the body
   3.3 Meanings of "dependence," "addiction," and "withdrawal"
   3.4 Influences on the decision to use tobacco.
   3.5 Awareness of own feelings about tobacco use

4. Consumer Health

   4.1 Differences between commercial and professional health information
   4.2 Distinguishing between health-promoting and cosmetic products

5. Dental Health

   5.1 Importance of dental hygiene
   5.2 Consequences of poor dental hygiene

6. Safety/First Aid

   6.1 Proper reporting of emergencies

7. Family Life

   7.1 Awareness of attitudes toward the family
   7.2 Roles in the family, changes and choices

8. Growth and Development

   8.1 Degree of and limits on personal control over own growth and development

APPENDIX Q

Grade Level: 4 Skills/Subject Area: Mental Health

COMPETENCY GOAL 1: The learner will demonstrate realistic self-assessment skills.

| Objectives | Measures |
|---|---|
| 1.1 Be aware of personal strengths and weaknesses. | 1.1.1 Prepare an advertisement listing qualities about her/himself that other people might like to acquire. |
| | 1.1.2 Identify a person (e.g., actor, sports figure, historical character, cartoon character) whom s/he admires, and relate at least one way that s/he is like that person. |
| | 1.1.3 Write two lists of at least three items each under the headings: "Things I don't like about myself that I could change" and "Things I wish I could change about myself, but can't." |
| | 1.1.4 Identify three personal characteristics that s/he likes in other people and that s/he also has, and three characteristics that s/he also has but doesn't admire. |
| | 1.1.5 Identify at least one way that her/his personality has changed in the last year, and one way s/he would like for it to change in the next year. State three things s/he is capable of doing to help bring about this change. |

Grade Level: 4 Skills/Subject Area: Nutrition

COMPETENCY GOAL 1: The learner will choose to eat foods that contribute to health.

| Objectives | Measures |
|---|---|
| 1.1 Select foods that meet specific nutrient needs of the body. | 1.1.1 Beside each item on a list of nutrients (e.g., zinc) write the name of the nutrient class (e.g., mineral) to which the item belongs. |
| | 1.1.2 Name four good sources of zinc. |
| | 1.1.3 Describe in a phrase or sentence, one important use of zinc by the body. |
| | 1.1.4 Name four good sources of vitamin A. |



| | |
|---|---|
| | 1.1.5 Describe, in a sentence or two, the main uses of vitamin A by the body. |
| | 1.1.6 Name four foods that are good sources of protein. |
| | 1.1.7 In a sentence or two, describe the main uses of protein by the body. |
| | 1.1.8 Name four good sources of carbohydrates. |
| | 1.1.9 Describe in a few sentences, the main uses of carbohydrates by the body. |
| | 1.1.10 List the six nutrients (calcium, iron, zinc, vitamins A, C, and folacin) most commonly deficient in the diets of adolescents and one good source of each nutrient. |
| 1.2 Analyze the information on the label of packaged food to determine the food content. | 1.2.1 Given a variety of samples of food packages, complete the following statements for each package:<br>a. The main ingredient in the food is _____.<br>b. The second ingredient (by weight) is _____.<br>c. One additive in the food (if any) is _____.<br>d. The weight of the food is _____.<br>e. State whether the package has a "nutrition label". If yes, answer the following questions:<br>(1) What is the number of servings in the container?<br>(2) How many calories are in each serving?<br>(3) Which does the food have the most of: protein, carbohydrates, or fat? |

APPENDIX Q

| | | |
|---|---|---|
| 1.3 Be familiar with the nutritional value of some foods produced in North Carolina. | 1.3.1 Correctly answer the following questions: | |

_____ are an important food from the meat, fish, poultry, and beans group grown in North Carolina.

a. Apples
b. Peanuts
c. Carrots
d. Beets

A good source of fiber grown in North Carolina is the _____ crop.

a. turkey
b. tobacco
c. eggs
d. apple

In the summertime it is good to put _____ grown in North Carolina on top of cereal for a healthy breakfast.

a. peanuts
b. sweet potatoes
c. peaches
d. cucumbers

North Carolina _____ provide a lot of important protein in her/his diet.

a. soybeans
b. apples
c. peaches
d. cucumbers

North Carolina farmers raise many of the _____ that people eat on Thanksgiving.

a. turkeys
b. snails
c. cows
d. rabbits

Grade Level: 4 Skills/Subject Area: Chemicals and Substance Abuse

COMPETENCY GOAL 1: The learner will comprehend both the positive and negative uses of health-related products.

| Objectives | Measures |
|---|---|
| 1.1 Understand that many products _ intended for health promotion can be misused. | 1.1.1 List one use and one abuse of three products that are sold for health promotion (e.g., vitamins, antibiotics, aspirin). |
| | 1.1.2 Define the term "over-the-counter" drug and state two examples of how these can be abused if not used according to directions. |

COMPETENCY GOAL 2: The learner will be aware of the effects of tobacco use.

| Objectives | Measures |
|---|---|
| 2.1 Describe the effects of tobacco use on specific body parts. | 2.1.1 Given a list of body parts and systems, write one or two sentences for each describing the effects of tobacco use. |
| 2.2 Understand the behavioral aspects of tobacco use. | 2.2.1 Define the terms "dependence," "addiction," and "withdrawal symptoms." |
| | 2.2.2 Explain how addiction dependence, and withdrawal symptoms relate to tobacco use. |
| | 2.2.3 Given a list of physiological functions (e.g., pulse rate), explain the immediate effects of smoking on each. |

COMPETENCY GOAL 3: The learner will understand the influences on tobacco use decision-making.

| Objectives | Measures |
|---|---|
| 3.1 Be aware of reasons why people begin to use tobacco. | 3.1.1 Describe how peer pressure, curiosity, and excitement seeking could influence tobacco use decisions. |
| | 3.1.2 Examine several advertisements for tobacco products and, for each, write a sentence or two describing what the advertiser wants her/him to think of when s/he thinks of the advertised product. |

APPENDIX Q

| | | |
|---|---|---|
| 3.2 Be aware of her/his feelings about tobacco use. | 3.2.1 In writing, describe her/his feelings about the following: | |
| | a. dirty ash trays | |
| | b. cigarette butts on the ground | |
| | c. how a person looks when s/he smokes | |
| | d. how a person who smokes smells | |
| | e. the cost of tobacco | |
| | f. people who choose not to use tobacco | |
| | g. how tobacco could affect her/him personally, right now | |
| | h. the large number of people who die of heart disease and cancer because of their tobacco use. | |
| | i. damage to property and loss of life caused by fires started accidentally by smokers | |

Grade Level: 4 Skills/Subject Area: Consumer Health

COMPETENCY GOAL 1: The learner will be aware of the purpose or intent of both commercial and noncommercial health-related information.

| Objectives | Measures |
|---|---|
| 1.1 Describe the purpose or intent of the producer of any health-related information. | 1.1.1 Define the terms commercial and noncommercial as they apply to health-related information. |
| | 1.1.2 Given a collection of forms of health related information, divide the samples into two categories: (1) those for which the producer's main purpose is for you to buy a product or service so that the producer can make money, and (2) those for which the producer's main purpose is to give you information that will help you take care of your own health. |



COMPETENCY GOAL 2: The learner will distinguish between commercial and non-commercial health-related information.

| Objectives | Measures |
|---|---|
| 2.1 Discriminate between commercial and noncommercial health-related pamphlets, pages from magazines, television and radio segments, posters, newspaper clippings, warning labels, slogans, buttons, and persons who represent themselves as health or medical authorities. | 2.1.1 Given a collection of health-related pamphlets, pages from magazines, taped television and radio segments, posters, newspaper clippings, warning labels, slogans, buttons, and video tapes of persons who represent themselves as health or medical authorities, identify the source of each as either commercial or noncommercial. |
| | 2.1.2 For each item in 1.1.1, describe in one or two sentences how s/he recognized the correct answer. |
| | 2.1.3 Write, in phrases or sentences, two lists of at least three items each, one list describing common characteristics of commercial sources of health-related information and one list describing common characteristics of noncommercial sources of health-related information. |

APPENDIX O

COMPETENCY GOAL 3: The learner will distinguish between health-promoting products and cosmetic products.

| Objectives | Measures |
|---|---|
| 3.1 Categorize products as health promoting, cosmetic, or both. | 3.1.1 Presented with a sample of products commonly found in drug stores and supermarkets (e.g., aspirin, hand soap, acne preperation, deodorant, toothpaste, "make-up," cough remedies), identify which are used for promotion of health, which are used for purely cosmetic purposes, and which are used for both purposes. |
| | 3.1.2 Speculate why cosmetic products are often mixed with health-promoting products in stores. |

Grade Level: 4 Skills/Subject Area: Dental Health

COMPETENCY GOAL 1: The learner will be aware of the variety of dental health practices.

| Objectives | Measures |
|---|---|
| 1.1 Describe dental health practices. | 1.1.1 In a phrase or two describe the dental health value of each of the following:<br><br>a. tooth brushing<br>b. rinsing with water<br>c. use of toothpaste<br>d. flossing<br>e. visiting the dentist regularly<br>f. using disclosing tablets<br>g. eating nutritious foods<br>h. avoiding excess sweets |
| 1.2 Be aware of the cause and prevention of plaque. | 1.2.1 Define plaque, and describe how it affects teeth.<br><br>1.2.2 Describe how flossing removes plaque. |

Grade Level: 4 Skills/Subject Area: Family Life

COMPETENCY GOAL 1: The learner will demonstrate an awareness that attitudes about the family begin early in life.

| Objectives | Measures |
|---|---|
| 1.1 Identify two attitudes important for family members to have. | 1.1.1 Describe how the following attitudes relate to families:<br><br>a. love<br><br>b. expectations of standards<br><br>c. discipline<br><br>d. moral examples<br><br>e. feeling of belonging<br><br>f. illness<br><br>g. birth<br><br>h. death<br><br>i. encouragement of individual interests or talents |

COMPETENCY GOAL 2: The learner will be aware of changes and choices in family roles.

| Objectives | Measures |
|---|---|
| 2.1 Describe how gender-related roles in families differ in different eras of history, in different cultures, and in different families. | 2.1.1 Given a list of different family situations, state examples of possible gender-related roles (e.g., pioneer times, taking care of a new baby). |

Grade Level: 4 Skills/Subject Area: Safety/First Aid

COMPETENCY GOAL 1: The learner will know how to report an emergency properly and expediently.

| Objectives | Measures |
|---|---|
| 1.1 Describe how to contact help in an emergency situation. | 1.1.1 Given a series of situations (e.g., fire in the house while alone, grandparent becoming sick and collapsing), describe the appropriate reaction, including who should be contacted. |

Grade Level: 4 Skills/Subject Area: Growth and Development

COMPETENCY GOAL 1: The learner will understand how to influence growth and development patterns.

| Objectives | Measures |
|---|---|
| 1.1 Identify the factors influencing physical and emotional growth which are and are not generally subject to personal control. | 1.1.1 Check the factors that are subject to her/his personal control.<br><br>a. heredity<br>b. nutrition<br>c. exercise<br>d. growth rate<br>e. height<br>f. smoking<br>g. body frame or physique<br>h. sex differences<br>i. dental care<br>j. feelings about her/himself |

APPENDIX Q

## Grade 5 Outline

1. Mental Health

   1.1 Stereotyping
   1.2 Qualities that make good friends
   1.3 Courtesy
   1.4 Dealing with praise and criticism
   1.5 Identifying desirable changes in one's own behavior

2. Nutrition

   2.1 Factors that influence food choices

3. Chemicals and Substance Abuse

   3.1 Short and long-term effects of alcohol use
   3.2 Factors influencing alcohol effects
   3.3 Alcohol's effect on judgment
   3.4 Healthy alternatives to reasons for drinking alcohol

4. Consumer Health

   4.1 Selecting reliable sources of information
   4.2 Consequences of inaccurate or incomplete information in decision-making
   4.3 Common inaccurate health beliefs

5. Dental Health

   5.1 Daily dental health practices
   5.2 Plaque and gum disease
   5.3 Foods hazardous to teeth

6. Safety/First Aid

   6.1 Safe school environment
   6.2 Causes of fires

7. Family Life

   7.1 Physical, mental, and emotional maturation
   7.2 Puberty
   7.3 Human reproductive system

8. Chronic Diseases

   8.1 Behavioral causes of various diseases
   8.2 Prevention and treatment
   8.3 Early warning signs of cancer

9. Growth and Development

   9.1 Structure and function of circulatory, digestive, and skeletal systems



Grade Level: 5 SKILL/SUBJECT AREA: Mental Health

COMPETENCY GOAL 1: The learner will develop the ability to relate positively to others.

| Objectives | Measures |
|---|---|
| 1.1 Demonstrate skills in interpersonal relations in a variety of situations. | 1.1.1 Define the term "stereotyping" as applied to interpersonal relations. |
| | 1.1.2 Relate three personal qualities that s/he values in a friend, and evaluate her/himself in terms of those qualities. |
| | 1.1.3 Define the difference between praise and criticism, and state a hypothetical situation in which s/he could use praise as a method for changing a bothersome behavior in another person. |

Grade Level: 5 Skills/Subject Area: Nutrition

COMPETENCY GOAL 1: The learner will analyze the factors that influence food choices.

| Objectives | Measures |
|---|---|
| 1.1 State the five main factors in addition to knowledge of nutrition, that influence food choices. | 1.1.1 List the five main factors that influence food choices (e.g., personal preferences, food habits, topography, cultural background, and food availability). |
| 1.2 Describe how each of the five food choice-influencing factors operates. | 1.2.1 For each of the five main factors that influence food choices, write two paragraphs explaining specific examples of how the factor operates. |
| 1.3 Know how factors that influence food choice affect personal nutrition. | 1.3.1 For each of the five main factors that influence food choices, write one paragraph showing (1) how that factor influences your own food choices, and (2) how the quality of your own personal nutrition is affected (or could be affected if you did not use compensatory measures). |

APPENDIX Q

It is true that

a. you should clean most small wounds with soap and water

b. you can't get a sun burn if you use suntan lotion

c. an apple a day keeps the doctor away

d. smoking cigarettes causes diseases but chewing tobacco doesn't hurt you

Grade Level: 5 Skills/Subject Area: Dental Health

COMPETENCY GOAL 1: The learner will demonstrate techniques of proper dental care.

| Objectives | Measures |
|---|---|
| 1.1 Practice three daily actions which can help maintain dental health. | 1.1.1 Describe three actions taken yesterday to promote her/his dental health. |
| 1.2 From a variety of foods, select three foods which are good for teeth. | 1.2.1 From a list of foods, mark those which have special value for the health of teeth. |

Grade Level: 5 Skills/Subject Area: Safety/First Aid

COMPETENCY GOAL 1: The learner will recognize hazardous situations and areas at school and in the home.

| Objectives | Measures |
|---|---|
| 1.1 Identify how matches and electrical devices can cause fires. | 1.1.1 Describe three specific situations involving matches or electrical devices that can result in a fire at home or in school. |
| 1.2 Promote a safe school environment. | 1.2.1 Find and explain two potential safety hazards in the school or on school grounds. |

Grade Level: 5 Skills/Subject Area: Family Life

COMPETENCY GOAL 1: The learner will understand the physical, mental, and emotional maturation processes related to sexuality.

| Objectives | Measures |
|---|---|
| 1.1 Be aware of characteristics of the pre-puberty growth period and characteristics of the post-puberty growth period. | 1.1.1 Using examples such as clothing fashions, hobbies and interests, types of friends, and physical activities, describe differences that occur with puberty. |
| | 1.1.2 Write a report on puberty discussing the changes that take place in the body for both sexes. |

COMPETENCY GOAL 2: The learner will understand that the reproductive system is one of the major body systems.

| Objectives | Measures |
|---|---|
| 2.1 Identify major elements of the reproductive system in humans. | 2.1.1 Correctly identify each part of the human reproductive system on a drawing of that system. |
| | 2.1.2 Correctly complete the following statements: |

A major part of the human reproductive system in females is the female's _____.

a. feet
b. knees
c. breasts
d. eyes

In the process of conception the egg is fertilized by _____.

a. sperm
b. vitamins
c. ovaries
d. blood

The fertilized egg attaches itself to the wall of the female's _____.

a. lungs
b. liver
c. uterus
d. ovaries

The organ that produces the eggs is the _____.

a. brain
b. ovary

APPENDIX C

COMPETENCY GOAL 2: The learner will understand the reproductive system as a major body system.

| Objectives | Measures |
|---|---|
| | Sperm travel through the male's _____.<br><br>a. brain<br>b. penis<br>c. spleen<br>d. stomach<br><br>The male reproductive gland is the _____.<br><br>a. ovary<br>b. bladder<br>c. spleen<br>d. testis |

Grade Level: 5 Skills/Subject Area: Chronic Diseases

COMPETENCY GOAL 1: The learner will be aware of causes, symptoms, prevention, and myths about chronic diseases.

| Objectives | Measures |
|---|---|
| 1.1 Describe symptoms and causes of chronic diseases. | 1.1.1 Given the following list of chronic disorders, identify causes and symptoms associated with each disease:<br><br>a. heart disease<br>b. lung cancer<br>c. diabetes<br>d. epilepsy<br>e. cirrhosis |
| 1.2 Be aware of myths about chronic diseases. | 1.2.1 Mark the following as true or false statements:<br><br>a. All people who get cancer die of the disease.<br><br>b. Many black people get sickle cell anemia.<br><br>c. Some people with diabetes have to have a shot every day.<br><br>d. Smoking causes lung cancer.<br><br>e. Fat people are more likely to have heart attacks.<br><br>f. Only men have heart attacks.<br><br>g. People with chronic diseases often can not do a lot of things that other people do. |



h. If a child's parent has had cancer, he will probably get it

i. People with chronic diseases have done something wrong and should be ashamed.

| | |
|---|---|
| 1.3 Identify ways to prevent chronic diseases. | 1.3.1 Given a list of chronic diseases, describe at least one preventive measure for each. |

COMPETENCY GOAL 2: The learner will understand the importance of early detection of cancer.

| Objectives | Measures |
|---|---|
| 2.1 Know early warning signs of cancer. | 2.1.1 List five of the seven early warning signs of cancer. |

Grade Level: 5 Skills/Subject Area: Growth and Development

COMPETENCY GOAL 1: The learner will be familiar with the circulatory, skeletal, and digestive systems.

| Objectives | Measures |
|---|---|
| 1.1 Identify major components of the circulatory system. | 1.1.1 Label the major components of the circulatory system on a chart. |
| 1.2 Identify major bones of the skeletal system. | 1.2.1 Label the major bones of the skeletal system on a chart.<br><br>1.2.2 Complete the following statements:<br><br>The group of bones that surround the brain make up the _____.<br><br>a. ribs<br>b. collar bone<br>c. thigh bone<br>d. cranium<br><br>The movement of your _____ allows you to chew food and to speak.<br><br>a. jaw bone<br>b. backbone<br>c. hip bone<br>d. collar bone |

APPENDIX Q

The small bones that make up your backbone are called _____.

a. marrow
b. ribs
c. pelvis
d. vertebrae

The _____ are connected to your backbone and come around the front of your body.

a. lower leg bones
b. lower arm bones
c. rib bones
d. wrist bones

The hip bones and the backbone make up your _____ which supports your body weight.

a. cranium
b. pelvis
c. glands
d. joints

1.3 Identify the major organs that make up the digestive system.

1.3.1 Identify, by using a plastic torso with removable parts or a chart, the organs which make up the digestive system.

## Grade 6 Outline

1. Mental Health

   1.1 Awareness of emotions
   1.2 Coping with emotional stress

2. Environmental Health

   2.1 How people affect the environment
   2.2 Coping with emotional stress

3. Nutrition

   3.1 Weight management
   3.2 Composition of body tissue
   3.3 World food problems

4. Chemicals and Substance Abuse

   4.1 Classifications of drugs
   4.2 Control of drugs
   4.3 Cultural and historical content of drug use
   4.4 Drug tolerance
   4.5 Unpredictability of drug effects
   4.6 Decision-making steps and drug use

5. Consumer Health

   5.1 Personal health responsibilities
   5.2 Responsibility for the health of others

6. Dental Health

   6.1 Using dental health services

7. Safety/First Aid

   7.1 Basic first aid (shock, bleeding, burns, choking, fractures)

8. Family Life

   8.1 Masculinity and femininity
   8.2 Social roles and changing expectations

9. Growth and Development

   9.1 Physical and emotional changes associated with puberty

Grade Level: 6 Skills/Subject Area: Mental Health

COMPETENCY GOAL 1: The learner will cope with strong emotions.

| Objectives | Measures |
|---|---|
| 1.1 Be aware of emotions in her/himself and others. | 1.1.1 Given three pictures depicting persons experiencing strong emotions:<br>a. Identify the emotions for each picture.<br>b. Describe a time when you experienced the same emotion. |
| | 1.1.2 Complete the following sentences:<br>a. Sometimes I feel angry when a person . . . .<br>b. The first thing I do when I am angry is . . . .<br>c. Three ways I can show love are . . . .<br>d. One time I felt frightened was when . . . .<br>e. I feel relaxed when I . . . . |
| | 1.1.3 Complete the following sentences:<br>a. The last time I made someone else angry was when I . . . .<br>b. One time when I made someone worry was when I . . . .<br>c. The time when the students in my class were the most excited was when . . . . |
| 1.2 Demonstrate skill in dealing with emotional stress. | 1.2.1 Describe a situation that s/he can become nervous about and discuss three different ways s/he might prevent or handle the nervousness. |
| | 1.2.2 Given a paper divided into three columns entitled "Feeling," "What Caused It," and "What I Did About It," fill in the paper with three examples, limiting her/himself to negative feelings. |



Grade Level: 6 Skills/Subject Area: Environmental Health

COMPETENCY GOAL 1: The learner will be aware of how the relationship between people and the environment affects health.

| Objectives | Measures |
|---|---|
| 1.1 Understand how people affect the environment. | 1.1.1 For each of the human activities below, describe in three or four sentences how people can alter the environment in ways that can affect the health of themselves or others:<br>a. killing insects<br>b. giving an x-ray<br>c. canning food<br>d. driving a car<br>e. growing corn<br>f. heating a home<br>g. building a highway |
| 1.2 Understand how the environment can affect the health of people. | 1.2.1 For each of the environmental conditions listed below, describe specific examples of the ways human health could be affected:<br>a. city water supply polluted by run off from farmers' fields<br>b. air polluted by the emission from a smokestack<br>c. objects irradiated by medical waste<br>d. water contaminated by leakage from a septic tank<br>e. air polluted by automobile exhaust<br>f. water collected in undisposed of trash around homes |

APPENDIX O

Grade Level: 6 Skills/Subject Area: Nutrition

COMPETENCY GOAL 1: The learner will be aware of the relationships among physical activity, diet, body weight, and composition of body tissue.

| Objectives | Measures |
|---|---|
| 1.1 Understand how both diet and exercise relate to body weight. | 1.1.1 Define the word "calorie" and explain how it relates to both food intake and physical exercise. |

1.1.2 List three foods that are high in calories and three foods that are low in calories.

1.1.3 List three physical activities that use many calories in a short period of time and three physical activities that use few calories in a short period of time.

1.1.4 List three sports that use many calories in a short period of time and three that use few calories in a short period of time.

1.1.5 Define the term "energy equation" and describe a specific example of how the "energy equation" relates to gaining weight.

COMPETENCY GOAL 2: The learner will be aware of special food choice problems of people in other parts of the world and of poor people everywhere.

| Objectives | Measures |
|---|---|
| 2.1 Be familiar with the major factors influencing food availability in other parts of the world (e.g., transportation, population size and density, climate, agricultural practices, processing techniques, form of government, economics, ethnic heritage, religion, education, human rights practices). | 2.1.1 Given a list of factors that affect food choices of people in other parts of the world, write one short paragraph stating a specific example of how that factor affects a specific group of people. |
| | 2.1.2 In one paragraph, describe the main problems of nutrition related to population size and density. |
| | 2.1.3 In one or two paragraphs, describe the most common problems of nutrition problems of poor people everywhere. |
| | 2.1.4 Pretend s/he is a poor person in any other country in the world and describe, in three or four paragraphs, what kinds of foods s/he normally eats, what nutrition problems s/he might have, and what causes her/his diet to be nutritionally inadequate. |

Grade Level: 6 Skills/Subject Area: Chronicle and Substance Abuse

COMPETENCY GOAL 1: The learner will be familiar with drugs, their use, and their effects on the body.

| Objectives | Measures |
|---|---|
| 1.1 Distinguish drug myths from drug facts. | 1.1.1 Presented with a list of statement about drugs and their effects write M (myth) or F (fact) beside each one. |
| 1.2 Be aware of the cultural and historical context of drug use. | 1.2.1 Describe in a paragraph or two the use of drugs in a culture or historical era different from our own. |
| 1.3 Know that all societies find it necessary to control drug use. | 1.3.1 In a few sentences describe some laws about drugs in our country. |
| | 1.3.2 Describe rituals or rules controlling drugs in other countries. |
| 1.4. Understand that drugs can be classified in several ways. | 1.4.1 Given several different classifications of drugs (e.g., stimulants, antibiotics), state two examples of each one. |
| 1.5 Demonstrate understanding of the unpredictability of all drugs, including "street" drugs. | 1.5.1 For each phrase in the following statement, write two examples that demonstrate the meaning of the phrase: Different drugs do<br><br>a. different things<br>b. to different people<br>c. in different situations. |
| 1.6 Understand the concept of need tolerance. | 1.6.1 Define the term "tolerance" (the need for ever larger doses or more frequent doses of an addicting drug or alcohol in order to achieve the effect desired by the addict). |
| | 1.6.2 In one or two paragraphs, explain by illustration how "tolerance" could affect the daily life of a heroin addict. |

APPENDIX

COMPETENCY GOAL 2: The learner will demonstrate decision-making skills when confronted with drug use choices.

| Objectives | Measures |
|---|---|
| 2.1 Understand the decision-making steps of defining goals and values, determining alternatives, projecting consequences, and weighing choices. | 2.1.1 Given a series of descriptions of decision-making processes relating to drug choice situations, critique each process.<br><br>2.1.2 Given a series of situations, describe for each one:<br><br>a. her/his goals and values<br><br>b. the alternatives s/he has<br><br>c. consequences of each alternative |

Grade Level: 6 Skills/Subject Area: Consumer Health

COMPETENCY GOAL 1: The learner will understand how other people influence her/his health.

| Objectives | Measures |
|---|---|
| 1.1 Describe the influence of others on her/his health. | 1.1.1 State a specific example of the responsibility that each of the following has for her/his health:<br><br>a. parents<br><br>b. local health department<br><br>c. school<br><br>d. teachers<br><br>e. family doctor or clinic<br><br>f. friends<br><br>g. restaurant<br><br>h. police<br><br>i. neighbors<br><br>j. brother, sister, or other relative<br><br>k. food manufacturers<br><br>l. toy manufacturers |



COMPETENCY GOAL 2: The learner will accept partial responsibility for her/his health.

| Objectives | Measures |
|---|---|
| 2.1 Recognize areas of personal health responsibility. | 2.1.1 For each of the following, state a specific example of what s/he does to be responsible for her/his health:<br><br>a. nutrition<br>b. fitness<br>c. dental health<br>d. cleanliness<br>e. safety<br>f. rest<br>g. relaxation<br>h. prevention of diseases |

COMPETENCY GOAL 3: The learner will act responsibly in influencing the health of others.

| Objectives | Measures |
|---|---|
| 3.1 Be aware of her/his influence on the health of others. | 3.1.1 For each of the following, state a specific example of how s/he can positively or negatively influence the health of others:<br><br>a. at a party<br>b. on a school bus<br>c. on the play ground<br>d. in a grocery store<br>e. in a classroom<br>f. when baby sitting |
| 3.2 Take deliberate measures to guard the health of others. | 3.2.1 State three examples of actions s/he has taken in the last week to guard the health of others. |

Grade Level: 6 Skills/Subject Area: Dental Health

COMPETENCY GOAL 1: The learner will be aware of what services are available for dental care.

| Objectives | Measures |
|---|---|
| 1.1 Briefly define five dental health specialties. | 1.1.1 List and discuss the dental specialty of each of the following:<br><br>a. public health dentist<br>b. periodontist<br>c. endodontist<br>d. oral Surgeon<br>e. prosthodontist<br>f. orthodontist |

1.1.2 Match a list of common dental health problems or needs with a list of dental health professions, correlating the problem or need with a profession suited to providing an appropriately related service.

Grade Level: 6 Skills/Subject Area: Safety/First Aid

COMPETENCY GOAL 1: The learner will demonstrate simple first aid skills.

| Objectives | Measures |
|---|---|
| 1.1 Illustrate how to calm a victim and keep him as quiet as possible, stop bleeding, stop choking, prevent shock, open an airway, and perform rescue breathing. | 1.1.1 Complete the following statements:<br><br>The best way to control external bleeding is by _____.<br><br>a. running to get help fast<br><br>b. applying direct pressure to the wound<br><br>c. washing out the wound with water<br><br>d. putting a bandage on the wound<br><br>For the most serious types of burns you should _____.<br><br>a. put the burned area in warm water<br><br>b. immediately open all blisters<br><br>c. give the victim hot tea to drink<br><br>d. get medical assistance in a hurry<br><br>A break in a bone is called a _____.<br><br>a. rupture<br>b. seizure<br>c. fracture<br>d. occlusion<br><br>When a person is in shock _____.<br><br>a. there is not enough blood getting to the heart<br><br>b. the stomach muscles start to cramp<br><br>c. there is too much oxygen in the blood |

Signs of shock do not include _____.

a. increased appetite
b. paleness of skin
c. rapid pulse
d. shallow breathing

A good way to treat shock is _____.

a. to make the person move around

b. to force the person to eat something

c. to keep the person warm and lying down

d. to give the person several aspirin

A good way to help someone who is choking is to _____.

a. give her/him something soft to eat

b. grab her/him from behind and force the object out

c. make her/him drink a lot of water

d. leave her alone so s/he can recover by her/himself

One can determine if an unconscious victim is breathing by _____.

a. checking blood pressure

b. checking pulse

c. checking eyes

d. looking, listening, feeling for signs of air and chest movement

The principle method used for opening the airway is _____.

a. head tilt with either neck lift or chin lift

b. turning victim's head to side

c. back blows

d. wiping out mouth

APPENDIX O

Grade Level: 6 Skills/Subject Area: Family Life

COMPETENCY GOAL 1: The learner will be familiar with the concepts of masculinity and femininity.

| Objectives | Measures |
|---|---|
| 1.1 Know constructive ways of expressing gender identification. | 1.1.1 Describe, in a few paragraphs, some of the changing roles of males and females in our society. |
| | 1.1.2 List some things that boys and girls often feel differently about. |

Grade Level: 6 Skills/Subject Area: Growth and Development

COMPETENCY GOAL 1: The learner will be aware of changes which are associated with puberty.

| Objectives | Measures |
|---|---|
| 1.1 Identify secondary sex characteristics which develop at puberty. | 1.1.1 Use individual charts to identify secondary sex characteristics developing at puberty. |
| | 1.1.2 Describe the menstrual process. |
| 1.2 Identify emotional changes associated with puberty. | 1.2.1 Describe some typical changes in interests and activities that reflect emotional changes associated with puberty. |



## GRADES 7-8

Major Emphases

Some of the major emphases in grades 7-8 are: (1) accepting personal responsibility for health-related decisions and their consequences; (2) learning interpersonal skills that will promote healthy relationships with others; (3) maintaining a positive identity during the transition between childhood and adulthood; (4) understanding the nature and reasons for the rapid physical and sexual changes taking place; (5) learning specific first aid skills; (6) understanding some potential health-related problems of the teen years, e.g., sexually-transmitted diseases, drug, alcohol, and tobacco abuse, stress, nutritional habits, sexual behavior, and (7) selecting life goals and life-styles compatible with these goals.

## Grade 7 Outline

1. Mental Health
   - 1.1 Demonstrating communication skills (body language, objective summarizing and paraphrasing, clarifying, maintaining a conversation, responding to feelings, stating feelings, assertiveness)
   - 1.2 Group decision-making
   - 1.3 Constructive problem-solving
2. Nutrition
   - 2.1 Classes of nutrients
   - 2.2 Functions and sources of nutrients
   - 2.3 Food groups and meal planning
3. Chemicals and Substance Abuse
   - 3.1 Classifications of illegal or harmful drugs
   - 3.2 Drug effects
   - 3.3 Responsibility in drug and alcohol decisions
   - 3.4 Saying "no" assertively
4. Consumer Health
   - 4.1 Factors influencing purchasing decisions
   - 4.2 Differentiating between professional and nonprofessional medical treatment and information
   - 4.3 Disadvantages of unproven health products and services
5. Safety/First Aid
   - 5.1 Home accident prevention
6. Family Life
   - 6.1 Influences on sexual attitudes
   - 6.2 Getting along with the opposite sex
7. Communicable Diseases
   - 7.1 Influences on the occurrence and severity of communicable diseases
   - 7.2 Sexually-transmitted diseases
   - 7.3 Treatment services available to individuals with sexually-transmitted diseases

APPENDIX O

Grade Level: 7 Skills/Subject Area: Mental Health

COMPETENCY GOAL 1: The learner will use communication skills effectively to promote better interpersonal relations.

| Objectives | Measures |
|---|---|
| 1.1 Demonstrate a variety of communications skills. | 1.1.1 Demonstrate body language indicating:<br>a. interest in what another person says<br>b. disinterest in the other person |
| | 1.1.2 Accurately summarize a three-minute statement by another person. |
| | 1.1.3 List five short verbal statements that invite another person to continue a discussion. |
| | 1.1.4 Paraphrase, without indicating approval or disapproval, a three minute statement about an emotional, controversial subject. |
| | 1.1.5 List four ways of starting a sentence intended to clarify what another person has said. |
| | 1.1.6 For each of the following statements, identify one possible feeling that the speaker might be experiencing and write a "Listening for Feeling" response:<br>a. "Teachers just don't understand me."<br>b. "She always give me low grades--lower than anyone else. I don't think she likes me, but she's not honest enough to say it."<br>c. "My classmates make fun of me because I'm fat. They don't invite me to their parties or anything."<br>d. "Passing that test is the luckiest thing that ever happened to me." |
| | 1.1.7 Write a "Behavior Feedback" statement responding to each of these situations:<br>a. Your father helps you with your homework, and you get a good grade.<br>b. Your assignment in class is to work with a small group to draw a map, but John refuses to cooperate with the rest of the group and keeps trying to tell jokes.<br>c. Your sister borrows your record player to take to a party without asking you first. |

COMPETENCY GOAL 2: The learner will effectively contribute to group decision-making.

| Objectives | Measures |
|---|---|
| 2.1 Be aware of the operations of groups. | 2.1.1 List three "roles" that members of groups often assume.<br>2.1.2 Describe three factors which tend to help group members feel satisfied with group decisions.<br>2.1.3 Describe, in a paragraph or two, the characteristics of groups that s/he likes to be a part of. |

COMPETENCY GOAL 3: The learner will demonstrate constructive problem-solving skills.

| Objectives | Measures |
|---|---|
| 3.1 Identify constructive and unconstructive ways of solving problems. | 3.1.1 Identify three important decisions that you expect to have to make in the next three or four years and state what problems might be involved.<br>3.1.2 Given a list of "unconstructive" methods of resolving problems (e.g., suicide, alcohol abuse), write an example of a problem or need which might have caused each unconstructive behavior. |

APPENDIX Q

| | | |
|---|---|---|
| | | 3.1.3 Given a "Dear Abby" type letter describing a personal problem and asking for advice, briefly outline the decision-making steps s/he would recommend to the person with the problem so that the person could solve her/his own problems. State an example, appropriate to the context of the letter, for each decision-making step. |

Grade Level: 7 Skills/Subject Area: Nutrition

COMPETENCY GOAL 1: The learner will be knowledgeable of the functions of the six classes of nutrients, individual nutrients, and fiber.

| Objectives | Measures |
|---|---|
| 1.1 Identify the six classes of nutrients. | 1.1.1 List the six classes of nutrients. |
| 1.2 Describe the main functions of each nutrient class and of fiber. | 1.2.1 Write one to three sentences describing the main functions of each nutrient class and of fiber. |
| 1.3 Describe the main functions of individual nutrients. | 1.3.1 Given a list of sample nutrients from each of the six nutrient classes, describe the main function(s) of each in one to three sentences. |

COMPETENCY GOAL 2: The learner will be aware of the general nutrient value of each food group.

| Objectives | Measures |
|---|---|
| 2.1 Identify the five food groups. | 2.1.1 List the five food groups. |
| 2.2 Describe the key nutrient contribution of each food group. | 2.2.1 Given a list of the five food groups, write two or three sentences describing the key nutrients and nutrient classes which each food group contributes to diet. |



COMPETENCY GOAL 3: The learner will be aware of the nutritional contributions of individual foods.

| Objectives | Measures |
|---|---|
| 3.1 Identify the nutrients in individual foods. | 3.1.1 Match a list of nutrients with a list of individual foods. |

COMPETENCY GOAL 4: The learner will plan a balanced diet on a daily basis.

| Objectives | Measures |
|---|---|
| 4.1 Identify the value of using the main five food groups in daily meal planning. | 4.1.1 Describe in a paragraph the two benefits of using the five food groups as the basis of daily meal planning (tends to result in a balanced diet; saves time in planning). |
| 4.2 Prepare and analyze a daily meal plan based on the use of the five food groups. | 4.2.1 Write a plan, listing all foods to be consumed at meals and snacks, one for one day for her/himself, and indicate the adequacy of the plan in terms of specific nutrients. |

APPENDIX Q

Grade Level: 7 Skills/Subject Area: Chemicals and Substance Abuse

COMPETENCY GOAL 1: The learner will understand the meaning of the classifications of illegal/harmful drugs.

| Objectives | Measures |
|---|---|
| 1.1 Identify the major classifications of illegal/harmful drugs. | 1.1.1 List the four major classifications of illegal/harmful drugs. |
| | 1.1.2 State two examples of drugs for each of the four major classifications. |
| | 1.1.3 Describe each drug class in terms of its effect on people. |

COMPETENCY GOAL 2: The learner will judge decisions to use alcohol and drugs in terms of responsibility.

| Objectives | Measures |
|---|---|
| 2.1 Understand the concept of responsibility in regard to drug and alcohol decisions. | 2.1.1 Given a series of statements regarding alcohol use (e.g., John drinks to forget his problems; Tammy drinks a lot on dates so she can relax and have fun; Kevin drinks when he gets to drive the family car on weekends; Susie's mother, who is pregnant, drinks a glass of wine each evening with supper; Joyce's father likes to drink two or three beers when he has his card-playing friends over to his house; Larry always has a couple of drinks before a test in order not to be nervous), characterize each of the drinking situations described in each statement as: Very Responsible, Somewhat Responsible, or Irresponsible. Support and explain your response in three or four sentences. |
| | 2.1.2 In a few paragraphs, define the word "responsibility", state whether s/he believes there is such a thing as responsible drinking or responsible drug-taking, and provide evidence or examples to support her/his belief. Include both personal and social responsibility in her/his definition and examples. |

COMPETENCY GOAL 3: The learner will use assertiveness skills in responding to invitations to use drugs, alcohol, and tobacco.

| Objectives | Measures |
|---|---|
| 3.1 Apply principles of assertiveness in declining to participate in use of drugs, alcohol, and tobacco. | 3.1.1 Given a series of verbal invitation to participate in use of drugs, alcohol, and/or tobacco, write an example of an assertive way to say "no." |

Grade Level: 7 Skills/Subject Area: Consumer Health

COMPETENCY GOAL 1: The learner will be aware of the various factors influencing her/his decision in purchasing a health product.

| Objectives | Measures |
|---|---|
| 1.1 Describe factors that influence decisions to purchase health-related products. | 1.1.1 For each item listed below, describe how advertising, family traditions, cost, peer pressures, or appeal of packaging might influence the decision to purchase that particular product:<br>a. brand of toothpaste<br>b. a snack food that s/he often eats<br>c. a brand of vitamins<br>d. tobacco products used by someone s/he knows well |
| | 1.1.2 Name three health-related products that s/he has recently purchased, or that have been purchased for her/his use, and describe several different factors that influenced the decision to purchase those particular products. |
| | 1.1.3 Evaluate the factors named in 1.1.2 and label each as health-promoting, health-harming, or neutral. |

APPENDIX O

COMPETENCY GOAL 2: The learner will evaluate "popular" or "faddish" health practices and products.

| Objectives | Measures |
|---|---|
| 2.1 Describe characteristics by which professional and non-professional medical treatments can be distinguished. | 2.1.1 List methods commonly used to promote nonprofessional medical treatments (e.g., use of personal testimonials; promise miracles; appeal to emotions; promise quick, easy results; association with famous but not medically-trained personalities). |

| | |
|---|---|
| 2.2 Differentiate between professionally recognized and non-professional providers of health services and information. | 2.2.1 Label each occupation below as normally<br><br>a. requiring a professional license or certificate,<br><br>b. requiring some training, or<br><br>c. untrained<br><br>. clerk in a health food store<br>. pharmacist<br>. nurse<br>. physician<br>. rescue squad volunteer<br>. dentist<br>. nurse's aide<br>. dental hygienist<br>. psychic healer<br>. chiropractor<br>. advice columnist |
| 2.3 Identify potential disadvantages of unproven health practices or products. | 2.3.1 List three potential disadvantages of unproven health practices or products (e.g., wasted money, delay in acquiring effective treatment, may be injurious). |

Grade Level: 7 Skills/Subject Area: Safety/First Aid

COMPETENCY GOAL 1: The learner will be aware of where accidents are most likely to occur in and around the home.

| Objectives | Measures |
|---|---|
| 1.1 Identify types of accidents that are likely to occur around the home and where they are likely to occur. | 1.1.1 Given a room in a house, state likely potential hazards to be found in each room.<br><br>1.1.2 Correctly complete the following statements:<br><br>A common type of accident in the bathroom is _____.<br><br>a. burning yourself on something hot<br>b. tripping over the furniture<br>c. drowning in the shower<br>d. slipping on a wet surface<br><br>There are many things found in the kitchen that might hurt you because they are _____.<br><br>a. poisonous<br>b. exciting<br>c. sleepy<br>d. cold |



You should never run down the stairs because you might _____

a. trip and fall
b. make a lot of noise
c. wake someone up
d. forget where you are going

A room in the house where it is very easy to get burned is the _____.

a. closet
b. hall
c. kitchen
d. bedroom

Grade Level: 7 Skills/Subject Area: Family Life

COMPETENCY GOAL 2: The learner will be aware of influences on sexual attitudes.

| Objectives | Measures |
|---|---|
| 2.1 Know factors that influence one's sexual attitudes. | 2.1.1 List factors influencing one's sexual attitudes (e.g., parental attitudes, environmental stimulations, childhood experiences), and describe each in two or three sentences. |
| 2.2 Relate sexual attitudes to sexual behavior. | 2.2.1 Discuss in a few paragraphs how sexual attitudes and sexual responsibility are related. |

Grade Level: 7 Skills/Subject Area: Communicable Diseases

COMPETENCY GOAL 1: The learner will identify factors contributing to the occurrence and severity of communicable diseases.

| Objectives | Measures |
|---|---|
| 1.1 Identify three factors which can affect the severity of a communicable disease. | 1.1.1 Correctly complete the following statements:<br><br>One important factor that plays a part in how sick you get is your _____.<br><br>a. grade in school<br>b. birthday<br>c. previous health<br>d. future plans |

APPENDIX O

If you have not had your booster shots _____.

a. it will not make any difference when you get sick

b. you might recover quicker when you get sick

c. no doctor will treat you when you get sick

d. you will be more likely to get a communicable disease

People with chronic diseases _____.

a. have to be very careful when they have communicable diseases

b. have a built-in immunity against communicable diseases

c. always die when they get a communicable disease

d. recover more quickly when they get a communicable disease

The person you think would recover the quickest from a cold or the flu is _____.

a. the person who is always sad and lonely

b. the person who eats a lot of sweets and junk food

c. the person who is overweight and out of shape

d. the person who eats food every day from all food groups

1.1.2 In a sentence or two for each, discuss how the following factors effect the occurrence or severity of communicable diseases:

a. age

b. previous health status

c. availability of medical care

d. emotional state

e. stress management

f. early recognition of illness

g. reporting early symptoms

h. close contact with ill people

i. lack of immunization (booster shots)

APPENDIX Q

COMPETENCY GOAL 2: The learner will be aware of symptoms of sexually-transmitted diseases.

| Objectives | Measures |
|---|---|
| 2.1 Identify the symptoms of common sexually-transmitted diseases. | 2.1.1 Reproduce material found in Sexually Transmitted Diseases (a Curriculum and Resource Guide for Teachers), available from the N.C. Department of Human Resources. |
| | 2.1.2 Use pre- and post-tests found in guide mentioned above. |

COMPETENCY GOAL 3: The learner will be knowledgeable of treatments for sexually-transmitted diseases.

| Objectives | Measures |
|---|---|
| 3.1 Identify treatments for sexually-transmitted diseases. | 3.1.1 Multiple Choice:<br>The best treatment for sexually-transmitted diseases is _____.<br>a. frequent warm baths<br>b. aspirin every day<br>c. immediate medical attention<br>d. radiation therapy |

A drug that is very effective in fighting gonorrhea and syphilis is _____.

a. penicillin
b. insulin
c. cortisone
d. arsenic

The cure for genital herpes is _____.

a. penicillin
b. cobalt
c. unknown
d. hormones

For the sores that appear with genital herpes _____.

a. there is a danger of hepatitis

b. there are some drugs to help relieve pain

c. penicillin is the most effective medicine

d. some doctors decide to operate

It is suspected that AIDS is caused by _____.

a. improper diet

b. a virus found in the blood and/or body fluids

c. uncontrolled diabetes

d. the same germ that causes gonorrhea

| | | |
|---|---|---|
| 3.2 Be aware of services for individuals with sexually-transmitted diseases. | 3.2.1 Describe two sources of treatment for sexually-transmitted diseases. | |
| | 3.2.2 State how it is possible to receive confidential treatment for sexually-transmitted diseases. | |



## Grade 8 Outline

1. Mental Health

   1.1 Appreciating own attributes
   1.2 Goal-achievement skills
   1.3 Defense mechanisms
   1.4 Dangerous behavior resulting from emotions

2. Nutrition

   2.1 Nutrient deficiencies in individuals, history, and various demographic groups

3. Consumer Health

   3.1 Analyzing advertisements for health-related products or services
   3.2 Role of community health agencies
   3.3 Health care specialties and specialists

4. Safety/First Aid

   4.1 Human error, judgment, and emotions as causes of accidents
   4.2 Emergency procedures
   4.3 First aid in emergency situations

5. Family Life

   5.1 Dating and other relationships with the opposite sex
   5.2 Life adjustments related to marriage
   5.3 Criteria in selecting a marriage partner

Grade Level: 8 Skills/Subject Area: Mental Health

COMPETENCY GOAL 1: The learner will value her/his individual worth.

| Objectives | Measures |
|---|---|
| 1.1 Be aware of positive personal attributes. | 1.1.1 List five things about her/himself that s/he admires. |

COMPETENCY GOAL 2: The learner will recognize need for planning to achieve goals.

| Objectives | Measures |
|---|---|
| 2.1 Demonstrate skills for achieving goals. | 2.1.1 Identify a personal goal that s/he has for her/himself and describe in one or two paragraphs methods of achieving that goal. |

APPENDIX Q

COMPETENCY GOAL 3: The learner will use defense mechanisms in a healthy manner.

| Objectives | Measures |
|---|---|
| 3.1 Be aware of common psychological defense mechanisms. | 3.1.1 State an example illustrating each of the following psychological defense mechanisms:<br><br>a. rationalization<br>b. projection<br>c. conversation<br>d. compensation<br>e. daydreaming<br>f. regression |
| | 3.1.2 State an example of an unhealthy use of a defense mechanism. |

COMPETENCY GOAL 4: The learner will recognize dangerous behaviors resulting from emotions.

| Objectives | Measures |
|---|---|
| 4.1 Be aware of the effect of emotions on behavior. | 4.1.1 Given the following behavior/emotion pairs, write an example of how the emotion might affect the behavior:<br><br>a. driving a car/anger<br><br>b. babysitting/boredom<br><br>c. chopping wood with a dull ax/frustration |

Grade Level: 8 Skills/Subject Area: Nutrition

COMPETENCY GOAL 1: The learner will comprehend the effects of nutrient deficiency in the body.

| Objectives | Measures |
|---|---|
| 1.1 Identify the symptoms of nutrient deficiencies. | 1.1.1 Match a list of deficiency symptoms with a list of nutrients. |
| 1.2 Identify common nutrient deficiencies of different historical times and different populations in the world. | 1.2.1 Match a list of nutrient deficiencies with brief descriptions of examples of times or populations where the deficiencies occur. |
| | 1.2.2 Describe in two or three paragraphs, the major nutrient deficiencies of people her/his age in this country. |
| 1.3 Identify potential deficiency problems of different diets (including weight loss diets) in this country now. | 1.3.1 Given a list with brief descriptions of diets followed now in this country, write the names of possible missing nutrients and state what problems could result. |
| 1.4 Understand the extent and significance of protein deficiency as a worldwide problem. | 1.4.1 Describe, in a short essay, the extent of the worldwide protein deficiency problem. Use examples of specific populations, and describe the causes and effects of the problem. |
| 1.5 Suggest practical solutions for worldwide protein deficiency problems. | 1.5.1 Describe in a few paragraphs some measures that can be taken to relieve the worldwide protein deficiency problem. |

APPENDIX Q

Grade Level: 8 Skills/Subject Area: Consumer Health

COMPETENCY GOAL 1: The learner will evaluate health-related advertising.

| Objectives | Measures |
|---|---|
| 1.1 Recognize both stated and implied benefits of health-related products or services. | 1.1.1 Given three samples of advertisements for health-related products or services, identify both the stated and implied benefits of each. (Implied benefits usually relate to personal popularity, self-image, emotion, physical prowess, or appearance.) |
| 1.2 Identify sources of reliable information about health products and services. | 1.2.1 Given three samples of advertisements for health-related products or services, state three specific sources of reliable information about each product or service. |

COMPETENCY GOAL 2: The learner will know where to seek help for health problems.

| Objectives | Measures |
|---|---|
| 2.1 Understand the roles of community health agencies. | 2.1.1 Given a list of local community health agencies, identify which agencies could be expected to provide information or services in regard to each of a series of personal health related problems or potential problems. |
| 2.2 Be aware of the functions of medical and health specialties and specialists. | 2.2.1 In a phrase or sentence, describe what each specialist on the following list does (e.g., orthodontist, pediatrician, sanitarian, optometrist). |

Grade Level: 8 Skills/Subject Area: Safety/First Aid

COMPETENCY GOAL 1: The learner will be aware of personal factors as causes of accidents.

| Objectives | Measures |
|---|---|
| 1.1 List personal factors involved in accidents. | 1.1.1 Analyze an accident report and determine if human error was the cause and if it could have been prevented. |
| 1.2 List emotions that may cause accidents. | 1.2.1 Describe how emotions such as fear anger, or frustration may cause accidents. |

COMPETENCY GOAL 2: The learner will know proper emergency procedures for safety of her/himself and others.

| Objectives | Measures |
|---|---|
| 2.1 Demonstrate an appropriate response to emergency situations at school and home (e.g., fire, natural disasters, lab and workshop accidents, blackouts). | 2.1.1 Given a particular emergency (e.g., fire, tornado, bomb threat), describe plans as to how to respond. |
| 2.2 Demonstrate knowledge of first aid procedures for specific emergencies (e.g., broken bones, choking, bleeding, cuts or abrasions, burns). | 2.2.1 Role play responses to emergency situations. |
| 2.3 Demonstrate the single person CPR rescue procedure. | 2.3.1 Perform skills for opening an airway, mouth-to-mouth ventilation, and single person CPR. |



Grade Level: 8 Skills/Subject Area: Family Life

COMPETENCY GOAL 1: The learner will be aware of appropriate social relations with the other sex.

| Objectives | Measures |
|---|---|
| 1.1 Identify appropriate ways of spending time with the other sex (e.g., dating, having a girl friend or a boy friend). | 1.1.1 Identify the functions of dating (e.g., fun, learning social behavior, learning to get along with the opposite sex, sense of belonging). |
| 1.2 Identify typical stages of heterosexual relationships leading to marriage. | 1.2.1 Describe the nature and purposes of the relationship stages which may culminate in marriage. |

COMPETENCY GOAL 2: The learner will state areas of adjustment that need to be considered in preparation for and in marriage.

| Objectives | Measures |
|---|---|
| 2.1 Identify areas of mutual adjustment in marriage (e.g., personal relations, income, educational plans, communication, emotional preparation). | 2.1.1 List and describe the nature and importance of adjustments that must occur for marriages to be successful. |
| 2.2 Identify criteria for selecting a marriage partner. | 2.2.1 List and briefly describe at least five criteria which should be considered in selecting a marriage partner. |

APPENDIX Q

## GRADES 9-12

Major Emphases

Some of the major emphases of high school health education are: (1) accepting responsibility for effective family leadership as an adult; (2) developing knowledge necessary to plan and care for one's own children in the healthiest ways; (3) understanding the causes, effects, and methods of preventing the chronic diseases afflicting adults; (4) becoming aware of the variety and nature of careers in health fields; (5) developing the interpersonal skills necessary to form healthy relationships in a complex adult society; (6) developing the intrapersonal skills necessary to maintain a satisfying and healthy lifestyle throughout the individual's life cycle; (7) comprehending multiple influences on health-related behavior; and (8) actively planning for a healthy lifestyle.

## Health Education Outline

1. Mental Health
   - 1.1 Coping with stress
   - 1.2 Communication skills that promote improved interpersonal relations
   - 1.3 Values as standards for behavior
   - 1.4 Productive problem-solving techniques
   - 1.5 Common affective disorders
2. Nutrition
   - 2.1 Causes and prevention of the most common nutritional problems and eating disorders
   - 2.2 Diet planning, fad diets, food fallacies, dietary needs of select groups
   - 2.3 Weight management techniques
3. Chemicals and Substance Abuse
   - 3.1 Nondrug alternatives to meeting human needs
   - 3.2 How drug use interfers with personal goal achievement
   - 3.3 Services available for drug problems
4. Consumer Health
   - 4.1 Criteria for self-care versus professional care choices
   - 4.2 Reducing health care costs
5. Safety/First Aid
   - 5.1 Single-person and two-person cardiopulmonary resuscitation (CPR)
6. Family Life
   - 6.1 Family influences on health behavior
   - 6.2 Maternal and child health
   - 6.3 Parenthood decisions and life changes
   - 6.4 Parenting skills and responsibilities
   - 6.5 Aging
   - 6.6 Domestic violence
7. Chronic Diseases
   - 7.1 Prevention
   - 7.2 Early detection

Grade Level: 9-12 Skills/Subject Area: Mental Health

COMPETENCY GOAL 1: The learner will cope with emotional stress.

| Objectives | Measures |
|---|---|
| 1.1 Be aware of methods of coping with emotional stress. | 1.1.1 List two common sources of emotional stress for each of the following age groups:<br>a. 12-15 years<br>b. 16-19 years<br>c. 20-30 years<br>d. 30-50 years<br>e. 50-65 years<br>f. above 65 years |
| | 1.1.2 Given a newspaper article or short story describing an ineffective or dangerous method by which a person has attempted to cope with an emotional stress, describe the situation causing the stress, the emotion involved, and suggest a better coping strategy. |
| | 1.1.3 Describe a recent situation in which s/he felt anger, fear, or some other potentially distressing emotion; indicate how s/he actually behaved to resolve the distress; and analyze her/his behavior as to its appropriateness and successfulness. |

COMPETENCY GOAL 2: The learner will be aware of types of mental illness.

| Objectives | Measures |
|---|---|
| 2.1 Identify common affective disorders. | 2.1.1 For each affective disorder in the following list, describe the characteristics of each in phrases or sentences.<br>a. depression<br>b. hyperactivity<br>c. phobias<br>d. aggressive behavior<br>e. anorexia<br>f. excessive obesity<br>g. neuroses<br>h. paranoia<br>i. extreme withdrawal<br>j. suicide<br>k. promiscuity<br>l. power of excessive control<br>m. delinquency<br>n. drug dependence |

APPENDIX O

COMPETENCY GOAL 3: The learner will use communication skills effectively to promote better interpersonal relations.

| Objectives | Measures |
|---|---|
| 3.1 Demonstrate a variety of interpersonal communication skills. | 3.1.1 During a four-minute interaction with another person who discusses a personal problem, exhibit verbal and nonverbal communication techniques which show acceptance, interest, and caring; and which illustrate her/his understanding of the other person's feelings. |
| | 3.1.2 Define the terms "positive reinforcement" and "negative reinforcement"and write an example of each as it might occur in verbal behavior. |

COMPETENCY GOAL 4: The learner will be aware of her/his values

| Objectives | Measures |
|---|---|
| 4.1 Recognize the changing nature of values with maturity. | 4.1.1 List values that have been important to her/him at various stages in her/his life. List some of her/his values now. List values s/he might expect to have in the future. Describe in several paragraphs any patterns s/he can see in the changes (e.g., from selfish values to social values, from objects to concepts). |
| 4.2 Recognize the role of values as standards for behavior. | 4.2.1 Write several paragraphs for or against the argument that "One's values must be acted upon, otherwise they are not true values but merely words". |

COMPETENCY GOAL 5: The learner will demonstrate constructive problem-solving skills.

| Objectives | Measures |
|---|---|
| 5.1 Outline basic problem-solving steps. | 5.1.1 List steps essential to productive problem-solving and describe the application of each step to a real or hypothetical problem. |



Grade Level: 9-12 Skills/Subject Area: Nutrition

COMPETENCY GOAL 1: The learner will plan nutritionally complete diets to accomplish specific purposes.

| Objectives | Measures |
|---|---|
| 1.1 Comprehend the importance of the following factors in diet planning. | 1.1.1 In two or three sentences each, describe the major problems associated with each of the following: |
| a. salt consumption | a. salt |
| b. sugar and fat consumption | b. sugar and fat |
| c. eating breakfast | c. eating breakfast |
| d. calorie consumption and expenditure | d. calories |
| e. nutrient deficiencies, especially of Vitamins A, C, Folacin Calcium, Zinc, and Iron | e. deficiencies of Vitamins A, C, Folacin, Calcium, Zinc, and Iron |
| f. nutrient interdependence | f. nutrient interdependence |
| g. avoiding anorexia nervosa and bulimia | g. anorexia nervosa and bulimia |
| 1.2 Analyze a diet plan for strengths and weaknesses. | 1.2.1 Given sample daily diet plans, pertinent information about the consumer of the diet, a chart of the nutrient composition of specific foods, and an RDA table, describe both the probable positive and negative consequences to the consumer of the diet. |
| | 1.2.2 Given the situation in 1.2.1, modify the diet plan to overcome weaknesses. |
| 1.3 Be aware of weight management techniques. | 1.3.1 Describe the "energy equation." |
| | 1.3.2 Given sample daily diet plans, a table of calorie expenditures for various activities, a table of calorie content of individual foods, and a description of a person's daily activities, calculate the calorie surplus or deficit for the day. |
| | 1.3.3 Given the situation in 1.3.2, suggest appropriate dietary and/or activity level modifications to avoid weight change while maintaining a nutritionally satisfactory diet. |

APPENDIX O

| | | |
|---|---|---|
| 1.4 Be aware of the influence of personal, social, and cultural factors on diet. | 1.4.1 | In a paragraph for each, describe the relationship of the following to diet:<br>a. self-image<br>b. habits<br>c. fast foods<br>d. food advertising<br>e. psychological needs, e.g., acceptance, independence |
| | 1.4.2 | Describe in several paragraphs some techniques of behavior modification that a person can choose to apply to her/himself for the purposes of both gaining or losing weight. |

COMPETENCY GOAL 2: The learner will evaluate food fads and fallacies.

| Objectives | Measures | |
|---|---|---|
| 2.1 Identify common fallacies regarding food-fads. | 2.1.1 | Given a list of common food fallacies correct each statement. |
| 2.2 Identify problems with fad diets. | 2.2.1 | Given a list of descriptions of "fad" diets, describe in a few sentences the potential problems of each. |

COMPETENCY GOAL 3: The learner will be aware of some special dietary needs of pregnant and lactating women.

| Objectives | Measures | |
|---|---|---|
| 3.1 Comprehend the special nutritional requirements of pregnant and lactating women. | 3.1.1 | Describe, in a few paragraphs, how the dietary needs of a pregnant or lactating woman differ from her normal needs. |

COMPETENCY GOAL 4: The learner will be aware of some special dietary needs of infants and children.

| Objectives | Measures | |
|---|---|---|
| 4.1 Understand the special nutritional requirements of infants and children. | 4.1.1 | Describe, in a few paragraphs, the special dietary needs of infants and children. |

COMPETENCY GOAL 5: The learner will understand the special dietary needs of special populations.

| Objectives | Measures | |
|---|---|---|
| 5.1 Identify groups of people or characteristics of people requiring diets different from the normal dietary needs. | 5.1.1 | Given a list of groups of people or characteristics of people (e.g., diabetics, senior citizens, middle-aged women, hypertensives, cardiac patients), describe in a few sentences their dietary needs. |

Grade Level: 9-12 Skills/Subject Area: Chemicals and Substance Abuse

COMPETENCY GOAL 1: The learner will analyze drug and alcohol use in terms of need fulfillment.

| Objectives | Measures | |
|---|---|---|
| 1.1 Be aware of categories and significance of human needs. | 1.1.1 | Given a list of human needs (e.g., acceptance, security, independence, excitement), describe for each one in two or three sentences how people sometimes try to meet their needs through use of drugs, alcohol, and tobacco. |
| 1.2 Be aware of nondrug alternatives to meeting needs. | 1.2.1 | For each item on the list in 1.1.1 describe at least two nondrug alternatives. |
| 1.3 Understand the result of drug use as a means of need fulfillment. | 1.3.1 | In three or four paragraphs, argue for or against the following statements. Use examples to support her/his position: "Drugs do not fulfill human needs, although they may sometimes seem to. In fact, drugs prevent humans from completely meeting their needs." |

COMPETENCY GOAL 2: The learner will analyze drug and alcohol use in terms of personal goals.

| Objectives | Measures | |
|---|---|---|
| 2.1 Be aware of long and short-term personal goals. | 2.1.1 | In words or phrases, describe five goals that s/he has for her/himself for each of the following periods of time: today, this week, this month, this year, the rest of her/his life. |

APPENDIX Q

| | | |
|---|---|---|
| 2.2 Understand the effect of drug use on goal achievement. | 2.2.1 For each of the goals listed in 1.1.1, determine if drug use could effect the likelihood of achieving that goal and explain her/his thinking in a few sentences. | |
| | 2.2.2 In several paragraphs, argue for or against the following position. Use specific examples to support her/his argument.<br><br>"The single biggest danger of drug abuse to adolescents, aside from loss of life, is that it halts mental and social growth. Adolescence is a time for learning how to cope successfully with the adult world, marriage, jobs, citizenship, leadership, and responsibility. Adolescence is a time to learn how to solve adult problems. Drugs don't solve any problems. They only cover them up. The chronic drug user doesn't even try to solve problems, large or small. Thus, drugs hurt rather than help, destroy rather than create, cripple rather than heal, and represent opportunity lost, not gained. | |

COMPETENCY GOAL 3: The learner will be aware of services available for drug-related problems.

| Objectives | Measures |
|---|---|
| 3.1 Identify services available for drug-related problems. | 3.1.1 List locally available services for drug-related problems and, in a sentence or two, describe the services provided. |



Grade Level: 9-12 Skills/Subject Area: Consumer Health

COMPETENCY GOAL 1: The learner will discriminate between health problems susceptible to self-diagnosis and self-treatment, and health problems requiring professional diagnosis and treatment.

| Objectives | Measures |
|---|---|
| 1.1 Identify health problems for which professional advice should be sought. | 1.1.1 Given a list of symptoms of health problems, indicate by writing "yes" or "no" beside each one whether professional medical assistance should be sought. For example:<br><br>a. "poison ivy" over most of body — yes<br><br>b. having a "cold" for 10 days — no<br><br>c. sore throat and skin rash — yes |

COMPETENCY GOAL 2: The learner will be aware of family health care costs.

| Objectives | Measures |
|---|---|
| 2.1 Identify the categories of potential health care costs of various families. | 2.1.1 Given descriptions of several hypothetical families and their provisions for covering medical care costs, state types of expenses the families could expect to encounter. |

Grade Level: 9-12 Skills/Subject Area: Safety/First Aid

COMPETENCY GOAL 1: The learner will know proper skills for performing single-person and two-person cardiopulmonary resuscitation (CPR).

| Objectives | Measures |
|---|---|
| 1.1 Demonstrate knowledge and skills of single-person and two-person CPR (open airway, rescue breathing, mouth-to-mouth ventilation, and chest compressions). | 1.1.1 Before starting CPR<br><br>a. find cause of victim's collapse<br><br>b. obtain permission from victim<br><br>c. be sure victim is not breathing and has no pulse<br><br>d. check medical information of victim |

APPENDIX C

When switching places during two-person CPR, the pulse check is performed by

a. rescuer at the head before moving to the chest

b. rescuer at the head after moving to the chest

c. rescuer at the chest after moving to the head before giving ventilation

d. rescuer at chest before moving

Grade Level: 9-12 Skills/Subject Area: Family Life

COMPETENCY GOAL 1: The learner will illustrate how the family influences the ability of its members to make decisions related to health behavior.

| Objectives | Measures |
|---|---|
| 1.1 Describe at least four factors that influence family members in making decisions related to their health practices and knowledge. | 1.1.1 In writing, answer the following questions:<br>a. What factors influence family members in making health-related decisions?<br>b. How do family economic circumstances influence health-related decisions?<br>c. How do cultural expectations affect health-related decisions of families? |

COMPETENCY GOAL 2: The learner will demonstrate knowledge of factors affecting the health of mother and child.

| Objectives | Measures |
|---|---|
| 2.1 List and briefly discuss three factors influencing the pregnant woman and child, e.g., nutrition, drug use, infection, pre- and postnatal care. | 2.1.1 Describe precautions that can be taken by young women to promote healthy conditions and to prevent unhealthy ones. |
| | 2.1.2 In writing, provide evidence of the truth of each of the following statements:<br>a. A woman who is pregnant should be very careful about her consumption of alcohol.<br>b. It can be harmful to an unborn child if a pregnant woman takes drugs without a doctor's permission.<br>c. Prenatal care is important for pregnant women.<br>d. Women who smoke endanger their babies.<br>e. When a woman is pregnant, she should exercise according to her doctor's instructions. |

COMPETENCY GOAL 3: The learner will demonstrate knowledge of family planning.

| Objectives | Measures |
|---|---|
| 3.1 Describe why family planning is an individual and a worldwide concern. | 3.1.1 Briefly discuss in writing the statement, "Family planning is a worldwide concern." |

COMPETENCY GOAL 4: The learner will understand the factors that should be considered before becoming a parent.

| Objectives | Measures |
|---|---|
| 4.1 Be aware of pros and cons of becoming a parent. | 4.1.1 In several paragraphs, write an essay beginning with these words: "The best time to become a parent is . . . ." |
| | 4.1.2 Describe several pros and cons of parenthood. |
| 4.2 Understand how the arrival of a child changes a parent's life. | 4.2.1 Describe several specific examples of how a parent's life changes with the coming of a child. |

APPENDIX O

COMPETENCY GOAL 5: The learner will know that life styles of family members influence behavior, attitudes, and the personality of individuals.

| Objectives | Measures |
|---|---|
| 5.1 Identify two effects on the life styles of a family due to a single parent in the home. | 5.1.1 Complete the following statements:<br><br>One effect of a single parent household on the functioning of the family is that _____.<br><br>a. the single parent often has to work<br><br>b. the family has a lot of visitors<br><br>c. other people think something is wrong<br><br>d. social services people visit the family<br><br>Usually single parent households in America are headed by _____.<br><br>a. the father<br>b. the grandparents<br>c. foster parents<br>d. the mother<br><br>A big category of concern in many single parent households is _____.<br><br>a. moral<br>b. religious<br>c. educational<br>d. economic<br><br>A problem that sometimes occurs for boys in a single parent household is that _____.<br><br>a. they have few male adult role models<br><br>b. they have few friends to play with<br><br>c. they need a lot of firm discipline<br><br>d. they lose their sense of values |
| 5.2 Be aware of the problem of family/domestic violence. | 5.2.1 Define the term "domestic violence" and describe some measures available to deal with the problem. |



COMPETENCY GOAL 6: The learner will understand the aging process as a social concern.

| Objectives | Measures |
|---|---|
| 6.1 Identify two effects of an aging population on modern families. | 6.1.1 Describe how aging affects the health needs of society.<br><br>6.1.2 Describe the special health needs of the aged.<br><br>6.1.3 Describe the influence of an aging population on family life styles. |

COMPETENCY GOAL 7: The learner will understand the growth and development of the child as a family member.

| Objectives | Measures |
|---|---|
| 7.1 Be aware of major elements of the growth and development process of children. | 7.1.1 List three major developmental milestones of children in each category: mental, physical, social.<br><br>7.1.2 For each of the milestones listed above, describe some responsibilities of other family members in helping the child grow and develop properly. |

COMPETENCY GOAL 8: The learner will be knowledgeable of practices that prevent injury to the child.

| Objectives | Measures |
|---|---|
| 8.1 Be aware that parents can help prevent injury to their children. | 8.1.1 Select any child's age and describe parental responsibilities in preventing accidents or injuries. |
| 8.2 Be aware of the problem of child abuse. | 8.2.1 Define the term "child abuse" and describe some methods by which society deals with it. |

APPENDIX Q

Grade Level: 9-12 Skills/Subject Area: Chronic Diseases

COMPETENCY GOAL 1: The learner will recognize chronic disorders and associated health behaviors.

| Objectives | Measures |
|---|---|
| 1.1 Describe various chronic disorders. | 1.1.1 Write a paper describing five chronic disorders, causes, symptoms, treatment, and prevention. |

COMPETENCY GOAL 2: The learner will understand the relationship between life style and health status.

| Objectives | Measures |
|---|---|
| 2.1 Be aware of lifestyle factors that relate to chronic or other illnesses. | 2.1.1 Given the following list of life style characteristics discuss the effect each has upon the individual:<br><br>a. amount of exercise a person gets<br><br>b. amount of alcohol, cigarettes, and other drugs a person ingests<br><br>c. nutritional habits (e.g., regularity of meals, types of food eaten)<br><br>d. amount of sleep a person gets<br><br>e. amount of relaxation a person gets<br><br>f. work habits<br><br>g. ability to cope with stress which persons experience<br><br>2.1.2 Given hypothetical situations, indicate knowledge of behavior associated with the cause of and prevention of certain chronic diseases. For example: John, a good friend, is afraid of heart disease, as his father had several heart attacks. What health behaviors would you suggest he engage in to help him prevent heart disease? Susan smokes two packs of cigarettes each day. What chronic disorders could this lead to and why? |

APPENDIX Q

# Home Economics Education

## Program Description

The Home Economics Education program includes two components—Consumer Home Economics and Occupational Home Economics. The programs are similar in subject areas but different in purpose. Consumer Home Economics focuses on living skills while Occupational Home Economics focuses on paid employment in home economics occupations.

Consumer Home Economics prepares the student with living or life management skills. All courses relate to persons living in a family or on their own. Curriculum directions include attention to work and the family, management of resources, technology, application of academic skills, and employability skills. Consumer Home Economics helps individuals improve the quality of their life and strengthen work, individual, and family relationships.

Occupational Home Economics prepares the student with job skills for one of the following home economics occupations: Child Care Services, Commercial Foods, or Custom Fashions and Interiors. These programs prepare individuals to enter paid employment and to advance in one or more jobs within a particular cluster of occupations.

Future Homemakers of America serves as the vocational student organization for Home Economics Education. There are two types of chapters. FHA (Future Homemakers of America) chapters are integrated into the Consumer Home Economics program. FHA focuses on a variety of youth concerns, including nutrition and fitness, teen pregnancy, strengthening family relationships, and energy conservation. HERO (Home Economics Related Occupations) chapters are integrated into the Occupational Home Economics program. HERO focuses on teen operated businesses, youth employment, and career exploration. Many schools combine FHA/HERO chapters, recognizing that workers also fill roles in the home and community.

## Major Program Objectives

### Consumer Home Economics

Programs in Consumer Home Economics are designed to help students:

1. Develop life managment skills in the following areas:
   a. Strengthening parenting and child development skills.
   b. Improving nutrition and personal wellness.
   c. Choosing and maintaining clothing and textiles.
   d. Selecting and caring for a home and its interior.
2. Coordinate work life, family life, and personal life.
3. Manage personal and family resources and make consumer choices.
4. Demonstrate problem solving techniques and stress management in individual, family, and work situations.
5. Maximize use of technology in the home.
6. Apply academic skills in work life, family life, and personal life.
7. Explore careers in Home Economics Occupations.
8. Develop job seeking, retention, and advancing skills.
9. Demonstrate effective leadership in home, work, and community responsibilities.

### Occupational Home Economics

Programs in Occupational Home Economics are designed to help students:

1. Develop basic technical and management skills in child care services, commercial foods, or custom fashions and interiors.
2. Explore the range of employment opportunities at both entry and advanced training levels in selected home economics occupations.
3. Identify job trends and labor market needs in selected home economics occupations.
4. Identify current technological changes and advances in selected home economics occupations.
5. Understand small business ownership principles.
6. Apply academic skills in job tasks.
7. Demonstrate effective leadership in the work place, community, and at home.

## Scope and Sequence of Home Economics Education

Consumer Home Economics courses are offered in both a comprehensive format and in a specialized course format. The 7th and 8th grade course is exploratory in nature. The comprehensive courses include, Teen Living and Independent Living. These courses help students develop concepts related to all subject areas of home economics in a progressive sequence. The specialized courses include Clothing and Textiles, Foods and Nutrition, Interior Design and Housing, and Parenting and Child Development. These courses provide in-depth instruction in one home economics subject area.

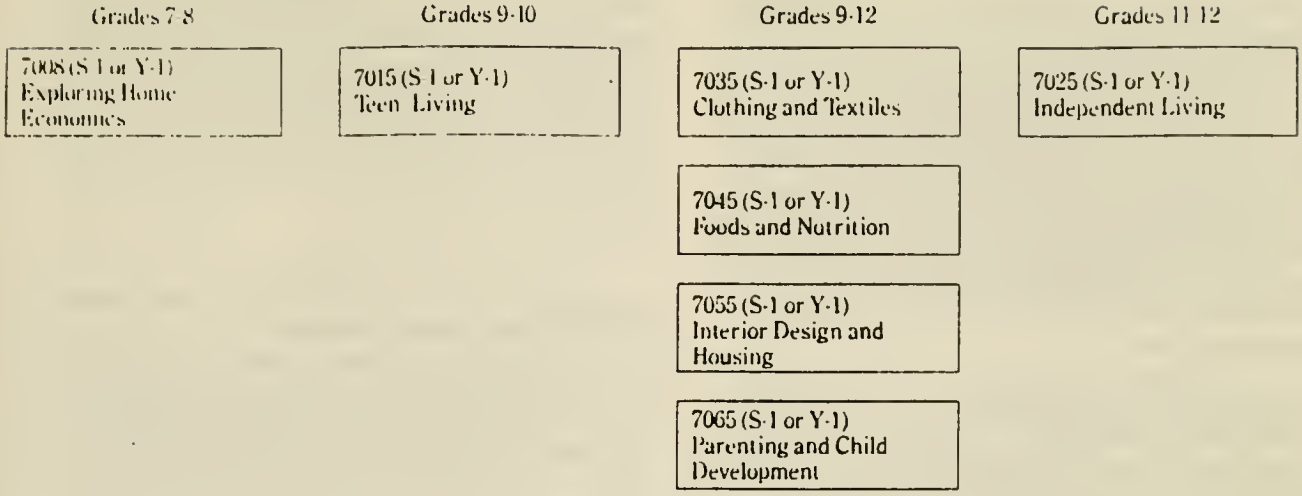
Occupational Home Economics courses are offered in a school laboratory, or in a cooperative education program. In the school based laboratory the facility and equipment simulate the work place. Students develop competencies in the classroom and have opportunities to visit and observe in area businesses. In the cooperative education course sequence, the student meets at the school for one period daily for technical instruction and for approximately two hours daily in paid employment. A training plan is jointly developed by the teacher, employer, and student outlining the competencies the student will learn on the job. In both the in-school and cooperative education programs, students receive technical instruction and practical experiences.



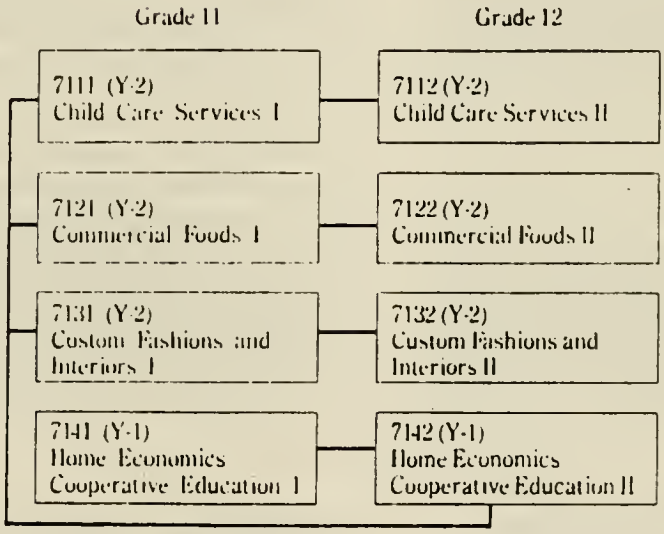
From: The Vocational Education Program of Studies, Revised 1987

## Scope and Sequence Charts for Home Economics Education

### Consumer Home Economics




### Occupational Home Economics




Notes: Courses are shown at the first grade level at which they may be offered.

(S-1) = 1 semester, 1 period
(Y-1) = 1 year, 1 period
(Y-2) = 1 year, 2 periods



APPENDIX Q

## Course Descriptions for Home Economics Education

HE 7111 (Y-2) Credit: 2 (11) Enr: 12-20
**Child Care Services I**

Provides classroom instruction in the profession of caring for pre-school children. It offers laboratory experience for one-third of the time in a variety of child care centers or in a center on campus. Students learn to conduct activities which promote social, mental, and physical development of children. They also learn to help children care for themselves. Attention is focused on developing skills necessary for working with pre-school children. Emphasis is placed on the responsibilities of child care workers.

Prerequisite: None

HE 7112 (Y-2) Credit: 2 (12) Enr: 12-20
**Child Care Services II**

Continues the instruction begun in Child Care Services I with at least half-time spent in child care centers. Emphasis is on the administration of a child care facility. Students learn day care licensing rules and procedures. Caring for infants and children with special needs are highlighted. The major learning experience includes working with children and resolving the various problems related to child care work.

Prerequisite: Child Care Services I

HE 7035 (S-1 or Y-1) Credit: ½ or 1 (9-12) Enr: 12-20
**Clothing and Textiles**

**Semester 1:** Students develop the basic skills in clothing construction. They learn to operate the sewing machine and to construct one or more clothing item. Emphasis is given to pattern and fabric selection and construction techniques. Students learn skills needed to purchase and care for their clothes.

Prerequisite: None

**Semester 2:** Advanced clothing course continuing semester 1 for students with basic skills in clothing construction. The course includes the design of clothing and home furnishings, and the science of textiles. Job opportunities in the field of clothing and textiles are explored.

Prerequisite: Clothing and Textiles (Semester 1)

HE 7121 (Y-2) Credit: 2 (11) Enr: 12-20
**Commercial Foods I**

Includes preparation of food for retailing, and basic skills in catering and table service. Hygenic practices in food preparation and safety regulations in the use of all types of equipment are stressed. Students learn legal aspects of employment and employment opportunities. Observations are made in a variety of food service establishments. Students participate in production work experiences and/or internships. A commercial foods equipped laboratory is necessary to complete the competencies for this course.

Prerequisite: None

HE 7122 (Y-2) Credit: 2 (12) Enr: 12-20
**Commercial Foods II**

This course provides advanced experience in the food service industry. Emphasis is placed on improving management skills, including food purchasing, preparing food in quantity, and serving food to the public. Emphasis is given to owning and operating various food service establishments. Students participate in production work-experiences and/or internships. A commercial foods equipped laboratory is necessary to complete the competencies for this course.

Prerequisite: Commercial Foods I

HE 7131 (Y-2) Credit: 2 (11) Enr: 12-20
**Custom Fashions and Interiors I**

This instructional program includes the application of skills needed for commercial garment construction, custom sewing and alterations, and the construction of draperies and home accessories. Students develop management techniques for planning work schedules and organized work areas, practicing safety, and examining legal aspects of employment. Provision is made for visits to a variety of business establishments related to custom fashions and interiors. Students are involved in production work experiences and/or internships.

Prerequisite: None

HE 7132 (Y-2) Credit: 2 (12) Enr: 12-20
**Custom Fashions and Interiors II**

Continues the instruction begun in Custom Fashions and Interiors I. Emphasis is placed on custom design of clothing, draperies, bedspreads, and table linens; clothing alterations; textile characteristics; and care requirements of various fabrics. Custom fabric construction for clients and operating a business related to professional sewing are stressed. Students set up and manage a classroom model of a business.

Prerequisite: Custom Fashions and Interiors I

HE 7008 (S-1 or Y-1) Credit: ½ or 1 (7-8) Enr: 12-26
**Exploring Home Economics**

**Semester 1:** Hands-on course which focuses on basic skills, self understanding, and independence/interdependence. The subject matter explored may include the home economics areas of personal development and family relations, management, foods and nutrition, clothing and textiles, or consumer education.

Prerequisite: None

**Semester 2:** Continuation of the first semester, focusing on basic skills, self understanding, and independence/interdependence. The subject matter explored covers home economics areas not discussed in semester one. These may include: personal development and family relations, management, foods and nutrition, clothing and textiles, or consumer education.

Prerequisite: Exploring Home Economics, Semester 1

HE 7015 (S-1 or Y-1) Credit: ½ or 1 (9-12) Enr: 12-20
**Foods and Nutrition**

**Semester 1:** Students learn to make informed choices of daily food. The content includes nutrition as it relates to health and appearance, and food patterns and customs. Based on individual lifestyles including sports activities, students will identify personal nutrient needs. Students learn how to purchase and store foods; select, use, and care for kitchen appliances; and, prepare and serve foods creatively.

Prerequisite: None

**Semester 2:** Continuation of Foods and Nutrition, Semester 1. In this course students creatively prepare and serve a variety of nutritious foods, including ethnic and regional specialties. Specialized techniques of food preparation, food choices to meet special nutritional needs, and the management of kitchen facilities are emphasized. Career opportunities in the field of Foods, Nutrition, and Food Services are explored.

Prerequisite: Foods and Nutrition, Semester 1

HE 7111 (Y-1) Credit: 2 (11) Enr: 12-20
**Home Economics Cooperative Education I**

Provides one period of classroom instruction and on-the-job paid employment. Instruction in the classroom includes job related information, interpersonal skills needed for employment, personal habits affecting employability, and career opportunities. Each student develops an on-the-job training plan that includes the competencies in the Level I Occupational Home Economics course related to the student's career objective. Teachers and employers observe and evaluate the student in the development of specific job skills. Students are paid for work experiences. In cooperative education programs, the guidelines in *Policies and Standards for Cooperative On-the-Job Training in Vocational Education* must be followed.

Prerequisite: None

HE 7112 (Y-1) Credit: 2 (12) Enr: 12-20
**Home Economics Cooperative Education II**

Provides one period of classroom instruction and on-the-job paid employment. Instruction in the classroom includes career opportunities, managing and owning a business, and individualized study pertaining to the occupation in which the student is employed. On-the-job, a student has a training plan that includes the competencies in the Level II Occupational Home Economics course related to the student's career objective. Teachers and employers observe and evaluate the student in the development of specific job skills. Students are paid for work experiences. In cooperative education programs, the guidelines in *Policies and Standards for Cooperative On-the-Job Training in Vocational Education* must be followed.

Prerequisite: Home Economics Cooperative Education I, Child Care Services I, Commercial Foods I, or Custom Fashions and Interiors I

HE 7025 (S-1 or Y-1) Credit: ½ or 1 (11-12) Enr: 12-26
**Independent Living**

**Semester 1:** A survival course that helps students build a bridge between the present and the future. The classroom is linked with the world through students observing adults coordinating their roles in the home, community, and workplace. Units of instruction include interpersonal relationships, home management, nutrition, consumer education and careers. Students become acquainted with the processes of inquiry, investigation, evaluation, and decision-making. They use these processes in solving the daily problems of work and living. Various resources to assist with life's experiences and problems are explored.

Prerequisite: None

**Semester 2:** A continuation of the first semester, focusing on students developing those skills required to live on their own. Students are prepared for an adult life that coordinates home life, community involvement, and a career. Units of instruction include housing, clothing, parenting, interpersonal relationships, and careers. In our information-conscious society, roles are being altered by the changing lifestyles of both men and women. This course develops skills in decision-making, resource identification, and relationships. In their quest for independence, students strive to achieve quality in one's life at work and at home.

Prerequisite: Independent Living, Semester 1

HE 7055 (S-1 or Y-1) Credit: ½ or 1 (9-12) Enr: 12-26
**Interior Design and Housing**

**Semester 1:** Interior Design

Prepares individuals to furnish, decorate, and manage living space economically. Students learn to evaluate interiors in terms of comfort, convenience, and beauty. They construct or renovate selected textile home furnishing items. Home management and interior design career opportunities are explored.

Prerequisite: None

**Semester 2:** Housing

Students examine housing alternatives adaptable to today's individual and family life styles. They investigate historical and geographic differences in housing needs, study technological advances, and discover job opportunities in the area of housing. Emphasis is placed on securing and maintaining suitable housing with regard to one's own financial and legal resources. Career opportunities in the housing field are explored.

Prerequisite: Interior Design, Semester 1

HE 7065 (S-1 or Y-1) Credit: ½ or 1 (9-12) Enr: 12-26
**Parenting and Child Development**

**Semester 1:** Parenting

Students investigate the role and responsibilities of parenting. Topics include prenatal development, meeting the needs of the newborn, and problems unique to teenage parents. Students discover the costs and obligations of being a parent and rearing a child. They learn about the influence of family structures on a child's development and are made aware of the importance of the parent on a child's development.

Prerequisite: None

**Semester 2:** Child Development

Study of the early childhood years and the ways children develop emotionally, socially, physically, and intellectually. Course content includes the care and guidance of children, creative activities for children, and community services available to families with children. Job opportunities and careers in the field of early childhood are explored.

Prerequisite: Parenting, Semester 1

HE 7015 (S-1 or Y-1) Credit: ½ or 1 (9-10) Enr: 12-26
**Teen Living**

**Semester 1:** This is a "now" oriented course focusing on today and the near future. Students learn to deal with daily experiences and problems in healthful living and family living. They learn the responsibility involved in making decisions and the consequences stemming from making their own decisions. Course units cover coping with today, foods and nutrition, child development, and family living. The unifying concepts used throughout this course are responsibility, appreciation, relationships, self-image, coping/surviving, world influences, energy concerns, recycling, leadership qualities, and career awareness.

Prerequisite: None

**Semester 2:** Continuation of the first semester, focusing on the everyday living skills needed by the adolescent in the present and near future. Students learn the obligations and responsibilities of assuming an adult role. Course units include coping with today, consumer education, clothing and textiles, housing and management. Students see themselves as adult members of the family and recognize those responsibilities identified with becoming an adult. The unifying concepts used throughout this course are responsibility, appreciation, relationships, self-image, coping/surviving, world influences, energy concerns, recycling, leadership qualities, and career awareness.

Prerequisite: Teen Living, Semester 1

# Excerpts from 1987 Study by Joyce L. Swetlick, UNC School of Public Health.

# APPENDIX VIII

## SURVEY OF SEX EDUCATION IN SCHOOLS

### Respondents

| | # | % | N=123 |
|---|---|---|---|
| School personnel | 37 | 30.1 | |
| Health Educator | 40 | 32.5 | |
| School Health coordinator | 46 | 37.4 | |

### Regions Representation

| | #/n | % | | #/n | % | N=126 |
|---|---|---|---|---|---|---|
| Reg 1 | 14/16 | 87.5 | Reg 5 | 19/21 | 90.5 | |
| Reg 2 | 14/17 | 82.4 | Reg 6 | 12/15 | 80.0 | |
| Reg 3 | 16/18 | 88.9 | Reg 7 | 16/19 | 84.2 | |
| Reg 4 | 17/17 | 100.0 | Reg 8 | 18/19 | 94.7 | |

### Type School Systems

| | #/n | % |
|---|---|---|
| city | 36/40 | 90.0 |
| county | 88/100 | 88.0 |
| military | 2/2 | 100.0 |

### Persons teaching Family Life/Sex Education

| Grades 1-6 | Teach # | % | Trained # | % | N |
|---|---|---|---|---|---|
| Regular classroom teacher | 83 | 70.9 | 44 | 37.6 | 117 |
| Health Educator | 56 | 47.8 | 50 | 42.7 | 117 |
| School Nurse | 40 | 34.1 | 30 | 25.6 | 117 |
| Special Sex Education teacher | 8 | 6.9 | 3 | 2.6 | 117 |
| Other | 28 | 23.9 | 24 | 20.5 | 117 |
| **Grades 7-8** | | | | | |
| PE Teacher | 57 | 48.8 | 32 | 27.4 | 117 |
| Health Teacher | 82 | 70.0 | 52 | 44.4 | 117 |
| Biology Teacher | 24 | 20.7 | 14 | 12.0 | 116 |
| Home Economic Teacher | 24 | 20.7 | 15 | 12.9 | 116 |
| School Nurse | 29 | 25.0 | 18 | 15.5 | 116 |
| Health Educator | 54 | 46.2 | 47 | 40.2 | 117 |
| Special Sex Education Teacher | 10 | 8.6 | 5 | 4.3 | 117 |
| Coach | 8 | 6.9 | 1 | 0.9 | 117 |
| Other | 36 | 30.7 | 28 | 23.9 | 117 |
| **Grades 9-12** | | | | | |
| PE/Health Teacher | 88 | 75.8 | 62 | 53.4 | 116 |
| Biology Teacher | 55 | 47.4 | 28 | 24.1 | 116 |
| Home Economic Teacher | 73 | 63.5 | 42 | 36.5 | 115 |
| Health Educator | 56 | 48.3 | 46 | 39.7 | 116 |
| Special Sex Education Teacher | 6 | 5.1 | 2 | 1.7 | 116 |
| Coach | 9 | 7.7 | 4 | 3.4 | 116 |
| Other | 18 | 15.5 | 14 | 12.1 | 116 |

## Parental Consent Options within School Systems

| | # | % | N |
|---|---|---|---|
| Family Life/Sex Education is not considered different from any other classes. Individual parents must initiate action if they prefer that their children not participate. | 68 | 60.2 | 113 |
| Parents are notified in advance of Family Life/Sex Education classes. | 53 | 46.9 | 113 |
| Parents are required to return permission slips to the school before their children are allowed to participate in Family Life/ Sex Education classes. | 48 | 42.5 | 113 |
| Parents are provided with forms which they must return if they want to request that their children not participate in Family Life/Sex Education classes. | 32 | 28.3 | 113 |

Of the 50 school systems with parental consent, 58% responded that 5% or less students are normally withheld from classes.

## School Systems with Curricula Guides or Packaged Programs

| Grade levels | # | % | N=92 |
|---|---|---|---|
| 1-4 | 18 | 19.5 | |
| 5-8 | 80 | 70.8 | |
| 9-12 | 51 | 55.4 | |

## Goals and Outcomes Schools wish to achieve from Program

| Outcome | Rank | # | % | N |
|---|---|---|---|---|
| Fewer students will acquire or spread sexually-transmitted diseases. | 4 | 89 | 78.1 | 114 |
| Students will have fewer pregnancies | 1 | 105 | 91.3 | 115 |
| More sexually-active students will practice contraception. | 7 | 75 | 65.8 | 114 |
| More students who are pregnant will engage in appropriate health and medical practices. | 6 | 82 | 71.9 | 114 |
| More students-parents will care for their infants/children skillfully and healthfully. | 9 | 59 | 51.3 | 115 |
| Fewer student-parents will abuse or neglect their children. | 8 | 65 | 57.0 | 114 |
| Fewer pregnant student will have abortions. | 10 | 26 | 25.2 | 103 |
| Fewer students will engage in premarital sex. | 3 | 92 | 81.4 | 113 |
| Fewer students will dropout of school due to pregnancy. | 5 | 86 | 74.8 | 115 |
| More students will gain knowledge about their own sexuality. | 2 | 102 | 89.5 | 114 |

## Rank Order of Content Taught

| Content | N | 1-4 Rank | # | % | 5-6 Rank | # | % | 7-8 Rank | # | % | 9-12 | Rank | # | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Reproductive anatomy & Physiology | 97 | 4 | 6 | 6.2 | 3 | 57 | 58.8 | 5 | 49 | 50.5 | | 10 | 51 | 52.5 |
| Menstrual cycle | 98 | 1 | 15 | 15.3 | 1 | 72 | 73.5 | 12 | 35 | 35.7 | | 20 | 28 | 28.6 |
| Puberty | 98 | 2 | 13 | 13.3 | 2 | 71 | 72.4 | 7 | 44 | 44.9 | | 22 | 21 | 21.4 |
| Fertility | 98 | 7 | 1 | 1.0 | 11 | 11 | 11.2 | 14 | 28 | 28.6 | | 16 | 38 | 38.8 |
| Contraception | 98 | nt | 0 | 0.0 | 16 | 4 | 4.1 | 10 | 39 | 39.8 | | 4 | 64 | 65.3 |
| Sexual intercourse | 97 | nt | 0 | 0.0 | 14 | 7 | 7.2 | 13 | 28 | 28.9 | | 15 | 38 | 39.2 |
| Pregnancy | 97 | nt | 0 | 0.0 | 6 | 17 | 17.5 | 8 | 43 | 44.3 | | 3 | 64 | 65.9 |
| Prenatal health | 96 | nt | 0 | 0.0 | 19 | 2 | 2.1 | 17 | 17 | 17.7 | | 9 | 52 | 54.2 |
| Childbirth | 96 | nt | 0 | 0.0 | 17 | 3 | 3.1 | 18 | 17 | 17.7 | | 13 | 44 | 45.8 |
| Sexual abstinence until marriage | 97 | 6 | 2 | 2.1 | 7 | 14 | 14.4 | 11 | 38 | 39.2 | | 14 | 42 | 43.3 |
| Abortion | 97 | nt | 0 | 0.0 | 20 | 2 | 2.1 | 15 | 20 | 20.6 | | 17 | 34 | 35.1 |
| Adoption | 98 | 8 | 1 | 1.0 | 18 | 3 | 3.1 | 20 | 16 | 16.3 | | 18 | 34 | 34.7 |
| Childbirth options | 96 | nt | 0 | 0.0 | 22 | 0 | 0.0 | 22 | 6 | 6.2 | | 19 | 32 | 33.3 |
| Fetal growth & development | 98 | nt | 0 | 0.0 | 12 | 9 | 9.2 | 16 | 19 | 19.4 | | 12 | 49 | 50.0 |
| Decisionmaking | 97 | 5 | 6 | 6.2 | 4 | 34 | 35.1 | 2 | 58 | 59.8 | | 6 | 57 | 58.2 |
| Relationships | 97 | 3 | 7 | 7.2 | 5 | 25 | 25.8 | 3 | 54 | 55.7 | | 7 | 56 | 57.7 |
| Teen Pregnancy issues | 97 | nt | 0 | 0.0 | 13 | 8 | 8.2 | 6 | 45 | 46.4 | | 2 | 65 | 67.0 |
| Parenting | 98 | 9 | 1 | 1.0 | 21 | 2 | 2.0 | 21 | 15 | 15.3 | | 8 | 56 | 57.1 |
| STDs | 98 | nt | 0 | 0.0 | 9 | 12 | 12.2 | 1 | 61 | 62.2 | | 1 | 67 | 68.4 |
| Sexual responsibility | 98 | 10 | 1 | 1.0 | 10 | 12 | 12.2 | 4 | 53 | 54.1 | | 5 | 58 | 59.2 |
| Homosexuality | 96 | nt | 0 | 0.0 | 15 | 6 | 6.2 | 19 | 16 | 16.7 | | 21 | 28 | 29.2 |
| AIDS | 99 | nt | 0 | 0.0 | 8 | 14 | 14.1 | 9 | 41 | 41.4 | | 11 | 51 | 51.5 |

## Type of Organized Community Participation

| # | % | N=114 |
|---|---|---|
| 55 | 48.2 | Parents are/were formally invited to review materials, resources, and/or curriculum. |
| 51 | 44.7 | Local Health Education Advisory Committee ro Interagency Council develops, oversees, approves, or recommends curriculum and/or materials. |
| 45 | 39.5 | Presentations are/were offered to civic/church parent groups. |
| 31 | 27.2 | There is/was no community participation in the planning of Family Life/Sex Education. |
| 29 | 25.4 | Ad hoc committees (broadly representative of the community) are/were utilized to develop, oversee, approve, or recommend curriculum. |
| 15 | 13.2 | Public "hearings" are/were held to discuss proposed changes. |
| 13 | 11.4 | School newsletters inform(ed) parents. |

## Extent Funding of APPPProjects impacted Family Life/Sex Education Curriculum

| | | | |
|---|---|---|---|
| Strongly impacted the curriculum | 15 | 13.6% | N=109 |
| Moderately impacted | 16 | 14.5% | |
| Slightly impacted | 19 | 17.3% | |
| Not impacted the curriculum at all | 15 | 13.6% | |
| No adolescent pregnancy prevention projects were funded in my area. | 44 | 40.0% | |

**Sex Education Generally to Completely Accepted** 89% N=110

APPENDIX R

**Extent Factors Influence the Nature of Sex Education Curriculum**

| Influence factor | N | No Influence | | | Strong Influence | | |
|---|---|---|---|---|---|---|---|
| | | Rank | # | % | Rank | # | % |
| Public controversy | 106 | 13 | 31 | 29.2 | 3 | 21 | 19.8 |
| Active opposition | 103 | 8 | 53 | 51.5 | 6 | 17 | 16.5 |
| Fundamental religious values | 105 | 15 | 25 | 23.8 | 8 | 16 | 15.2 |
| Local politics | 105 | 9 | 44 | 41.9 | 7 | 17 | 16.2 |
| Opposition to specific content | 103 | 12 | 31 | 30.1 | 2 | 22 | 21.4 |
| The political right | 95 | 6 | 54 | 56.8 | 12 | 8 | 8.4 |
| Parental opposition | 103 | 11 | 38 | 36.9 | 13 | 6 | 5.8 |
| Factors, people, or groups outside the county | 103 | 5 | 58 | 58.6 | 16 | 3 | 2.9 |
| Local media | 104 | 3 | 65 | 62.5 | 15 | 4 | 3.8 |
| Vocal minority | 102 | 7 | 56 | 54.9 | 11 | 9 | 8.8 |
| Opposition by school board members | 98 | 2 | 70 | 71.4 | 14 | 5 | 5.1 |
| Opposition by school administrators | 102 | 4 | 68 | 61.8 | 9 | 11 | 10.8 |
| Opposition by teachers | 100 | 1 | 72 | 72 | 17 | 2 | 2.0 |
| Qualification of teachers | 105 | 14 | 26 | 24.8 | 5 | 20 | 19.0 |
| Values of teachers who teach sex education | 104 | 10 | 43 | 41.3 | 10 | 10 | 9.6 |
| National events/ social trends | 103 | 16 | 17 | 16.5 | 4 | 20 | 19.4 |
| Local statistical data | 106 | 17 | 15 | 14.2 | 1 | 33 | 31.1 |

## Policies Covering Family Life/Sex Education

Fifty four of 116 school systems or 46.6% of the school systems responding report no school policy. Those remaining are ranked as follows:

| # | % | N=116 |
|---|---|---|
| 37 | 31.9 | Curriculum content at specific grade level |
| 25 | 21.6 | Procedures for approval of materials |
| 23 | 19.8 | Outside resource persons as teachers |
| 21 | 18.1 | Requirements for parental permission |
| 20 | 17.2 | Separation of students by sex for certain classes |
| 20 | 17.2 | Specifically prescribed materials |
| 16 | 13.8 | Procedures for approval of resource persons |
| 12 | 10.3 | In-service requirements for teachers |
| 9 | 7.8 | What is specifically forbidden to be taught |
| 4 | 3.4 | Teachers must be same sex of class taught |

Thirty eight of 112 school systems or 33.9% of the school systems responding report no administrative procedure. Those remaining are ranked as follows:

| # | % | N=112 |
|---|---|---|
| 53 | 47.3 | Curriculum content at specific grade level |
| 41 | 36.6 | Requirements for parental permission |
| 37 | 33.0 | Separation of students by sex for certain classes |
| 35 | 31.3 | Procedures for approval of materials |
| 34 | 30.4 | Outside resource persons as teachers |
| 28 | 25.0 | Procedures for approval of resources persons |
| 26 | 23.2 | Specifically prescribed materials |
| 19 | 17.0 | Inservice requirements for teachers |
| 11 | 9.8 | What is specifically forbidden to be taught |
| 7 | 6.3 | Teachers must be same sex of class taught |

## Percent of Schools within School Systems Teaching Sex Education

| Grades | 0% Teaching Sex Ed | | 100% Teaching Sex Ed | | N |
|---|---|---|---|---|---|
| 1-4 | 29 | 38.7% | 26 | 34.7% | 75 |
| 5-6 | 9 | 9.9% | 54 | 59.3% | 91 |
| 7-8 | 4 | 3.9% | 68 | 66.0% | 103 |
| 9-12 | 4 | 4.0% | 66 | 66.0% | 100 |

**What, if anything would you suggest the state of North Carolina do to improve the teaching of sex education within the school system?**

Provide inservice for teachers across the state.
Mandate a family life/sex education curriculum (requiring specific topics to be taught at specific times.
Hire more school health coordinators.

**What would you suggest the state of North Carolina do to decrease adolescent pregnancy and premature birth rates?**

More comprehensive sex education. Make it a requirement.
Place a school health coordinator in each county.
Refund and increase number of school based clinics (comprehensive with family planning services)

# IV. RESULTS

## RESPONSE RATES

As stated in Chapter III, 69 (48.6%) of 142 school systems returned the questionnaire after the first mailing. Approximately eight weeks later, followup questionnaires were sent to the nonresponding school systems along with followup phone calls to increase the response rate. As a result of the followup, 57 additional questionnaires were returned increasing the overall number of observations to 126 for an 88.7% response rate.

Of the sixteen school systems without a response, the respondents for seven of them refused to participate while the others simply did not return the questionnaires for reasons unknown. The reasons given for refusal were lack of time to fill out the questionnaires, lack of knowledge to complete the questionnaires, and the superintendent of the school system would not allow their system to participate in the study.

Over half (65.9%) of the respondents involved in the completion of each questionnaire were the school's health contact persons. The school health education coordinator was listed as the school's health contact person along with superintendents, supervisors, curriculum/instruction directors, school nurses and other related school personnel.

Health educators', who completed the questionnaires without the assistance of the school's health contact, response rate was 32.5% (40/123). The school health education coordinators alone were 37.4% (46/123) of the respondents. Three questionnaires did not identify the respondent.

It is evident that the entire state of NC (see Figure 2) was represented by the responses in Table 4.1. Region 4 had the highest response rate with 100% of its school systems returning the questionnaires. Region 2 had the lowest response rate at 82.4%. The response rates of the school systems by region were all above 82%.

**Table 4.1**

RESPONSE RATES TO QUESTIONNAIRE BY REGION

| Region | # of responses | Total N | % |
|---|---|---|---|
| 1 | 14 | 16 | 87.5 |
| 2 | 14 | 17 | 82.4 |
| 3 | 16 | 18 | 38.9 |
| 4 | 17 | 17 | 100.0 |
| 5 | 19 | 21 | 90.5 |
| 6 | 12 | 15 | 80.0 |
| 7 | 16 | 19 | 84.2 |
| 8 | 18 | 19 | 94.7 |
| Total | 126 | 142 | 88.7 |

As stated in the previous chapter, there are three types of school systems in NC: city, county, and military-based school systems. Table 4.2 shows the response rate

according to type. Over 70% of NC school systems are county-based and approximately 70% (88/126) of the responding school systems were county-based.

TABLE 4.2
RESPONSE RATES TO QUESTIONNAIRE BY TYPE

| Type | # of Responses | Total N | % |
|---|---|---|---|
| City | 36 | 40 | 90.0 |
| County | 88 | 100 | 88.0 |
| Military | 2 | 2 | 100.0 |
| Total | 126 | 142 | 88.7 |

With 69.8% (88/126) of the responding school systems being county-based and over 50% (65/123) having no more than 5000 students, it would appear that NC consists of mostly small, rural schools. Only one school system has more than 70,000 students. The size of the responding school systems is shown in table 4.3. Three systems did not report size.

TABLE 4.3
RESPONSE RATES TO QUESTIONNAIRES BY SIZE

| Size | % Total by size | #of Responses | %Responses by Size |
|---|---|---|---|
| 0- 5000 | 52.8 | 65/74 | 88 |
| 5001-10000 | 26.0 | 32/35 | 91 |
| 10001-15000 | 13.8 | 17/19 | 89 |
| 15001-20000 | 2.4 | 3/4 | 75 |
| 20001-25000 | 1.6 | 2/3 | 67 |
| 25001-50000 | 1.6 | 2/3 | 67 |
| 50001-70000 | 0.8 | 1/1 | 100 |
| 70001-75000 | 0.8 | 1/1 | 100 |
| Total | 100.0 | 123/140 | |

Table 4.3 shows a well representation of school systems of each size. Over half of the school systems have 5000 or less student enrollment.

**QUESTIONNAIRE RESULTS**

The questionnaire results presented are derived from the aggregate data of all the responses. The upcoming sections of this chapter will focus on relevant items from portions of the overall questionnaire (refer to Appendix VII). For a complete summary see Appendix VIII.

Because of the length and complexity of some questions on this questionnaire, not all the questions were completed. Therefore the results and analysis will be based on the number of respondents answering individual questions. For example, if 123 respondents answered 1b and 100 respondents answered 1c, then the percentage for the questions will be based on the total of 123 and 100 respectively.

**Availability of Sex Education**

Some form of sex education was generally available at some point in virtually all the school systems (99/101). The majority of school systems provided sex education to elementary students as well as those in higher grades. Among the school systems, 61.3% (46/75) offered sex education in the primary grades (1-4) and 90.1% (82/91) offered sex education in middle school (5-6). The corresponding figures for junior (7-8) and senior (9-12) high schools were 96.1% (99/103) and 96% (96/100),

respectively.

If sex education were available in a system, it was most often taught throughout the system, except in primary grades. At the primary grades, 34.7% (26/75) of the school systems reported that sex education was available in all the schools. In middle school grades, 59.3% (54/91) of the school systems reported that sex education was available in all the schools. Comparable proportions for both junior and senior high programs were 66% (68/103 and 66/100). These figures suggest that more discretion is exercised by the primary and middle schools in determining whether to offer sex education than by the junior and senior high schools.

No single title was used by all the school systems to refer to sex education programs. In addition, not all the school systems taught sex education as a separate specific curriculum or packaged program. In the grade levels fifth through eighth, most of the school systems (80/92) reported having specific sex education curricula or packaged programs. Sex education curricula or programs of these grade levels most commonly used were Postponing Sexual Involvement (PSI) (32/92), locally developed programs (19/92), and Family Life Education (16/92). A little more than a majority of the school systems (51/92) had specific curricula or packaged programs for the ninth through twelfth grades. The programs most commonly used in these grades were Family Life Education (17/92), locally developed



APPENDIX R

programs (14/92), and PSI (17/92). Only 19.5% (18/92) of the school systems had any kind of specific curricula or packaged programs for the first through fourth grades.

Program Goals and Content

Among the school systems' chosen goals of sex education, there was surprising concurrence. By far the most common major goal was that students will have fewer pregnancies (91%) while the least common major goal was fewer students will have abortions (26%) shown in Table 4.4.

TABLE 4.4
MAJOR GOALS AND OUTCOMES OF SEX EDUCATION

| Outcome | # of Response | N | % |
|---|---|---|---|
| Students will have fewer pregnancies. | 105 | 115 | 91.5 |
| More students will gain knowledge about their own sexuality. | 102 | 114 | 89.5 |
| Fewer students will engage in premarital sex. | 92 | 113 | 81.4 |
| Fewer students will acquire or spread sexually-transmitted diseases. | 89 | 114 | 78.1 |
| Fewer students will dropout of school due to pregnancy. | 86 | 115 | 74.8 |
| Students who are pregnant will engage in better health and medical practices. | 82 | 114 | 71.9 |
| More sexually active students will practice contraception. | 75 | 114 | 65.8 |
| Fewer students-parents will abuse or neglect their children. | 65 | 114 | 57.0 |
| More student-parents will care for their infants/children skillfully & carefully. | 59 | 115 | 51.3 |
| Fewer pregnant students will have abortions. | 26 | 103 | 25.2 |

Interestingly, increasing contraception practice was ranked in seventh order when the primary goal was to reduce teen pregnancies.

The number of hours devoted to sex education per year by school systems was unclear. Many of the respondents provided the amount of time devoted to each topic per session or class, but did not respond to the number of sessions for each topic. Although the number of hours of instruction is one way of determining the amount of material covered in sex education courses, the actual program content can provide a clear view of what is taught and provide an indication of the comprehensiveness of the course or program.

Topics most frequently offered within the school systems are listed below in rank order:

1. Reproductive anatomy and physiology
2. Decision-making
3. Menstrual cycle
4. Puberty
5. Relationships
6. Sexual transmitted diseases
7. Pregnancy
8. Sexual Responsibility
9. Teen pregnancy issues
10. Contraception
11. AIDS



APPENDIX R

12. Sexual abstinence until marriage
13. Fertility
14. Fetal growth and development
15. Parenting
16. Sexual intercourse
17. Prenatal health
18. Childbirth
19. Abortion
20. Adoption
21. Homosexuality
22. Childbirth options

The reader must note, however, that the above topics are ranked in the order of frequency in which they were taught, not the amount of time spent on them.

Grade and Instruction Level

Comparison of rank order of topics between overall school systems, shown above, and between the different grade levels showed some variation. In the primary grades, the ranking of the top five topics is shown in Table 4.5.

TABLE 4.5
RANK ORDER OF TOP FIVE TOPICS (1-4)

| Topic | No. | % | Total N |
|---|---|---|---|
| Menstrual cycle | 15 | 15.3 | 98 |
| Puberty | 13 | 13.3 | 98 |
| Relationships | 7 | 7.2 | 97 |
| Reproductive anatomy & physiology | 6 | 6.2 | 97 |
| Decision-making | 6 | 6.2 | 97 |

In the middle school grade level, the ranking of the top five topics is shown in Table 4.6.

TABLE 4.6
RANK ORDER OF TOP FIVE TOPICS (5-6)

| Topic | No. | % | Total N |
|---|---|---|---|
| Menstrual Cycle | 72 | 73.5 | 98 |
| Puberty | 71 | 72.4 | 98 |
| Reproductive anatomy & physiology | 57 | 58.8 | 97 |
| Decision-making | 34 | 35.1 | 97 |
| Relationships | 25 | 25.8 | 97 |

In the junior high level, the ranking of the top five topics is shown in Table 4.7.

TABLE 4.7
RANK ORDER OF TOP FIVE TOPICS (7-8)

| Topic | No. | % | Total N |
|---|---|---|---|
| STDs | 61 | 62.2 | 98 |
| Decision-making | 58 | 59.8 | 97 |
| Relationships | 54 | 55.7 | 97 |
| Sexual responsibility | 53 | 54.1 | 98 |
| Reproductive anatomy & physiology | 49 | 50.5 | 98 |

In Table 4.8, the ranking of the top five topics of the senior high level is shown. Already in the prior three tables, a trend of priorities moving from physiological facts to reproductive facts and issues is evident. Table 4.8 shows even a further movement to more complicated and value-laden issues.

TABLE 4.8
RANK ORDER OF TOP FIVE TOPICS (9-12)

| Topics | No. | % | Total N |
|---|---|---|---|
| STDs | 67 | 68.4 | 98 |
| Teen pregnancy issues | 65 | 67.0 | 97 |
| Pregnancy | 64 | 65.9 | 97 |
| Contraception | 64 | 65.3 | 98 |
| Sexual responsibility | 58 | 59.2 | 98 |

Table 4.9 illustrates the frequency of the number of topics taught by grade levels.

Table 4.9
NUMBER OF TOPICS COVERED BY GRADE LEVEL

| Topics Covered | Primary | | Middle | | Junior high | | Senior high | |
|---|---|---|---|---|---|---|---|---|
| | % | No. | % | No. | % | No. | % | No. |
| 0 | 77.0 | 77 | 16.8 | 17 | 18.8 | 19 | 14.9 | 15 |
| 1-6 | 22.0 | 22 | 64.5 | 65 | 34.7 | 35 | 24.7 | 25 |
| 7-13 | 1.0 | 1 | 17.8 | 18 | 26.7 | 27 | 17.8 | 18 |
| 14-22 | 0.0 | 0 | 0.9 | 1 | 19.8 | 20 | 42.6 | 43 |
| Total | 100.0 | 100 | 100.0 | 101 | 100.0 | 101 | 100.0 | 101 |

Table 4.9 shows a definite pattern in the content of sex education instruction, with the number of topics and the frequency of more topics increasing at the higher school levels.

Within the primary grades, very few topics are introduced into the classroom. The topics introduced at this level are done so by a small percentage (23%) of school

systems as indicated in Table 4.9. Topics most likely to be introduced at the primary level are Menstrual Cycle (15/98), Puberty (13/98), and Relationships (7/97) (See Table 4.5). While a small percentage of topics are introduced at the primary grade level, more than 50% of the school systems reported that topics are introduced at the following grade levels.

FIGURE 3
INTRODUCTION OF CONTENT TOPICS

| |
|---|
| Grades 5-6 |
| Menstrual cycle* |
| Puberty* |
| Reproductive anatomy and physiology* |
| Grades 7-8 |
| STDs* |
| Decision-making* |
| Relationships* |
| Sexual responsibility* |
| Sexual abstinence until marriage |
| Grades 9-12 |
| Teen pregnancy issues* |
| Pregnancy* |
| Contraception* |
| Parenting* |
| Prenatal health* |
| AIDS* |
| Fetal growth and development* |
| Childbirth |
| Sexual intercourse |
| Fertility |
| Abortion |
| Adoption |
| Childbirth options |
| Homosexuality |

* Topics first introduced at ≥ 50% of school systems--topics without (*) are leftover topics first introduced at ≥ 30% of school systems.

Fourteen of twenty-two topics were taught in over 50% of the school systems. Of those 14 topics, half were introduced by the eighth grade while the other half were covered in high school. The rest of the topics were covered by 30% or less of the school systems at the higher school levels.

**Personnel Teaching and Teacher Training**

In the elementary grade levels (1-6), the most common teacher of sex education was the regular classroom teacher (83/117) followed by a health educator coming into the classrooms (56/117). Of these educators responsible for the provision of sex education instruction, 53% and 89%, respectively, were trained to provide such instruction.

Within junior high level, 70% (82/117) of the school systems reported that sex education instruction was provided by the health teacher. The majority of these teachers were said to be trained. Other teachers who usually taught sex education were PE teachers (57/117) and health educators (54/117). Fifty-six percent of the PE teachers and 87% of the health educators teaching sex education were trained to teach the subject.

Four categories of teachers were chosen as the ones who commonly taught sex education at the high school level. In the order they were chosen were the PE/health education teacher (88/116), home economics teacher (73/115), health educator (56/116) and biology teacher (55/116). Of those



APPENDIX R

who teach, the percent of those trained to teach the subject were 70% (62/88), 58% (42/73), 82% (46/56) and 51% (28/55) respectively.

Table 4.10 illustrates the personnel teaching sex education in the NC public schools and whether or not they are trained.

**TABLE 4.10**
**PERSONNEL TEACHING SEX EDUCATION**

| Personnel Teaching Sex Education | Total % Trained | (1-6) # | (1-6) % | (7-8) # | (7-8) % | (9-12) # | (9-12) % |
|---|---|---|---|---|---|---|---|
| Regular classroom teacher | 37.6 | 83 | 70.9 | | | | |
| PE/Health teacher | 40.4 | | | 57 | 48.8 | 88 | 75.8 |
| Health teacher | 44.4 | | | 82 | 70.0 | | |
| Home Economics | 24.7 | | | 24 | 20.7 | 73 | 63.5 |
| Biology Teacher | 18.1 | | | 24 | 20.7 | 55 | 47.4 |
| Health Educator | 40.9 | 56 | 47.8 | 54 | 46.2 | 56 | 48.3 |
| Coach | 2.1 | | | 8 | 6.9 | 9 | 7.7 |

Whether or not the teachers were considered trained, was determined by the respondents. The type of training reported ranged from several hour workshops to university courses. As found in the review of the literature there was no consensus on what constituted adequate teacher preparation.

**Community Support and Involvement**

The respondents' perception of community support and acceptance of sex education was consistent with the findings

of the Planned Parenthood of Greater Charlotte's survey of NC citizens. Planned Parenthood found that 85% of the citizens of NC agree that sex education should be taught in public schools (North Carolina Speaks, 1987). In the current study, eighty-nine percent of the respondents claimed that sex education was generally to completely accepted by their communities.

One measure of parental opposition of the sex education curriculum within a school system is the number of students withheld from sex education classes as requested by the parent. Although parental consent is required in well over a third (48/113) of the school systems providing sex education classes, especially in grade levels 5-8, the majority of these systems (58%) stated that less than five percent of the students are withheld from the classes.

Even with the broad acceptance of sex education in public schools, the levels of community involvement were typically only about half the levels of support. The most common involvement claimed by 48% (55/114) of the school systems was that parents were formally invited to review the materials, resources, and/or curriculum. Forty-four percent (51/114) of the school systems did have advisory boards or committees which developed, supervised, approved or recommended curriculum and/or materials. There was not any community involvement in the planning of Family Life/Sex Education in about 27% (31/114) of the school systems.



APPENDIX R

## Factors Influencing Curricula

Fifty school systems reported some curricula impact as a result of the presence of an APPP Project in their locale. Of those 50, fifteen school systems reported that APPP Projects had strongly impacted the curricula and another 16 systems reported moderate impact. Other factors which were perceived to have had a strong influence on the nature of sex education curricula in the school systems were local statistical data (33/106), opposition to specific content (22/103), public controversy (21/106), national events/social trends (20/103) and qualification of teachers (20/105). Factors reported as having no influence on their sex education curricula were opposition by teachers (72/100), opposition by school board members (70/98), local media (65/103), opposition by school administrators (68/102) and factors, people, or groups outside the county (58/103).

## Local Policies Covering Family Life/Sex Education

Almost half of the school systems responding (54/116) reported no school policy. The majority (37/62) of school systems with school policies reported policies encompassing curriculum content at specific grade level and procedures for approval of materials (25/62). Only a third (21/62) of these school systems reported policies regarding requirements for parental permission.

More school systems have administrative procedures than policies. Nearly two-thirds (74/112), reported having



APPENDIX R

administrative procedures. The administrative procedures related to particular items:

1. Curriculum content at specific grade levels
2. Requirements for parental permission
3. Separation of students by sex for certain classes
4. Procedures for approval of materials

Comprehensive Sex Education

Throughout this chapter, a summary of the availability of sex education in some form in NC and factors related to its status have been documented. Yet, questions relating to the provision of comprehensive sex education have still gone unanswered. These questions are as follows:

1. How many school systems provide comprehensive sex education?
2. What factors influence the comprehensiveness of sex education?

Before the above two questions can be answered, comprehensive sex education must be defined. Ideally, the comprehensiveness of sex education should be measured by combining topic coverage, percentage enrollment, class time devoted to any topic and grade level at which topics are introduced. However, due to insufficient data, the comprehensiveness of sex education in this analysis is measured only by the number of topics taught.

Refer back to Table 4.9 to see the availability of comprehensive sex education in NC by grade level. Comprehensive sex education has been defined as coverage of

14 through 22 topics. As one can see, comprehensive sex education began at the junior high level and was mostly taught in high school. This table would appear to answer the first question.

The second question, "What factors influence the comprehensiveness of sex education?", provided the framework for the following analysis. As noted in the previous chapter, school systems were stratified according to their region, size, city or county, and whether or not they have a school health education coordinator. The Pearson Chi-Square test of independence was applied in the attempt to see if there were differences among certain "factors" with respect to comprehensive sex education. These "factors" not only included the above stratifications of the school systems but also the influence of adolescent pregnancy and prematurity prevention projects (APPPP), public controversy, fundamental religious values, and opposition to specific content. In order to fairly compare school systems and show differences between the individual factors, tables with column percentages are used. For example, X percent of total city schools had comprehensive sex education compared to Y percent of total county schools. Missing data was excluded from this analysis.

Every region had at least one school system which provided comprehensive sex education at the junior high and high school level. Table 4.11 shows the number of school



APPENDIX R

systems with comprehensive sex education by region. At the junior high level, Region 1 had the most (4/11) school systems with comprehensive sex education while Region 5 had the least (1/15). At the high school level Region 6 had the most (6/9) while Region 4 had the least (4/14).

**TABLE 4.11**
**COMPREHENSIVE SEX EDUCATION BY REGION**

| Region | Comprehensive Sex Education Junior High | High School |
|---|---|---|
| 1 | 36.36 (4/11) | 45.45 (5/11) |
| 2 | 16.67 (2/12) | 33.33 (4/12) |
| 3 | 15.38 (2/13) | 38.46 (5/13) |
| 4 | 21.43 (3/14) | 28.57 (4/14) |
| 5 | 6.67 (1/15) | 40.00 (6/15) |
| 6 | 11.11 (1/9) | 66.67 (6/9) |
| 7 | 25.00 (4/16) | 50.00 (8/16) |
| 8 | 27.27 (3/11) | 45.45 (5/11) |
| Mean | 19.80 | 42.57 |
| Total N | 101 | 101 |

In running a Pearson Chi-Square, the differences among the regions at the junior high level did not test to be statistically significant whereas the high school level did at $p=0.03$.

An analysis of a California survey of Family Life

Education (FLE) in ninth and tenth grades found that urban districts were more likely to provide FLE than rural districts and that large districts were more likely to provide FLE than were small districts (Koblinsky and Weeks, 1984). This did not appear to be true in NC as there was almost no variation in the provision of comprehensive sex education among size of school systems. In comparing city versus county school systems, county schools at the junior high level provided more comprehensive sex education than the city schools as shown in Table 4.12. However, at the high school level, city school systems did provide comprehensive sex education more often than county school systems, but by only 4.5%.

TABLE 4.12
COMPREHENSIVE SEX EDUCATION BY TYPE

| | Comprehensive Sex Education | |
|---|---|---|
| | Junior High | Senior High |
| City | 8.33 (2/24) | 45.83 (11/24) |
| County | 22.67 (17/75) | 41.33 (31/75) |
| Mean | 19.80 | 42.57 |
| Total N | 101 | 101 |

The differences of comprehensive sex education by type did not test to be statistically significant.

A new phenomenon exists in NC with the hiring of school health education coordinators to improve health education in the public schools. As a result, it is assumed that school



APPENDIX R

systems with the coordinators would more likely have a comprehensive sex education program than those systems without a coordinator. Yet at the junior high level, there was not much variation among the school systems with a coordinator and those without. As a matter of fact those without had more comprehensive sex education programs as shown in Table 4.13. In comparison, at the high school level, the assumption was confirmed as nearly ten percent more school systems with coordinators (18/37) provided comprehensive sex education as those systems without a coordinator (25/64). However, this difference of 10% did not test to be statistically significant.

TABLE 4.13
COMPREHENSIVE SEX EDUCATION BY COORDINATOR

| | Comprehensive Sex Education | |
|---|---|---|
| | Junior High | Senior High |
| COORD | 18.92 ( 7/37) | 48.65 (18/37) |
| NO COORD | 20.31 (13/64) | 39.06 (25/64) |
| Mean | 19.80 | 42.57 |
| Total N | 101 | 101 |

APPPP were first funded in 1985 as discussed in the introduction. These projects were hoped to stimulate more comprehensive sex education programs for the youth. Table 4.14 indicates little variation among those school systems who felt the APPPP strongly impacted their sex education programs and those systems who felt no impact by the APPPP.

Closer observation of the table implies that the stronger the impact of APPPP felt by the school system, the more likely the school system would have a comprehensive sex education program.

**TABLE 4.14**
**COMPREHENSIVE SEX EDUCATION BY APPPP IMPACT**

| | Comprehensive Sex Education | |
|---|---|---|
| | Junior High | Senior High |
| STRONG IMPACT | 28.57 (4/14) | 42.86 (6/14) |
| MODERATE IMPACT | 13.33 (2/15) | 40.00 (6/15) |
| SLIGHT IMPACT | 14.29 (2/14) | 35.71 (5/14) |
| NO IMPACT | 33.33 (5/15) | 46.67 (7/15) |
| Mean | 22.41 | 41.38 |
| Total N | 58 | 58 |

At the junior high level, 14.73% more school systems not influenced by APPPPs in their area taught comprehensive sex education than those who claimed that the APPPPs impacted their programs. Only 7.14% more school systems without impact by APPPPs taught comprehensive sex education than those school systems which claimed some impact by the APPPPs. These differences did not test to be statistically significant.

It was expected that school systems which perceived themselves to be influenced by any factor such as public

controversy, fundamental religious values, and opposition to specific content would less likely teach comprehensive sex education. Each factor was analyzed individually and in all cases the above assumption was supported. However, none of the differences tested to be significant except opposition to specific content ($p=0.05$).



APPENDIX R

# ADOLESCENT PARENTING PROGRAM

## SUPPORT GROUP FOR ADOLESCENT PARENTS

Parenting is a big job and one that few of us have been trained to do. This is a time for learning more about your child and sharing common experences with other parents.

**In the group, we will:**

1. Share feelings and experiences of being a teenage parent.
2. Provide information about available community resources.
3. Discuss child growth and development, parenting skills, and life and work planning.
4. Form relationships with other teen parents for continued support and friendships.

If you are 16 years old or younger and have only one child, we can help.

**HAVE YOU EVER ASKED YOURSELF—**

... *I wonder how other teenagers manage the responsibilies of being a mother.*

... *Do other teenage mothers feel cut off from their friends? Do they feel all their time is spent with their child.*

... *I wonder how I can learn how to be a better parent?*

... *Have you ever wanted to take time just for yourself and do something that is fun?*

If you answer "YES" to at least one of these questions, then the **Adolescent Parenting Program** is just for you.

## ONE-TO-ONE VOLUNTEER PARENT-AIDE

You will be able to count on your own volunteer parent-aide, a friend to get to know, have fun with and to help you through the "ups and downs" of being a young parent.

## INTERESTED?

CONTACT:
Kathy Putnam - 968-2000
or
Rene Thorstenson - 732-8181

DON'T MISS THE
CHANCE
TO MEET OTHER
TEENAGE PARENTS
WHO NEED
THE SAME SUPPORT
AS YOU DO!

**ADOLESCENT PARENTING PROGRAM**
410 CALDWELL STREET
CHAPEL HILL, NORTH CAROLINA 27514

# ARE YOU A TEEN PARENT?

*If you are 16 or younger, maybe we can help...*

Orange County Adolescent Parenting Program

Target Population: Adolescent Parents, 16 and younger (upon entry) with one child

Goals:
1. Improve Parenting skills
2. Delay second unplanned adolescent pregnancy
3. Continue schooling
4. Locate and use community resources, especially HEALTH CARE for parent and child
5. Strengthen employability skills
6. Stabilize family and personal relationships

ORANGE COUNTY DEPT. OF SOCIAL SERVICES

IN-HOUSE MANAGEMENT TEAM

PROGRAM SUPERVISOR

COORDINATOR

| Community Advisory | Volunteer | Adolescent Parents |
|---|---|---|
| Chairperson | 1 yr. committment | (12-14 caseload) |
| V-Chair | weekly contact with teen | 16 yrs. & under |
| Sec'y | Transport teens to Parent Group | Voluntary part. |
| | Initial Training & on-going tr. | Agree to work on 6 goals |
| Sub-Committees: | Monthly contact w/ social worker | Participate in parent group |
| Participant Referral & Parent Resources | Monthly Reports | Meet weekly with volunteer |
| Volunteer Recruitment & Support | | Meet monthly w/ social worker |
| Volunteer Training | | Baseline Int. & Ind.Part. Plan |
| Publicity | | |
| Evaluation | | |

LARRY K. JOHNSON
*PRESIDENT*
Transylvania Co Dept of Social Services
207 South Broad Street
Brevard, N C 28712
Phone 704/884-3174

NORTH CAROLINA
SOCIAL SERVICES ASSOCIATION

MRS. PAT BULLARD
*EXECUTIVE DIRECTOR*
P.O Box 25546
208 N Person Street
Raleigh, N C 27611
Phone 919/821-7181

REPLY ATTENTION

**PRESENTATION TO ADOLESCENT PREGNANCY PREVENTION STUDY COMMISSION**

April 28, 1988

The North Carolina Social Services Association strongly supports efforts to prevent Adolescent Pregnancy. This has been one of our legislative issues for a number of years, and we have worked with and supported legislation enacted by the legislature in this area.

It is now time for legislation to support the efforts of county Departments of Social Services in Adolescent Pregnancy Prevention. Society pays the price daily for the Adolescent Pregnancy problem, and we in county Departments of Social Services provide many of the programs needed to help meet the needs of the teen mother and child.

The first pregnancy of an unwed teen often begins a cycle of entrapment. In a study in New Haven, Conn. 100 teens 17 or younger were studied for five years after their first pregnancy. They had 249 additional pregnancies; only five did not have a repeat pregnancy, and only nine were married. Sixty, living with a total of 240 children, were on AFDC. Only five managed to complete their high school education.

What are the consequences of Adolescent Pregnancy? For the mother, lifelong educational losses, lower earnings, poor health care, and inadequate child care. For the child, high mortality rate, mental retardation and low I.Q., abuse and/or neglect. For the family, tend to be larger, financial and emotional stress, unstable marriages, second pregnancy breaks family ties often. For Society, increased AFDC payments, Medicaid costs soar, food stamps increase, prenatal care & delivery costs, high risk and/or handicapped infants.

Stronger efforts must be made to reduce the Adolescent Pregnancy problem. County Departments of Social Services want to help meet that need, and we would propose the attached list of legislation as a means to do that.

LARRY K. JOHNSON
*PRESIDENT*
Transylvania Co Dept of Social Services
207 South Broad Street
Brevard, N C 28712
Phone 704/884-3174

NORTH CAROLINA
SOCIAL SERVICES ASSOCIATION

MRS. PAT BULLARD
*EXECUTIVE DIRECTOR*
P O Box 25536
208 N Person Street
Raleigh, N C 27611
Phone 919/821-7181

REPLY ATTENTION

April 28, 1988

**ADOLESCENT PREGNANCY PREVENTION LEGISLATION**

State Funding to expand Adolescent Parenting Program to all 100 county Departments of Social Services, 100 % state funding.

Funding to expand the Adolescent Parenting Program to at-risk adolescents, including households receiving DSS assistance with pre-teens, for primary prevention of adolescent pregnancy

Adequate funding for support services needed to effectively carry out Adolescent Parenting Program, including:

DAY CARE

Day Care funds available to purchase Day Care for adolescent parents to complete their education, not to be attached to assistance payments, and including infant care

Increased Day Care availability for children 2 and younger

Day Care with transportation available within the School system

Day Care policy to include teen parents in school as a priority

TRANSPORTATION FUNDS

INCENTIVE PAYMENTS, to motivate and meet unmet needs

EMERGENCY NEEDS FUNDS (Clothing, pampers, formula, car seats)

SOCIAL SUPPORT FUNDS (peer group socials, etc.)

VOLUNTEER SUPPORT (travel funds, etc.)

SUMMER JOBS PREFERENCE

School support to encourage adolescent parents to complete their education

In-school Day Care and Transportation

Flexible policy regarding school attendance (i.e. Community College accept adolescent parent under age 16 if day-time public school attendance is unrealistic plan)

Extended day school program or alternative education plan

School-based health clinics

Sex education by qualified teachers at an earlier age

Mandate and Maintain adequate family planning services

# REQUEST FOR PROPOSAL

## FOR PRELIMINARY ASSESSMENT

## OF STATE-FUNDED ADOLESCENT PREGNANCY PREVENTION PROJECTS

The Adolescent Pregnancy Study Commission has voted to spend a maximum of $12,000 to contract with a qualified person or institution to conduct a preliminary assessment of the adolescent pregnancy prevention projects funded by the 1987 General Assembly.

The 1987 General Assembly directed the Study Commission to "monitor and evaluate" the adolescent pregnancy projects funded by the General Assembly. The Commission has decided that before an in-depth evaluation of the projects is conducted, a preliminary assessment of them needs to be done.

There are 34 adolescent pregnancy prevention projects funded by the 1987 General Assembly. Attached to this RFP is a list of the projects' locations and the amount of State funding they receive.

At its meeting on February 17, 1988 the Adolescent Pregnancy Study Commission adopted the following general description of the preliminary assessment:

"1. Review each project's original proposal to determine what it was funded to do,

2. Examine what each project says it has done, as well as the evidence of what the project has in fact done, and

3. Determine if the project's goals and record reflect an appropriate approach to adolescent pregnancy.

This work would entail site visits and the reviewing of reports the projects have submitted to the Division of Health Services."

The Commission hopes to select a consultant to conduct the assessment before the end of April. The consultant would be expected to submit its report to the Commission by October 1, 1988. The Commission needs the report by that date so that it may take the report's findings into consideration in making its own report to the 1989 General Assembly.

On March 28, the Co-Chairmen will conduct a pre-bid conference concerning the contract. The conference will be held at 1 p.m. in Room 1124 of the State Legislative Building in

Raleigh. At that conference you may ask any questions you have. Anyone interested in applying for the contract will be expected to attend the conference.

Proposals must be received by noon April 18, 1988 at this address:

Adolescent Pregnancy Study Commission
545 Legislative Office Building
Raleigh, North Carolina 27611

The proposal should describe the organization and/or personnel to be involved in the contract and their qualifications, including experience in work of the type involved in the contract. It should detail your plans for doing the work that is expected, and it should itemize the costs. It should disclose any business association or other close association you have with any member of the Adolescent Pregnancy Study Commission or with any of the adolescent pregnancy prevention programs that are to be assessed.

The contractor shall comply with all State and federal laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of his business and the work to be performed. The contractor shall obtain, pay for, and keep in force the following:

* Workers' Compensation Insurance, as required by the laws of North Carolina, covering all of the contractor's employees engaged in any work on the contract, and

* Public liability insurance against liability for bodily injury or death of any one person in any one accident in the amount of $100,000, and in the amount of $300,000 for the injury or death of more than one person in any one accident; this policy shall further provide against liability for property damage in the amount of $100,000 for any one accident and $100,000 in the aggregate, which may be caused by the contractor or employees of the contrctor in the course of doing his work.

The Adolescent Pregnancy Study Commission reserves the right to reject any or all proposals in its absolute discretion for the good of the State.

If you have any questions, call Bill Gilkeson, Counsel to the Adolescent Pregnancy Study Commission, at (919) 733-2578.

## ADOLESCENT PREGNANCY PROJECTS FUNDED BY 1987 GENERAL ASSEMBLY.

21 projects continued from 1985 funding:

| | |
|---|---|
| Beaufort County | 18,665 |
| Brunswick County | 59,910 |
| Catawba County | 60,000 |
| Columbus County | 57,500 |
| Cumberland County | 50,731 |
| Durham County | 28,384 |
| Forsyth County | 58,628 |
| Gaston County | 32,250 |
| Gates County | 7,250 |
| Guilford County | 60,000 |
| Haywood County | 60,000 |
| Henderson County | 44,672 |
| Macon County (Health Department) | 46,784 |
| Martin County | 48,370 |
| New Hanover County | 45,500 |
| Onslow County | 34,900 |
| Orange County | 31,820 |
| Robeson County (West Robeson) | 60,000 |
| Surry County | 37,816 |
| Vance County | 52,120 |
| Wake County | 44,700 |

13 Social Services Block Grant projects:

| | |
|---|---|
| Anson County | 40,000 |
| Bertie County | 40,000 |
| Buncombe County | 40,000 |
| Caldwell County | 30,000 |
| Carteret County | 40,000 |
| Davidson County | 40,000 |
| Greene County | 40,000 |
| Harnett County | 40,000 |
| Macon County (Programs for Progress) | 55,000 |
| Mecklenburg County (N.C. Coalition on Adol. Preg) | 20,000 |
| Robeson County (Fairmont) | 30,000 |
| Scotland County | 40,000 |
| Swain County | 30,000 |

The Human Services

INSTITUTE

# PRELIMINARY ASSESSMENT OF ADOLESCENT PREGNANCY AND PREMATURITY PILOT PROGRAMS IN NORTH CAROLINA

**FINAL REPORT**
**OCTOBER 3, 1988**

5608 West Friendly Avenue • Greensboro, North Carolina 27410-4240 • (919) 294-6828

# PRELIMINARY ASSESSMENT OF ADOLESCENT PREGNANCY AND PREMATURITY PILOT PROGRAMS IN NORTH CAROLINA

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**FINAL REPORT**
**OCTOBER 3, 1988**

*Submitted by*
The Human Services Institute


**Project Director:**

Christopher K. Troxler, M.A.
*Vice-President HSI*

**Principal Researchers:**

Keith Howell, Ph.D.,
*Department of Public Health Education, UNC Greensboro*

Linda A. Berne, Ed.D.,
*Department of Health Education, UNC Charlotte*

**Evaluation Analyst:**

Fasihuddin Ahmed, Ph.D.
*President, Carolinas Evaluation Research Center*

The Human Services Institute is pleased to have this opportunity to contribute to our state's efforts to prevent unintended adolescent pregnancies and prematurity. We hope that this preliminary assessment will be used to focus and intensify these efforts and to build on the substantial achievements of the pilot projects.

Christopher K. Troxler, Project Director
*Vice President, The Human Services Institute*

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PRELIMINARY ASSESSMENT

# ADOLESCENT PREGNANCY & PREMATURITY PREVENTION PROJECT

## Table of Contents


I. Preliminary Assessment: Background Page 1

II. Overview of Adolescent Pregnancy and Prematurity: Page 2
A. Types of Programs
B. Assessment Problems

III. Evaluation Criteria Page 4

IV. Assessment of Specific Projects Page 6
A. Rankings
B. Written Reports
Project 1 - Beaufort County
Project 2 - Brunswick County
Project 3 - Catawba County
Project 4 - Columbus County
Project 5 - Cumberland County
Project 6 - Durham County
Project 7 - Forsyth County
Project 8 - Gaston County
Project 9 - Gates County
Project 10 - Guilford County
Project 11 - Haywood County
Project 12 - Henderson County
Project 13 - Macon County (Macon I - Health Department
Project 14 - Martin County
Project 15 - New Hanover County
Project 16 - Onslow County
Project 17 - Orange County
Projects 18 & 32 - Robeson County
Project 19 - Surry County
Project 20 - Vance County
Project 21 - Wake County
Project 22 - Anson County
Project 23 - Bertie County
Project 24 - Buncombe County
Project 25 - Caldwell County
Project 26 - Carteret County
Project 27 - Davidson County
Project 28 - Greene County
Project 29 - Harnett County
Project 30 - Macon County (Macon II - Programs for Progress)
Project 31 - Mecklenburg County (N.C. Coalition on Adolescent Pregnancy)
Project 33 - Scotland County
Project 34 - Swain County

V. Interpretation of Findings Page 78

VI. Appendices Page 79

## PRELIMINARY ASSESSMENT: BACKGROUND, DESIGN AND ASSUMPTIONS

### Background

There is no longer any question that unintended adolescent pregnancy and low birth weight babies constitute a major public health problem. It is estimated that 65% to 85% of teenage pregnancies are unintended. The cost of providing services to these teen mothers is about $20 billion per year nationally, or $18,000 per birth to a teen. Even if there were no economic costs, the social consequences of children having children are incalculable.

These statistics are the tip of an iceberg. The submerged part is that more teens are sexually active now. Over 50% of teens are sexually active at the age of high school graduation. These changes in social behavior are hard to reverse – the 1950's are gone forever, and professionals working with these problems are under immense pressure to find approaches that will work with today's teens.

In response to this crisis the North Carolina General Assembly has established 34 community based projects to reduce unintended adolescent pregnancies and to improve the health of pregnant adolescents and their infants.

> The projects shall be undertaken as pilot projects to serve as successful models for replication in areas of the state where there are statistically high incidences of adolescent pregnancy, premature births and infant mortality.
>
> Session laws - 1985 Chapter 479, Sec. 102

In addition, the Adolescent Pregnancy Study Commission was created in 1987 "to study the subjects of adolescent pregnancy and teaching about adolescent sexuality." This Study Commission was charged to "monitor and evaluate the adolescent pregnancy programs funded with appropriations by the 1985 and 1987 General Assemblies." The present report was commissioned as a part of this evaluation and monitoring process.

### Assessment Design

The Study Commission requested a preliminary assessment that would:

1) Review each project's original proposal to determine what it was funded to do.
2) Examine what each project says it has done, as well as evidence of what the project has in fact done.
3) Determine whether the project's goals and record reflect an appropriate approach to the problem.

The Study Commission and the Institute understand that this assessment is not intended to be a full-scale impact evaluation. Such a study would go far beyond the boundaries of the preliminary assessment and would require a substantially more expensive format. (See technical proposal, pp. 4-5). Despite this limitation in scope, our assessment is

designed to address the questions posed by the Study Commission and to provide guidance for future analysis.

**Assumptions About The Assessment Context**

In preparing for this assessment, it became necessary for us to spell out the assumptions underlying our study. Partly this was for the benefit of anxious program directors who feared the loss of funding. We wanted them to understand our role. It was also important for us to clarify our point of view for those receiving this assessment report.

1. These projects are pilot projects "to serve as successful models for replication...." We take as our starting point the experimental nature of these programs. If the solution to the problem of unintended pregnancy and prematurity were simple we would all know just what to do. Unfortunately, it is an incredibly complex, hard-to-change social problem, and there is plenty of room for new ideas and approaches.

2. Different settings may need different approaches. Urban-rural, mainstream-marginal, majority-minority, affluent-poor, educated-ignorant – each community has a unique situation requiring special care in program development.

3. In helping the commission "monitor and evaluate" these projects, we assume that the goals which were originally funded (with authorized amendments) are one proper measuring rod. We also will "determine if the project's goals and record reflect an appropriate approach to adolescent pregnancy." These two criteria may not be totally congruent.

4. We also assume that this preliminary assessment will be of greatest value if it is conducted in a way that encourages open discussion of both successes and failures. We see the program directors as colleagues, and we have attempted to maintain this collegial atmosphere by using open-ended questions when possible, focusing on in-house evaluations of programs and generally treating our interviewees as professionals working on a very difficult problem. We believe that this less intrusive approach is most useful for programs that are in many cases barely begun.

## II. OVERVIEW

According to the National Research Council's 1987 Panel of Adolescent Pregnancy and Childbearing, there are generally four types of prevention approaches. Each of these types can be implemented with different strategies. These types and examples of common strategies are:

1. Programs that impart knowledge and/or influence attitudes

   A. Sex education and family life education
   B. Assertiveness and decision-making training
   C. Family communication programs
   D. Teenage theater
   E. Media approaches
   F. Prenatal management

2. Programs that provide access to contraception

   A. Contraceptive services
   B. Condom distribution programs
   C. School-based clinics
   D. Pregnancy testing and counseling
   E. Hot lines

3. Programs that enhance life options

   A. Programs to improve life planning
   B. Role model and mentoring programs
   C. Programs to improve school performance
   D. Youth employment programs
   E. Comprehensive community-based prevention programs

4. Coalitions and Interest Groups

In its efforts to reduce the adolescent pregnancy problem in North Carolina, the General Assembly provided funds for 34 prevention projects. These projects represent a multitude of approaches, perhaps typical of the rest of the nation. Each project probably fits into at least one of the types listed above. Additionally, the North Carolina projects can usually be categorized by delivery site, such as school, community agency or some combination of each.

As with any complex social problem, there are multiple causes of adolescent pregnancy, each of which may suggest an intervention such as:

Total abstinence
Enhance self esteem
Effective use of contraception
Postponing sexual involvement

Each of the state-funded programs has made some assumptions about the causes of adolescent pregnancy and prematurity, and each one has adopted a strategy to work from. Any attempt to assess the effectiveness of these diverse assumptions and strategies immediately runs into several problems:

a) Evaluation design and data gathering - Most of the 34 projects were not set up with carefully thought out data gathering systems coordinated with an evaluation design. Although many are adjusting now to improve in this area, it complicates any assessment of what has happened. Furthermore, even when an attempt has been made, the data is too old to be revealing about these young projects.

b) Some projects have focused on target populations that are not presently high risk (e.g., fourth - fifth graders). In some cases it would be five or six years before outcomes of the intervention could be known, assuming that a data gathering system had been in place.

c) Some programs have been greatly modified from their original (often too ambitious) goals. Their current project is sometimes too new to judge.

d) Some projects are effective in substantial part because they are in communities where other strong programs reinforce their efforts. Some are less fortunate.

Our preliminary assessment has recognized these difficulties by establishing a many faceted evaluation model. Hopefully it will provide a three-dimensional view of each project.

## III. EVALUATION CRITERIA

### Introduction

In this preliminary assessment there are three ways to look at each project.

*1. The written report from the principal researcher.*

Based on the site visit and a review of the questionnaire and other documents, each project is briefly described with its major activities, strengths and weaknesses (See pages 14-81).

*2. The overall ranking using eleven criteria.*

The projects have been ranked for overall quality based on their scores on an eleven item scale.

*3. The ranking in comparison with other groups rated by the researcher.*

Each project has also been compared with the others visited by the same researcher. The basis for these comparisons is their relative position (above average, average, below average) on each of the 11 criteria. (See page 7)

We will begin the specific assessments with the criteria measures and then go to the individual reports.

### The 11 Criteria

After the site visit and document review each project was rated on 11 different criteria. They were given scores from 1 to 5, where 1 means minimal performance and 5 is outstanding.

### Criteria 1 - Project Stability

There is a lot of variation along this dimension. Many projects have been plagued by high staff turnover, inconsistent support from the sponsoring organization or changes in goals and objectives. All of these are significant aspects of stability. (Several projects blamed the uncertainties of the funding cycle for their staff problems.)

**Criteria 2 - Project Documentation**

Here we are looking for signs of actual data keeping, regardless of whether it was used effectively or not. Credit given for detail, complexity and clarity.

**Criteria 3 - Responsiveness to Client**

To what extent is the project "user friendly?" Is there on going needs assessment? How accessible is the project location? Are clients involved in decision-making that affects the program?

**Criteria 4 - Progressive Evolution of the Project**

In the history of the project is there a move toward a higher risk population or is the movement toward "safe" programs? Is the staff involved in training and skills development that allows them to move closer to the heart of the problem?

**Criteria 5 - Demonstrated Utilization of Technical Resources and Assistance**

We looked for the use of technical assistance, perhaps from Raleigh or the Coalition or other agencies. How is staff development handled? Are community resources being identified and used? Is there any awareness of other approaches?

**Criteria 6 - Demonstrated Capability for Self-Evaluation**

Is there a process of strategic planning? Is there a framework for creatively "testing" the program assumptions, or is it ideological and rigid? Is there openness to suggestions and alternatives?

**Criteria 7 - Evaluability**

Many programs have trouble with this. Is the program designed in such a way that it could by evaluated to show effectiveness? Was care taken to set up pre-program measures? How are the milestones defined and measured? Can clients be tracked?

**Criteria 8 - Match Between Target Group and Project**

How appropriate is the program for the target group? Lectures on sex have limited impact on high risk teens. Is there awareness of the literature on best impact approaches for specific ages?

**Criteria 9 - Target Group Level of Risk**

Is the project focused on those most at risk? Why not? Does age, sex and socio-economic status affect the program focus? (In Olympic diving this would be the difficulty factor.)

**Criteria 10 - Implementation of Chosen Approach**

How is the implementation, in terms of intensity, consistency and appropriateness of modifications? This is a measure of energy and focus.

**Criteria 11 - Community Support/Integration**

The prevention literature emphasizes the importance of multi-level messages to bring about behavior change. Community support is essential for this. Also, integration with the community activities that have an impact on the target enhances overall results.

These 11 criteria are certainly not the only possible ones, but we believe that they touch the most significant areas. Although all are important, some are particularly important and deserve extra weighting. They are:

# 4 - Progressive Evolution of Program
# 5 - Use of Technical Resources and Assistance
# 9 - Targeting High-Risk Groups
#10 - Vigorous Implementation
#11 - Community Support

If a project could excel in these five areas, it would be well on its way to success.

## IV. ASSESSMENT OF SPECIFIC PROJECTS

### RANKINGS

The researchers scored each project on the 11 criteria using a 1-5 scale. Extra weight was given to scores on #4, 5, 9, and 10.

Note:

Three projects were not scoreable: Anson, Harnett and Cumberland. These are presently dysfunctional or reorganizing.

The Robeson projects are treated as one.

Macon I is sponsored by the Health Department, Macon II by Programs for Progress.

The resulting scores are clustered on following page:

## OVERALL RANKING*

*Group I*

Buncombe
Gaston
Greene
Macon II
Mecklenburg
New Hanover

---

*Group IIa*

Davidson
Gates
Guilford
Haywood
Macon I
Martin
Orange
Scotland
Swain
Vance

---

*Group IIb*

Bertie
Caldwell
Carteret
Catawba
Forsyth
Onslow
Wake

---

*Group IIIa*

Beaufort
Columbus
Surry

---

*Group IIIb*

Brunswick
Durham
Henderson
Robeson

---

*Group IV*

Anson
Cumberland
Harnett

---

*Alphabetical order within subgroups

The highest possible score was 80, the lowest was 16. Actual scores from 26 to 74; the median score was 55. (Group IV was not scored.)

It is also useful to look at the projects as they compared with others in their visitation group. (See Appendix for assignment listing.)

**Criteria #1 - Project Stability**

*Above Average*: Haywood, Swain, Orange, Gaston, Davidson, Durham, Gates, Martin, Scotland, Mecklenburg, Greene

*Average*: Onslow, Henderson, Macon I, Macon II, Guilford, Caldwell, Buncombe, New Hanover, Beaufort, Cartaret, Wake

*Below Average*: Forsyth, Vance, Brunswick, Catawba, Bertie, Columbus, Robeson, Surry

**Criteria #2 - Project Documentation**

*Above Average*: New Hanover, Macon II, Gaston, Davidson, Gates, Greene, Martin, Scotland, Mecklenburg

*Average*: Haywood, Macon I, Orange, Guilford, Buncombe, Beaufort, Bertie, Carteret, Robeson

*Below Average*: Forsyth, Onslow, Henderson, Brunswick, Durham, Columbus, Surry, Wake, Swain, Vance, Catawba, Caldwell

**Criteria #3 - Responsiveness to Client**

*Above Average*: Carteret, Gates, Greene, Scotland, Surry, Wake, Mecklenburg, Macon II, Buncombe

*Average*: Forsyth, Onslow, New Hanover, Vance, Swain, Macon I, Orange, Guilford, Catawba, Caldwell, Gaston, Bertie, Davidson, Martin, Haywood

*Below Average*: Henderson, Brunswick, Robeson, Beaufort, Columbus, Durham

**Criteria #4 - Progressive Evolution of the Project**

*Above Average*: Greene, Martin, Mecklenburg, New Hanover, Buncombe

*Average*: Beaufort, Bertie, Carteret, Columbus, Davidson, Gates, Scotland, Wake, Onslow, Vance, Swain, Macon II, Orange, Catawba, Guilford, Gaston

*Below Average*: Durham, Robeson, Surry, Caldwell, Forsyth, Henderson, Brunswick, Macon I, Haywood

**Criteria #11 - Community Support/Integration**

*Above Average*: Davidson, Gates, Scotland, Mecklenburg, Swain, Gaston, Buncombe

*Average*: Bertie, Carteret, Columbus, Greene, Surry, Wake, New Hanover, Haywood, Macon II, Macon I, Guilford, Catawba

*Below Average*: Beaufort, Durham, Martin, Robeson, Forsyth, Onslow, Henderson, Vance, Brunswick, Orange, Caldwell

When these rankings are assigned unweighted scores (1 for below average, 3 for average, 5 for above average) and used with the same groupings as before, the results are as noted on the chart on the next page:

## RANKING BASED ON COMPARISON WITH OTHERS IN VISITATION GROUP

*Group I*

| | |
|---|---|
| Buncombe | Macon II |
| Gates | Mecklenburg |
| Greene | New Hanover |

---

*Group IIa*

| | |
|---|---|
| Bertie | Martin |
| Carteret | Orange |
| Davidson | Scotland |
| Gaston | Swain |
| Haywood | |

---

*Group IIb*

| | |
|---|---|
| Catawba | Macon I |
| Forsyth | Wake |
| Guilford | Vance |

---

*Group IIIa*

| | |
|---|---|
| Beaufort | Onslow |
| Caldwell | Surry |
| Columbus | |

---

*Group IIIb*

| | |
|---|---|
| Brunswick | Henderson |
| Durham | Robeson |

---

*Group IV*

| | |
|---|---|
| Anson | Harnett |
| Cumberland | |

We believe these two rankings give an accurate picture of the relative quality of these programs. In conjunction with the written reports, they may also suggest areas for improvement as well as emulation.

## WRITTEN REPORTS

In the following pages, each project is examined by its principal researcher. Although these reports are by necessity brief and condensed, they give a useful overview of the problems and strengths associated with each of these pilot programs.

## V. INTERPRETATION OF FINDINGS

After reviewing these descriptions and rankings we feel confident in making a few general observations.

1. Overall, the decision in 1985 to fund these pilot projects has been a good one. Many areas of the state are receiving excellent services because of this program. Furthermore, the network of support services such as the North Carolina Coalition has begun to upgrade the quality of many of the projects.

2. These pilot projects were largely experimental in nature. As is generally true of experiments, some of them need to be re-thought and redefined while others are clearly successful. Some may need to start all over.

3. The strong projects have certain characteristics which transcend their particular setting or even their approach. These strengths could become benchmarks for assessing the other efforts across the state.

4. Evaluation and program design need to evolve together. Most of the projects need help in clarifying their objectives to make them more "evaluable," while at the same time resisting the temptation to try "safe" programs only.

5. Once a project has a clear vision, energetic staff, community support, and a relationship with the technical support network, it will also need stable funding to underwrite its efforts. If successful, these projects will pay for themselves many times over.

## VI. APPENDICES

A. List of APPP Projects

B. Qualifications of Project Team

C. Site Assignments

D. Rank by Funding Level

E. Overall Ranking and Funding Levels

F. Cost Per County Resident



APPENDIX II

## APPENDIX A
## ADOLESCENT PREGNANCY PROJECTS FUNDED BY 1987 GENERAL ASSEMBLY

*21 projects continued from 1985 funding:*

| | | |
|---|---|---|
| 1. | Beaufort County | $18,665 |
| 2. | Brunswick County | 59,910 |
| 3. | Catawba County | 60,000 |
| 4. | Columbus County | 57,500 |
| 5. | Cumberland County | 50,731 |
| 6. | Durham County | 28,384 |
| 7. | Forsyth County | 58,628 |
| 8. | Gaston County | 32,250 |
| 9. | Gates County | 7,250 |
| 10. | Guilford County | 60,000 |
| 11. | Haywood County | 60,000 |
| 12. | Henderson County | 44,672 |
| 13. | Macon County (Macon I - Health Department) | 46,784 |
| 14. | Martin County | 48,370 |
| 15. | New Hanover County | 45,500 |
| 16. | Onslow County | 34,900 |
| 17. | Orange County | 31,820 |
| 18. | Robeson County (West Robeson) | 60,000 |
| 19. | Surry County | 37,816 |
| 20. | Vance County | 52,120 |
| 21. | Wake County | 44,700 |

*13 Social Services Block Grant projects:*

| | | |
|---|---|---|
| 22. | Anson County | $40,000 |
| 23. | Bertie County | 40,000 |
| 24. | Buncombe County | 40,000 |
| 25. | Caldwell County | 30,000 |
| 26. | Carteret County | 40,000 |
| 27. | Davidson County | 40,000 |
| 28. | Greene County | 40,000 |
| 29. | Harnett County | 40,000 |
| 30. | Macon County (Macon II - Programs for Progress) | 55,000 |
| 31. | Mecklenburg County (N.C. Coalition on Adol. Preg.) | 20,000 |
| 32. | Robeson County (Fairmont) | 30,000 |
| 33. | Scotland County | 40,000 |
| 34. | Swain County | 30,000 |

## APPENDIX B
## Qualifications of the Project Team

The Project Director is Christopher K. Troxler, M.A., C.F.P., Vice-President, The Human Services Institute. Mr. Troxler has directed many successful projects for the Institute including the Certified Human Services Administrator Program, the Continuing Education Division, and the Non-Profit Insurance Project. He is knowledgeable about the administrative needs of non-profit organizations as well as the complexity of educational and psychological service delivery. His dual careers in counseling and program administration give him the broad perspective required for an evaluation project of this type.

The Researchers are is Dr. Keith Howell, Professor and Department Head of Public Health Education at The University of North Carolina at Greensboro, and Dr. Linda Berne, Associate Professor of Health Education at The University of North Carolina at Charlotte.

Dr. Howell has been involved with community and school program planning and evaluation for the past 15 years. He developed a model for the evaluation of school health services (*Journal of the American School Health Services*, September 1978) and directed a statewide study for the Virginia General Assembly to determine the status of school health education programs. As a consultant to the National Health Education Evaluation Study funded by the United States Centers for Disease Control, he participated in the development of data collection instruments concerning family life education and reviewed the final report (*Journal of the American School Health Association*, October, 1985). During early 1988, Dr. Howell gave presentations on "Adolescent Sexual Behavior and AIDS Prevention" to approximately 600 county health department and local school personnel in eight regions of North Carolina. During the past several years his teaching speciality has been in Human Sexuality, and Program Administration and Evaluation.

Dr. Berne is widely respected throughout North Carolina and South Carolina as an expert in the area of adolescent pregnancy prevention. In addition to her teaching and research in health and wellness, she has provided training related to pregnancy prevention for diverse professional and community groups. These include workshops and presentations to groups such as youth councils, Girl Scouts, churches, junior leagues, women's clubs, and schools. Her three recent books: *Teen Sexual Behavior*, *A Responsible Approach to Sexuality*, and *AIDS and Other Sexuality Transmitted Diseases* are used in secondary schools across the United States. A 1969 graduate of Mars Hill College, Dr. Berne's extensive travel and work in North Carolina communities provides special insights into the geographic and cultural variations important for this type of program evaluation.

The Analyst will be Dr. Fasihuddin Ahmed, President, Carolinas Evaluation Research Center and Associate Professor of Social Work, A & T State University, Greensboro, North Carolina. Dr. Ahmed is an internationally recognized expert in the area of program evaluation, with a specialization in health delivery systems. He is frequently called upon to lead evaluative studies of family planning programs. Among his clients are the World Health Organization and the United States Agency for International Development.

## APPENDIX C
## PRELIMINARY ASSESSMENT SITE VISITS

*Summer 1988*

**Dr. Linda Berne**

Anson County
Brunswick County
Buncombe County
Caldwell County
Catawba County
Forsyth County
Gaston County
Guilford County
Haywood County
Henderson County
Macon County (Macon I & II)
New Hanover County
Onslow County
Orange County
Vance County
Swain County

**Dr. Keith Howell**

Beaufort County
Bertie County
Carteret County
Columbus County
Cumberland County
Davidson County
Durham County
Gates County
Greene County
Guilford County
Harnett County
Martin County
Mecklenburg County
Robeson County
Scotland County
Surrey County
Wake County

## APPENDIX D

### Ranking by Funding Level

**$60,000**

| | | |
|---|---|---|
| $60,000 | - | Brunswick, Catawba, Guilford, Haywood |
| 58,600 | - | Forsyth |
| 57,000 | - | Columbus |
| 55,000 | - | Macon II |
| 52,000 | - | Vance |

---

**$50,000**

| | | |
|---|---|---|
| $50,700 | - | Cumberland |
| 48,400 | - | Martin |
| 46,800 | - | Macon I |
| 45,500 | - | New Hanover |
| 44,700 | - | Wake, Henderson |

---

**$40,000**

| | | |
|---|---|---|
| $40,000 | - | Anson, Bertie, Buncombe, Carteret, Davidson, Greene, Harnett, Scotland |
| 37,800 | - | Surry |
| 34,900 | - | Onslow |
| 32,200 | - | Gaston |
| 31,800 | - | Orange |

---

**$30,000**

| | | |
|---|---|---|
| $30,000 | - | Swain, Caldwell |
| 28,400 | - | Durham |

---

**$20,000**

| | | |
|---|---|---|
| $20,000 | - | Mecklenberg County Coalition |
| 18,700 | - | Beaufort |

---

**$10,000**

| | | |
|---|---|---|
| $ 7,250 | - | Gates |

# APPENDIX E
# OVERALL RANKING*

*Group I*

Buncombe
Gaston
Greene
Macon II
Mecklenburg
New Hanover

---

*Group IIa*

Davidson
Gates
Guilford
Haywood
Macon I
Martin
Orange
Scotland
Swain
Vance

---

*Group IIb*

Bertie
Caldwell
Carteret
Catawba
Forsyth
Onslow
Wake

---

*Group IIIa*

Beaufort
Columbus
Surry

---

*Group IIIb*

Brunswick
Durham
Henderson
Robeson

---

*Group IV*

Anson
Cumberland
Harnett

---

*Alphabetical order within subgroups

## APPENDIX F

### Project Cost per County Resident
(Based on 1986 population)

| County | | Cost |
|---|---|---|
| Macon I | $ 2.03 | |
| II | 2.38 total | $4.41 |
| Swain | | 2.74 |
| Greene | | 2.41 |
| Bertie | | 1.88 |
| Martin | | 1.81 |
| Anson | | 1.51 |
| Vance | | 1.35 |
| Brunswick | | 1.25 |
| Haywood | | 1.24 |
| Scotland | | 1.19 |
| Columbus | | 1.10 |
| Robeson | ($.28 + $.56) | .84 |
| Carteret | | .79 |
| Gates | | .75 |
| Henderson | | .66 |
| Harnett | | .62 |
| Surry | | .61 |
| Catawba | | .53 |
| Beaufort | | .43 |
| Caldwell | | .42 |
| New Hanover | | .39 |
| Orange | | .37 |
| Davidson | | .34 |
| Onslow | | .28 |
| Buncombe | | .23 |
| Forsyth | | .22 |
| Cumberland | | .20 |
| Gaston | | .19 |
| Guilford | | .18 |
| Durham | | .17 |
| Wake | | .12 |

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**The Human Services**

**INSTITUTE**

5608 West Friendly Avenue
Greensboro, North Carolina 27410
*919-294-6828*

# Report of An Evaluation Study of Four Adolescent Pregnancy and Prematurity Prevention Projects


## Authors of the Report:

Patricia A. Carr, M.P.H.
Keith A. Howell, Ph.D.
Lynette K. Lawrance, Ph.D.
Kenneth R. McLeroy, Ph.D.

## Reviewers of the Report:

Dale C. Farran, Ph.D.
Rita G. O'Sullivan, Ph.D.
Hyman Rodman, Ph.D.


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# REPORT OF AN EVALUATION STUDY OF FOUR ADOLESCENT PREGNANCY AND PREMATURITY PREVENTION PROJECTS

## Table of Contents


| | | Page |
|---|---|---|
| Introduction | | 1 |
| Recommendations | | 3 |
| Section I. | General Conclusions | 4 |
| Section II | Background Information on the Contract and Study Approach | 16 |
| Section III. | Reviews of Individual Projects and Summary Across Projects | |
| A. | Introduction | 22 |
| B. | Forsyth County - Adolescent Pregnancy Prevention Project | 24 |
| C. | New Hanover County - Teen Challenge | 37 |
| D. | Onslow County - Adolescent Pregnancy Prevention Project | 48 |
| E. | Vance County - Project Outreach | 58 |
| F. | Summary Across Projects | 68 |
| Notes | | 88 |
| References | | 88 |

## RECOMMENDATIONS

1. Projects should be assured of funding for longer terms, perhaps four to six years, at levels appropriate to the incorporation of well-designed evaluation plans and reduced staff turnover.

2. Comprehensive community approaches with multiple interventions should be encouraged. These approaches should include active participation by representatives of the target group, concerned parents, youth organizations, human service agencies and particularly, the local departments of health and social services, schools, and United Way.

3. Technical assistance at each stage of development for all local projects should be included in funding from the legislature. This could be provided by a combination of resources through the following agencies:

   Division of Health Services
   Division of Social Services
   Department of Public Instruction
   Selected UNC System Institutions
   NC Coalition on Adolescent Pregnancy

4. While there are different kinds of outcome measures for different kinds of programs, projects should place emphasis upon the measurement of indicators of sexual activity and contraceptive use in adolescents. Pregnancy and birth rates are not reasonable measures of program effectiveness for short term limited intervention programs.

5. Different project designs, intervention strategies, and theoretical foundations should be supported. Evaluation designs will be determined by the type of project. Some projects could be tightly controlled experimental designs with a narrowly defined target group being exposed to a specific approach. Others could be community-wide comprehensive efforts involving many target groups, agencies, and multiple approaches.

6. There is a need for both quantitative and qualitative data collection for formative and summative purposes in evaluation.

7. Projects with multiple interventions clearly identified target groups, and measurable objectives will have the best chance of reducing of this complex social problem.

8. While projects often cannot conduct sophisticated outcome/impact evaluations, they should assume more responsibility for evaluation as part of sound program monitoring and management practices.

# SECTION I. GENERAL CONCLUSIONS

## INTRODUCTION

Section I presents the major conclusions of this study. These conclusions were drawn from information gathered on four adolescent pregnancy and prematurity prevention projects:

Adolescent Pregnancy Prevention Project - Forsyth County
Teen Challenge - New Hanover County
Adolescent Pregnancy Prevention Project - Onslow County
Project Outreach - Vance County

This includes a discussion of the intervention models, implementation processes, and evaluation approaches used by the four projects, and contains specific comments for the four projects.

The project classification originally used to select projects for this study contract was based on the distinction between school and community interventions. This categorization was inadequate since schools can be considered community settings, and projects often operated across settings, including schools, churches, civic organizations, recreation centers and YMCAs. As a result, a modification of the classification system described in Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing[6] was used to place programs into six categories, including the following:

(1) education for knowledge and attitude change to reduce or postpone sexual activity
(2) access to contraception
(3) programs to enhance life options
(4) increasing community involvement
(5) increasing access to prenatal care or
(6) increasing access to postnatal and pediatric care.

### Intervention Strategies Used by Projects

The four projects included in this report emphasized educational strategies for producing knowledge and attitude change around sexual activity. Secondarily, they emphasized life options. However, the projects often did not clearly identify what specific knowledge and attitude dimensions they were attempting to change in the target groups. As a result, it was difficult to clearly delineate behavioral objectives and specific content areas that were considered important by the individual projects. Moreover, it was not possible to identify theoretical or research-based foundations to the educational activities within the four projects. Activities directed at increasing life options also lacked focus, with specific content determined more by individual staff members and volunteers than through a formal planning process.

The four projects used advisory committees, coalitions, or advisory councils to assist them in project planning and implementation. These strategies were of value, but it is not clear whether or not the amount of effort expended in community coalition building was worth the costs in staff time.

Community coalitions and advisory committees have tremendous potential in community prevention programs, but significant benefits to these specific projects were not observed. The formation of community groups were often viewed by staff members as necessary to meet the expectations of outside observers. Burn-out among members of these groups was viewed as a common problem by project staff. The risk or fear of controversy caused difficulties for some staff members in dealing with these groups. The degree of participation in these groups by project staff varied considerably, with some projects actively participating in the groups while one project simply sent a staff member to any group meetings. The groups also varied in whether or not they welcomed diverse views on the appropriateness of different approaches to pregnancy prevention, and in their organizational structure, purpose, membership characteristics, procedures, and relationships with the projects. Overall, further study is needed on the role of such groups in adolescent pregnancy prevention projects, despite their intuitive appeal.

Due to the funding guidelines and the scope of work in the request for proposals, projects have relied most heavily on strategies for changing knowledge, attitudes and related sexual activity, and improving life options and increasing community involvement. The emphasis on knowledge, attitude, and behavior change has been strongly questioned in the literature. Increasing the use of contraception, prenatal services, postnatal services, and pediatric services were primarily addressed through referrals. Most remarkably, the use of contraception, which is directly related to the prevention of adolescent pregnancy, was not a primary intervention strategy of any of the projects. Projects should explore means to increase access to contraception whether provided directly or on referral. Appropriate referrals of sexually active and high risk adolescents to family planning clinics and private providers is strongly recommended.

## IMPLEMENTATION PROCESSES AND ISSUES

### Target Populations and Problem Definitions

The four counties varied substantially in their adolescent pregnancy rates. Vance and Onslow had much higher rates than Forsyth and New Hanover. However, the rates were not related to the type of prevention efforts adopted or to the intensity of services provided.

While it is possible to identify groups of adolescent females at highest risk for adolescent pregnancy, the majority of pregnancies occur in the lower risk groups. This is because there are far more adolescent females in the lower risk groups. This creates a dilemma for prevention projects. The sponsoring agency must decide whether projects should concentrate their resources on a small number of high risk adolescents or to concentrate on the majority of low and middle risk adolescents. Efforts to address high risk group may produce different results from efforts to address a low or moderate risk target group.

This dilemma is often complicated by difficulties in agreeing on the characteristics of high risk adolescents. Projects that do not address this issue early in the planning phase, tend to develop unfocused and low intensity efforts. This tended to be the case with these projects, although some demonstrated that they had made clear choices.

Perceptions about the cause of the adolescent pregnancy and prematurity prevention 'problem' vary considerably among staff members, community members and adolescents. Project staff frequently shared their views that the causes of adolescent pregnancy included factors such as boredom, family histories of early pregnancies, media encouragement for sexual activity, and poor knowledge levels about pregnancy prevention. According to project staff, many families and adolescents do not consider adolescent pregnancy a 'problem'. However, project activities were infrequently directed at these causes. It was difficult to find relationships between project activities and the staff's perception of the real causes or the findings from the research literature. It is possible that the projects' staffs have learned much about the cause of adolescent pregnancy during the past two years, but project activities continue to reflect the relatively uninformed assumptions in the original proposals.

Involvement of Key Agencies

Adolescent pregnancy and prematurity are complex problems with varied individual, family, community, and cultural origins. The consequences of adolescent pregnancy have important implications for the health, economic, educational and psychosocial aspects of community life across North Carolina. Solutions to this complex problem require more than simple short-term approaches. Solutions to the adolescent pregnancy problem require long-term, comprehensive approaches, that involve different segments of the community. Specifically, the cooperation and routine involvement of health departments, school systems and social services are essential to developing an adequate community response. These agencies all have access to important target groups, especially those adolescents at high risk for pregnancy and prematurity. The problem of developing relationships and coordinating efforts among existing community agencies must be dealt with if an appropriate community response to adolescent pregnancy is to be developed. The solution to these problems at the local level may be to strengthen the relationships among State level agencies.

In the school-based Vance County Project Outreach and Onslow County Adolescent Pregnancy Prevention Project, services to students were reduced during the summer months because staff were employed for only part of the summer. Whether or not this had an effect on project effectiveness is unclear, since the projects did not keep adequate records on effectiveness. There were no visible efforts to shift responsibilities for summer prevention activities to other year-around community agencies. In Vance County, however, the subcontracted Community Counseling Service offered counseling to students year around as an attempt to address this problem. Future funding plans for school-related projects should address the issue of services and program expenditures during summer months.

Subcontracted Services

Sub-contracting services to local professionals has enhanced those projects using this staffing mechanism. By purchasing the services of private counselors, instructors, group leaders and nurses, projects have expanded their offerings and improved quality. Sub-contracted staff may provide alternative viewpoints or approaches to adolescent pregnancy to those offered by current employees.

Theoretical Bases

The theoretical bases for the adolescent pregnancy prevention projects were not well developed. This may reflect a lack of staff preparation to use the research and evaluation literature, and a shortage of residents who are experts on pregnancy prevention. The projects' staffs have learned much about the pregnancy problem during the two years, but more technical assistance is needed to raise the quality of prevention efforts. This is particularly important in projects with high staff turnover rates.

Proposal Development and Start-up

Local projects often need help in proposal preparation. The original proposals from these four projects had unrealistic goals, such as reducing county pregnancy rates within two years. Little consideration was devoted to project start-up activities in the proposals. Each project should have devoted at least six months to proposal preparation, even with technical assistance. Once funded, projects require another six months to employ staff, establish policies and procedures, obtain and organize physical spaces, order and receive materials and equipment, begin community involvement activities, clarify goals and objectives, create record keeping systems, and establish decision-making, monitoring, and reporting mechanisms. Additionally, start-up time is an important period for staff development and for formalizing relationships with local and state offices.

Effects of Unstable Funding

The uncertainty of continued project funding is perceived as a major problem for local projects. Project staff are often insecure about employment and unwilling to invest significant energy in project planning, particularly long range planning. The effect of uncertain funding, when combined with low salaries in some counties, is increased risk of staff turnover. Staff resignations and rehirings drain needed energies from projects and often lead to delays in program implementation and changes in project direction.

Need for Technical Assistance

The level of technical assistance received by the projects varied, largely due to variations in efforts to obtain assistance. While each project received some technical assistance, it was usually of too short a duration or too low an intensity to meet project needs. The lack of technical assistance may be attributed to: (1) the lack of DHS staff time for providing assistance to all 34 projects; (2) lack of awareness by project staff about what resources were available; and (3) a lack of initiative by project staff to solicit technical assistance. In addition, some projects were not interested in technical assistance except as needed to prepare reports for external use. Those projects using a variety of resources tended to use them throughout planning, implementation and evaluation activities. These three areas were specifically identified by project staff as areas in which technical assistance was needed.

Division of Health Services (DHS),
Adolescent Pregnancy and Prematurity Prevention Program

DHS staff should be congratulated for what they have accomplished under difficult circumstances. Overseeing a new and controversial program with 34 different and geographically dispersed projects is demanding of staff time and efforts. The funding of 13 of the 34 projects under a different set of rules and regulations than those initially funded by DHS may have encouraged a lack of cooperation with DHS by some of the projects, also increasing the demand on staff time. Providing individualized technical assistance to all projects requires a great deal more manpower than currently available. Since these projects have been expected to respond to more external evaluation review than is typical state-funded projects, the demands on DHS staff have been considerable. It is important to acknowledge the efforts by DHS and to point out the obvious - more staff is needed to support the expected high level of quality in local projects. Without adequate technical assistance the likelihood of funding ineffective and wasteful projects increases.

## EVALUATION ISSUES

Planning for Evaluation

The projects did not have adequate evaluation plans in their original proposals. Adequate evaluation plans include a discussion of planned evaluation activities that are also incorporated into the budget and personnel sections. Interview data indicate that evaluation planning was not a major concern when the proposals were written. State agencies may reinforce the emphasis on service delivery when grant awards are made unless encouragement and guidance for evaluation are provided.

Even though the initial Request for Proposals (RFP) emphasized the significance of evaluation activities, community groups and agencies were often unprepared to incorporate well-designed evaluation plans into their proposals. The proposals from these four projects addressed evaluation issues, but the actual implementation of proposed evaluation activities was less than stated in their proposals.

Evaluation was not considered a high priority in the projects as reflected in project budgets. Project staffs reported not being allowed by DHS to purchase microcomputers for data entry and analysis. Funds were not set aside for evaluation consultants. Generally, staff job descriptions did not include evaluation skills. The emphasis, then, was placed upon staff time being committed to service delivery.

Purpose of Projects and Funding

The purpose of evaluating these four projects was not clear. Evaluations can be designed to test the effectiveness of innovative intervention approaches, or to provide information on the long term impact of prevention strategies. Since the purpose of an evaluation has important implications for evaluation design, this lack of clarity made it difficult for projects to design evaluations to meet the needs of State agencies for evaluation information. For example, the projects have been grappling with what information the Legislature, DHS, and their own local officials expect them to provide after two years of funding. This lack of clarity was evidenced by the variety of explanations for evaluation plans provided by the project staffs.

Of special concern is the uncertainty about outcome versus process evaluation. Those staffs viewing their project as a short-term pilot studies may have focused upon collecting information to document their effectiveness in becoming established within the community. However, another project perceiving its function to be that of demonstrating the project's impact on pregnancy rates may have collected data to demonstrate the efficacy of their approach, or to enhance future funding opportunities.

The Role of Project Staff in Evaluation Activities

Within the past few months, the projects have been extensively involved in a variety of significant evaluation activities. Since May, 1988, each project has: (a) completed a project assessment questionnaire on goals, objectives, activities, and supporting documentation for the Human Services Institute at the request of the General Assembly's Commission on Adolescent Pregnancy; (b) participated in a one-day site visit conducted by the Human Services Institute at the request of the General Assembly's Commission on Adolescent Pregnancy; (c) prepared an evaluation report requested by the Division of Health Services; (d) continued to submit quarterly project reports to the Division of Health Services; and (e) participated in 4 site visits with the UNCG evaluation team at the request of DHS. The project staffs have expressed uncertainty about the purpose of these evaluation activities. Some are suspicious of the intent of the Legislature and DHS. Of particular concern is the possibility that the evaluation

results will be used to identify projects to be terminated after the expiration of the current grant period.

Since project staff members were primarily hired for their expertise in service delivery, many of them perceive the requests for internal evaluation and participation in the external review process as time consuming and of secondary importance. For many projects, the emphasis on evaluation activities is recent, rather than being part of ongoing efforts within the projects. Given their professional backgrounds and previous work experiences, this attitude is not unexpected. However, partly as a result of recent evaluation concerns, three of the four projects participated in a one day workshop on program evaluation conducted by Dr. Susan Philliber for the North Carolina Coalition on Adolescent Pregnancy.

Evaluation Measures

County wide rates of adolescent pregnancy, abortion, and live births are not adequate indicators of project impact. While several of the projects defined their target group(s) as county wide, none of the projects attempted to serve all adolescents in their counties. For the most part, project activities were limited to sub-groups of county residents. For example, a project may claim all 15-19 years old adolescents in the county as the target group. However, if the project is school-based it will generally reach only those 15-19 years olds in school. Since school drop-outs represent a high risk group for pregnancy, school based programs that neglect drop-outs should not be considered county wide programs. Thus, county birth rates would be a poor indicator of the project's effects, since the birth rate would be effected by pregnancy and abortion rates among a group of adolescents not receiving program services.

An alternative to using county wide rates is to compare the pregnancy, abortion and live birth rates among those receiving program services with the rates in an equivalent group of adolescents not receiving program services. This raises the difficult problem of an appropriate comparison group. Alternatives may include: other schools not receiving program services for school based programs; adjacent counties with similar populations for county based programs; National norms for pregnancy rates in specific subgroups; etc. Since the selection of an appropriate comparison group depends on the nature of the project and access to an appropriate group, projects will require technical assistance in this specific area.

Since pregnancy rates are determined by two factors that must be altered if a program is to be successful--sexual activity and fertility rates (with fertility primarily determined by contraceptive use)--reliable measures of these two rates in the target group may serve as short term indicators of program success. Measures of these two behaviors may be especially useful if programs use the information to improve program effectiveness. For example, it would be useful to know if postponing sexual involvement programs are successful in lowering self-reported sexual activity rates or contraceptive use rates among adolescents who are sexually active. While self-reported rates are frequently suspect, negative findings would suggest the need for alternative interventions.

A variety of process and outcome criteria can be considered when designing evaluation plans for adolescent pregnancy and prematurity prevention programs. Many of the criteria listed below were discussed by project staff during our site visits.

Process Evaluation Criteria:

-Program intensity
-Quality of services
-Competence of staff
-Adequacy of resources: budget, staffing, equipment
-Efficiency in staff utilization
-Connection between the nature of the problem and project services
-Program institutionalization
-Targeting and recruiting the right people
-Reaching the right people
-Reaching the right people with the right intervention: adequacy, appropriateness
-Interorganizational linkages
-Reporting procedures/efforts
-Referral and follow-up
-Implementation: (doing what was said)
-Information syatems: what data is available from the state
-Level of services
-Networking with other organizations
-Organizational structure
-Objectives

Outcome Evaluation Criteria:

-Lower pregnancy rates
-Stage of pregnancy at which prenatal care begins
-Complications of pregnancy, including low birth weight, prematurity, and short gestation
-Improved adequacy of prenatal care
-Improved use of postnatal services
-Increased use of pediatric services
-Incidence of Infections and complications at birth
-Increased contraceptive use
-Postponed, decreased sexual activity
-Increased responsible sexual behavior
-Improved access to abortions
-Spacing of children
-Finished school (with/without parenting)
-Prevented dropouts
-Prevented abuse/neglect of children
-Improved child care practices, including breast feeding
-Improved problem-solving skills
-Improved decision-making skills
-Improved social networks/supports

-Career goals specified
-Improved positive parenting skills
-Increased knowledge regarding available services
-Increased access to services
-Increased knowledge gains/attitude changes
-Increased coalition building

The appropriateness of specific outcome measures depends on the type of project and target group selected. Therefore, not all of the outcome criteria listed above would be appropriate for individual projects. For example, it would not be appropriate to use increased coalition building as an outcome measure of knowledge and attitude change in a school based project. Outcome criteria must be related to the interventions employed in projects.

COMMENTS FOR THE FOUR LOCAL PROJECTS

Specific comments for each of the four projects are presented below. These comments relate to program design, activities, aan evaluation.

Forsyth County:

The MANTALK focus on males is needed and addresses a target population that is hard to reach. Its life options strategy is appropriate but may not be intensive enough to bring about significant change. MANTALK requires a high investment of project resources with apparently limited outcome measures to support the strategy. Consideration of the investment versus potential and realistic outcomes is needed.

The Adolescent Pregnancy Prevention Project is located within a large complex organization, the Forsyth County Health Department. Coordination among intraorganizational adolescent programs such as TIP and TeenTalk should continue. Interorganizational relationships are addressed by the Adolescent Pregnancy Prevention Council of Forsyth County. These relationships are critical and need to be expanded in a manner conducive to active involvement by a wider representation of profeasionals, lay persons, and target groups.

The Adolescent Pregnancy Prevention Project has had continuous staff turnover resulting in breaks in services and the project's inability to expend allocated resources. Additionally, relationships with community organizations have been altered with the changing personnel. Unless there is a change in the two-year funding cycles that have faced the project, staff turnover can be expected. Special support needs to be provided to staff who are employed with unstable funds.

Process evaluation has been a commitment of the project staff but outcome measures have received very little emphasis. If outcome measures are expected internally or by the Division of Health Services, the criteria and procedures for collecting the desired data needs to be specified as soon as possible.

New Hanover County

The project has multiple components directed toward different target groups and is effective in including client feedback into program modifications. Subcontracting to community professionals has brought valuable skills to the clients and staff. Program impact data needed on each component is not available. Community involvement and support have been significant for the project. The local council has provided a means for concerned citizens to actively participate in program planning and evaluation. The school system has not been willing to become involved although the project staff work closely with social services and the health department. The very recent resignation of the project coordinator is a serious blow to this project. She was a central reason for the project's enviable effectiveness in reaching those needing help. It will be difficult to reorganize and re-adjust to a new coordinator.

Onslow County

Located in a county with a major marine base and high adolescent birth rate, this project has become an integral part of the school system. There is a good relationship with the health department but the community involvement level is low. Decision-making about project activities and direction does not include representatives of important community views. The project needs to establish a data monitoring system to measure variables important in both process and outcome evaluations. The staff's involvement in night school should be encouraged and perhaps expanded to reach the hard-to-reach adolescents. The project can not present evidence showing impact on pregnancy rates or the associated behaviors. There is a need to expand the classroom activities and more directly address the causal behaviors in adolescent pregnancy.

Vance County

This project has also experienced high turnover since its inception. Most staff members are new this year. Subcontracting to community professionals has been a positive move and virtually saved the program two years ago when full-time staff left. The new school health coordinator is a key person in the continuation and possible redirection of this project. The project needs to adopt a theoretical foundation and base objectives and activities upon that rationale. The project has no evidence to indicate a positive effect on reducing sexual activity or increasing contraceptive use. Project activities are often done in the absence of goals and typically lack evaluation procedures. Process evaluation data needs to be collected systematically. The staff members have generated a number of daily record keeping forms. The number of forms need to be reduced to only those necessary for monitoring clients and for project evaluation. This school-based program does not have mechanisms for monitoring high risk adolescents, particularly those who later become school drop-outs. The recently developed mentor and advocacy program for high risk male students should receive special support to assure its continued growth. Preliminary data indicate that this program component offers promise for preventing drop outs among participants. Of those participating in the initial program, school staff would have expected 30% to finish school. However, in the initial group 100 percent remained in school during the first year of the project. The importance of incorporating a drop out prevention component into an adolescent pregnancy prevention project is that dropping out of school is considered one of the major risk factors for adolescent pregnancy. Thus, school drop out programs represent one approach to increasing life options. The project should consider developing a formal evaluation plan and the potential for expanding the program to include high risk females.

# the north carolina coalition
# ADOLESCENT PREGNANCY

NCCAP

POSITION STATEMENT

TO

ADOLESCENT PREGNANCY STUDY COMMISSION

NOVEMBER 20, 1988

1) 1987 STATISTICS
2) NCCAP STATE PLAN
3) NCCAP ADVISORY PANEL
4) NCCAP POSITION STATEMENT
5) CONCERNS FROM PREVIOUS APPROPRIATIONS

1300 Baxter Street Suite 171 Charlotte, N.C. 28204 704/335-1313
Barbara Huberman Executive Director

# the north carolina coalition on ADOLESCENT PREGNANCY

## ADOLESCENT PREGNANCY 1987 - NORTH CAROLINA

1987: 10-19

| AGE | NUMBER OF PREGNANCIES REPORTED |
|---|---|
| 10 | 6 |
| 11 | 2 |
| 12 | 32 |
| 13 | 165 |
| 14 | 593 |
| 15 | 1566 |
| 16 | 3452 |
| 17 | 4953 |
| 18 | 6661 |
| 19 | 7624 |

| | | | |
|---|---|---|---|
| Reported Total Pregnancies* | 25,054 | (W 14,209) | (NW 10,845) |
| Abortions | 10,208 | | |
| Live Births | 14,707 | | |
| Fetal Deaths | 139 | (Not added to W/NW in Totala) | |

| | | W | NW | Married | Non-Married |
|---|---|---|---|---|---|
| 10-14 | 798 | 248 | 550 | 21 (3%) | 771 (97%) |
| 15-17 | 9,971 | 5379 | 4533 | 1564 (20%) | 8333 (80%) |
| 18-19 | 14,285 | 8520 | 5688 | 4722 (50%) | 9472 (50%) |

| Marital Status | 10-19 | | (NW) | (W) |
|---|---|---|---|---|
| Married | 6,307 | 25% | 8% (839) | 39% (5461) |
| Non-Married | 18,576 | 75% | 92% (9869) | 61% (8609) |
| Unknown: | 175 | | | |

| Abortions | | (NW) | (W) |
|---|---|---|---|
| 10-14 | (452) | 52% | 68% |
| 15-19 | (9,756) | 34% | 44% |
| Total | (10,208) | 35% | 45% |

| Live Births | | (NW) | (W) |
|---|---|---|---|
| 10-14 | (340) | 48% | 32% |
| 15-19 | (14,367) | 66% | 56% |
| Total | (14,707) | 65% | 55% |

| Fetal Deaths | | (NW) | (W) |
|---|---|---|---|
| 10-14 | 6 | .0004% | .0002% |
| 15-19 | 133 | .006% | .004% |
| Total | 139 | | |

September 1987
NC Department of Human Resources
Division of Health Statistics
* Spontaneous Abortions Estimated at 3,000

1300 Baxter Street Suite 171 Charlotte, N.C. 28204 704/335-1313
Barbara Huberman, Executive Director

RSVP FORM FOR "ACTION AGENDA" TASK FORCE MEETINGS

Please check which meeting session you will attend.

| | | | SITE | Afternoon Session | | Evening Session |
|---|---|---|---|---|---|---|
| October 20 | Region I | (Asheville) | ____ | _____ | or | _____ |
| November 15 | Region II | (Winston-Salem) | _____ | _____ | or | _____ |
| November 1 | Region III | (Raleigh) | _____ | _____ | or | _____ |
| November 9 | Region IV | (Greenville) | _____ | _____ | or | _____ |

I cannot attend a task force meeting but I would like to be kept posted on this project

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

AGENCY / ORGANIZATION: _____

Please return Reservation to:
Mia Day, Action Agenda Coordinator • 2501 H Avent Ferry Road • Raleigh, NC 27606 (919) 832-8971

Please send additional invitations to:

_____ _____

_____ _____

_____ _____

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September 15, 1988

Dear Friend,

The North Carolina Coalition on Adolescent Pregnancy (NCCAP), a statewide organization dedicated to the prevention of teen pregnancy, invites you to participate in a regional meeting in the development of a "STATEWIDE ACTION AGENDA" for the prevention of teen pregnancy in North Carolina.

Almost one out of every ten teenage girls aged 10 to 19 got pregnant in North Carolina in 1987. We must all join in an effort to develop long-term solutions to this very complex problem. The Coalition hopes to bring together a wide range of individuals to develop this "Action Agenda" which includes strategies to help our young people prevent too-early childbearing.

The Coalition has begun to identify the existing gaps in teen pregnancy prevention services thru a survey, mailed to 1700 agencies and individuals in North Carolina. Now, with your help, we hope to develop a creative and practical prevention agenda.

The Coalition will be holding four regional meetings across the state this fall. As an important participant, you will

1) Review survey data analyses
2) Define additional gaps in service or barriers
3) Develop effective and realistic strategies for long-term prevention efforts in North Carolina

Drawing on your input from the Regional Meetings and the results of the survey, the Coalition will draft a "Statewide Action Agenda which will be presented to the Governor and the Legislature in February 1989.

We hope you will join us at the meeting in your region. There will be two identical sessions, one in the afternoon and one in the evening to accommodate as many people's schedules as possible. Please RSVP by the date listed under the meeting in your region. We strongly encourage you to RSVP so we can ensure that we have enough space and can mail meeting materials.

If you have any questions, please call Mia Day, Action Agenda Coordinator, at (919) 832-8971 in Raleigh.

Sincerely,

Barbara Huberman
Executive Director

A United Way Agency

# AN IMPORTANT INVITATION FOR YOU!

the north carolina coalition on
ADOLESCENT PREGNANCY

NON PROFIT ORG
U S POSTAGE
**PAID**
PERMIT NO 2589
Charlotte, N C 28204

# ACTION AGENDA REGIONAL MEETINGS

**REGION I: ASHEVILLE**
Alexander, Alleghany, Ashe, Buncombe, Burke, Caldwell, Catawba, Cherokee, Cleveland Gaston, Graham, Haywood, Henderson, Jackson, Lincoln, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey)

Date: October 20, 1988
Time: 1:00 to 5:00PM
OR 6:00 to 9:30PM
Location: First Baptist Church
Family Ministry Center
5 Oak Street
Asheville
RSVP by: October 7, 1988

**REGION II: WINSTON-SALEM**
(Alamance, Cabarrus, Caswell, Davidson, Davie, Forsyth, Guilford, Iredell, Mecklenburg, Randolph, Rockingham, Rowan, Stanly, Stokes, Surry, Union, Yadkin)

Date: November 15, 1988
Time: 1:00 to 5:00PM
OR 6:00 to 9:30PM
Location: Reynolds Health Center Building
Conference Room D
741 N. Highland Ave.
Winston-Salem
RSVP by: October 28, 1988

**REGION III: RALEIGH**
Anson, Bladen, Chatham, Cumberland, Durham, Franklin, Granville, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Orange, Person, Richmond, Robeson, Sampson, Scotland, Vance, Wake, Warren)

Date: November 1, 1988
Time: 1:00 to 5:00PM
OR 6:00 to 9:30PM
Location: North Carolina PTA Headquarters
3501 Glenwood Ave
Raleigh
RSVP by October 14, 1988

**REGION IV: GREENVILLE**
(Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Clay, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Hertford, Hyde, Jones, Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington, Wayne, Wilson)

Date: November 9, 1988
Time: 1:00 to 5:00PM
OR 6:00 to 9:30PM
Location: Ramada Inn (formerly Sheraton of Greenville)
203 W. Greenville Blvd.
(Route 264 Alternate)
Greenville
RSVP by: October 21, 1988

# the north carolina coalition on ADOLESCENT PREGNANCY

NCCAP
LEGISLATIVE POSITION STATEMENT

THE NORTH CAROLINA COALITION ON ADOLESCENT PREGNANCY REGARDS THE PREVENTION OF ADOLESCENT PREGNANCY AS A CRITICAL PRIORITY FOR LEGISLATIVE CONSIDERATION IN THE 1989 SESSION.

The appropriations in the 1985 and 1987 legislative sessions for "model prevention projects" have yielded many valuable concepts and strategies but there is no one complete project that has the capacity to be replicated in total.

From our experience providing technical assistance support and networking to those 34 projects, as well as the hundreds of other agencies, projects and individuals working on prevention and care issues, we believe the following should guide your continued support and appropriations for the future.

1. A PERMANENT FUND SHOULD BE CREATED FOR START UP OR "SEED MONEY" FOR LOCAL PREVENTION PROJECTS.

2. PROJECTS FUNDED SHOULD BE LOCAL COMMUNITY BASED AND DEMONSTRATE SIGNIFICANT COMMUNITY SUPPORT THROUGH A BOARD OF DIRECTORS THAT INCLUDES, AMONG OTHERS REPRESENTATIVES FROM AREA CLERGY, ELECTED BODIES, EDUCATION, MEDICINE AND HEALTH, PARENTS, VOLUNTEER GROUPS, MEDIA, CORPORATIONS AND AGENCIES.

3. PROJECT PROPOSALS SHOULD INCLUDE A FINANCIAL PLAN WHICH CLEARLY DEMONSTRATES LOCAL FINANCIAL INVESTMENT IN THE PROJECT IN THE FORM OF DOLLARS OR IN-KIND CONTRIBUTIONS EACH YEAR.

4. PROJECT PROPOSALS SHOULD INCLUDE A FORMULA OF DESCENDING FUNDING THE STATE AND INCREASING FINANCIAL RESPONSIBILITY FOR THE PROJECT BY THE LOCAL COMMUNITY WITH STATE FUNDS ENDING AFTER 5 YEARS.

5. PROJECT PROPOSALS SHOULD HAVE A MINIMUM OF A 5 YEAR PLAN WITH ANNUAL GOALS AND OBJECTIVES.

6. PROJECTS PREVIOUSLY FUNDED IN 1985-1987 SHALL HAVE NO PRIORITY BUT ARE ELIGIBLE TO BE CONSIDERED FOR THIS NEW FUND.

7. PROJECTS SELECTED MUST MEET REPORTING AND EVALUATION REQUIREMENTS WHEN REQUESTED OR FUNDING WILL BE DISCONTINUED.

8. PROJECTS MUST SEND A REPRESENTATIVE TO A PROPOSAL WRITING SESSION THAT DEFINES EXPECTATIONS, ACCOUNTABILITY, AND EVALUATION CRITERIA TO BE ELIGIBLE FOR PROPOSAL CONSIDERATION.

1300 Baxter Street Suite 171 Charlotte, N.C. 28204 704/335-1313
Barbara Huberman, Executive Director

9. THAT PRIORITIES FOR PROJECTS FUNDED ADDRESS AMONG OTHERS:
   1. COMPREHENSIVE SEXUALITY EDUCATION INCLUDING CONTRACEPTIVE EDUCATION.
   2. STRATEGIES WHICH MOTIVATE TEENS TO DELAY SEXUAL ACTIVITY.
   3. INCREASED ACCESS TO CONTRACEPTION SERVICE.
   4. PROGRAMS THAT REDUCE DROP OUT DUE TO TEEN PREGNANCY AND PARENTING.
   5. INCREASED ACCESS TO COMPREHENSIVE HEALTH SERVICES FOR ADOLESCENTS.
   6. PROGRAMS THAT FOCUS ON MALES.
   7. PROGRAMS THAT CREATE POSITIVE LIFE OPTIONS FOR DISADVANTAGED, HIGH RISK YOUTH.
   8. INCREASED DAY CARE AND SUPPORT SERVICES TO TEEN PARENTS TO STAY IN SCHOOL.

10. PROJECT SELECTION BE CONDUCTED BY AN INDEPENDENT, NON-VESTED BODY THAT HAS SPECIFIC CRITERIA FOR SELECTION PROCESS.

11. FUNDS SHOULD BE INCLUDED IN THE APPROPRIATION FOR EXTERNAL REVIEW AND EVALUATION OF PROJECTS ANNUALLY.

12. FUNDS SHOULD BE INCLUDED IN THE APPROPRIATION FOR ADEQUATE AND EFFECTIVE TECHNICAL ASSISTANCE AND SUPPORT STAFF.

13. THAT FUNDS IN THE 1989-1990 BUDGET YEAR BE APPROPRIATED TO CREATE AN INDEPENDENT BODY WHICH WOULD DESIGN THE OVERALL STATE APPROPRIATION FUND, TO OFFER PROPOSAL WRITING WORKSHOPS, TO SELECT THE PROJECTS, AND TO BE RESPONSIBLE FOR FUND EVALUATION.

14. NEW PROJECTS CHOSEN WILL BE FUNDED IN THE 1990-1991 BUDGET YEAR.

15. THAT THE LEGISLATION RESEARCH COMMISSION ON ADOLESCENT PREGNANCY REVIEW THE EVALUATION REPORT OF THE 34 PROJECTS AND SELECT THOSE THAT MERIT CONTINUED FUNDING FOR ONE YEAR THROUGH JUNE 30, 1990 WHILE THE ABOVE IS IMPLEMENTED.

We make the above suggestions based on 3 years experience in coordinating and helping to create comprehensive local prevention programs across the state. Attached also is a list of concerns and problems that were accumulated from many project participants in conversations and meetings that have helped us formulate these suggestions.

Approved by Board of Directors on 11/17/88.

Problems Related to Previous Appropriations/"Pilot Projects" 1985-1989

1. Project Selection: Political decisions rather than project merit and capacity to address problems in constructive, measurable fashion.

2. Lack of funds for substantial technical assistance and support to projects selected.

3. Lack of clear, concise, relevant evaluation expectations.

4. Erratic and unstable funding for projects producing staff turnover, project slowdown and demise.

5. Lack of documented support in proposals by critical partners or local agencies who would receive project services resulting sometimes in inability to fulfill funded project objectives.

6. Lack of clear, concise guidelines and assistance to write proposals. Complicated process favored large organizations and public agencies who have grant writing experience and staff.

7. Projects were not encouraged to present long-term goals and objectives and funding plans.

8. No local investment in funding of projects which has promoted dependency on state funding forever and lack of community responsibility and accountability.

9. Projects chosen through two different mechanisms and lack of accountability, reporting, and/or in some cases refusal to report on project.

10. Agencies who submitted projects were allowed to change proposal, some very drastically, resulting in agency funding, not project funding.

11. Lack of community leadership and investment in project through a working board of directors or advisors who represent the community, not just the sponsoring agency.

November 22, 1988

MEMORANDUM

**TO:** Members of the Adolescent Pregnancy Study Commission.

**FROM:** Rep. Luther Jeralds and Sen. Marvin Ward, CoChairs.

**RE:** Outline of Plan for Adolescent Pregnancy Programs.

We offer the following approach for the Study Commission to consider recommending to the 1989 General Assembly:

1. Continue to fund community-based adolescent pregnancy prevention programs, but modify the State's role, which originally was to fund pilot projects for replication throughout the State. Instead, aim at providing seed money to build a Statewide network of community-based prevention programs. This network would be a part, but not the only part, of the State's approach to the adolescent pregnancy problem.

2. Create a permanent Adolescent Pregnancy Prevention Fund to be used to help new projects in their early years.

3. Establish a Commission to distribute money from the Fund to the projects.

4. Give the Commission the resources to assist and evaluate the fledgling projects, and continually to examine the problems related to adolescent pregnancy and the State's approach to those problems.

5. Set minimum standards for programs. Write those standards into the statutes.

6. Establish a schedule of funding that will require projects to build support from outside the Fund. The schedule should phase out support from the Fund gradually, over a set number of years, so that at the end of that term of years the project will receive no more money from the Fund.

7. Assure the projects selected by the Commission that, to the extent money is available, they will receive funding according to the schedule for the full term of years so long as they continue to meet the minimum standards.

DRAFT FOR DISCUSSION 12-16-88

III. **Family Life Education.**

FINDING: That family life education is valuable in giving adolescents the information and skills to avoid the traps of early sexual involvement. That, although North Carolina mandates a School Health Education Program, the family life component of the program is only vaguely outlined by the State Board of Education, and implementation is left up to the local boards of education, largely unmonitored. That the available evidence shows a picture of spotty coverage of important topics across the State, of certain crucial topics sometimes taught too late, and of classes taught by teachers of widely varying qualifications.

RECOMMENDATION III: That the General Assembly mandate the teaching of family life education in a more uniform manner to all students in all school districts.

Act # 437-77

(1079, S546)

AN ACT TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING CHAPTER 32 TO TITLE 59 SO AS TO PROVIDE FOR THE ESTABLISHMENT OF A COMPREHENSIVE HEALTH EDUCATION PROGRAM IN ELEMENTARY AND SECONDARY SCHOOLS THROUGH APPROPRIATE PROGRAM DEVELOPMENT, ADEQUATE TEACHER TRAINING, REQUIRED HOURS OF HEALTH INSTRUCTION, AN EXEMPTION FOR STUDENT PARTICIPATION, AN EXCEPTION FOR PRIVATE SCHOOLS TO THE APPLICATION OF THE CHAPTER, AND PENALTIES; AND TO PROVIDE FOR THE COORDINATION OF EXISTING HEALTH EDUCATION PROGRAMS AND REIMBURSEMENT OF TUITION.

Be It enacted by the General Assembly of the State of South Carolina:

Comprehensive Health Education Act

SECTION 1. This may be cited as the "Comprehensive Health Education Act".

Purpose

SECTION 2. The purpose of this act is to foster the development and dissemination of educational activities and materials which will assist South Carolina students, teachers, administrators, and parents in the perception, appreciation, and understanding of health principles and problems and responsible sexual behavior.

Comprehensive Health Education Program established

SECTION 3. Title 59 of the 1976 Code is amended by adding:

APPENDIX Z

"CHAPTER 32

Comprehensive Health Education Program

Section 59-32-10. As used in this chapter:

(1) 'Comprehensive health education' means health education in a school setting that is planned and carried out with the purpose of maintaining, reinforcing, or enhancing the health, health-related skills, and health attitudes and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention. It includes age-appropriate, sequential instruction in health either as part of existing courses or as a special course.

(2) 'Reproductive health education' means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.

(3) 'Family life education' means instruction intended to:

(a) develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of close personal relationships and an understanding of the physiological, psychological, and cultural foundations of human development;

(b) provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of marriage.

(c) provide instruction as to the laws of this State relating to the sexual conduct of minors, including criminal sexual conduct.

(4) 'Pregnancy prevention education' means instruction intended to:

(a) stress the importance of abstaining from sexual activity until marriage;

(b) help students develop skills to enable them to resist peer pressure and abstain from sexual activity;

(c) explain methods of contraception, and the risks and benefits of each method. Abortion must not be included as a method of birth control. Instruction explaining the methods of contraception must not be included in any education program for grades kindergarten through fifth. Contraceptive information must be given in the context of future family planning.

(5) 'Local school board' means the governing board of public school districts as well as those of other state-supported institutions which provide educational services to students at the elementary and secondary school level. For purposes of this chapter, programs or services provided by the Department of Health and Environmental Control in educational settings must be approved by the local school board.

(6) 'Board' means the State Board of Education.

(7) 'Department' means the State Department of Education.

Section 59-32-20. Before August 1, 1988, the board, through the department, shall select or develop an instructional unit with separate components addressing the subjects of reproductive health education, family life education, pregnancy prevention education, and sexually transmitted diseases and make the instructional unit available to local school districts. The board, through the department, also shall make available information about other programs developed by other states upon request of a local school district.

Section 59-32-30. (A) Pursuant to guidelines developed by the board, each local school board shall implement the following program of instruction:

APPENDIX Z

(1) Beginning with the 1988-89 school year, for grades kindergarten through five, instruction in comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, and mental and emotional health. Sexually transmitted diseases as defined in the annual Department of Health and Environmental Control list of Reportable Diseases are to be excluded from instruction on the prevention and control of diseases and disorders. At the discretion of the local board, age-appropriate instruction in reproductive health may be included.

(2) Beginning with the 1988-89 school year, for grades six through eight, instruction in comprehensive health must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, mental and emotional health, and reproductive health education. Sexually transmitted diseases are to be included as a part of instruction. At the discretion of the local board, instruction in family life education or pregnancy prevention education or both may be included, but instruction in these subjects may not include an explanation of the methods of contraception before the sixth grade.

(3) Beginning with the 1989-90 school year, at least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education.

(4) The South Carolina Educational Television Commission shall work with the department in developing instructional programs and materials that may be available to the school districts. Films and other materials may be designed for the purpose of explaining bodily functions or the human reproductive process. These materials may not contain actual or simulated portrayals of sexual activities or sexual intercourse.

(5) The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases.

(6) In grades nine through twelve, students must also be given appropriate instruction that adoption is a positive alternative.

(B) Local school boards may use the instructional unit made available by the board pursuant to Section 59-32-20, or local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district.

(C) The time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986-87 school year. Health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course.

(D) No contraceptive device or contraceptive medication may be distributed in or on the school grounds of any public elementary or secondary school. No school district may contract with any contraceptive provider for

their distribution in or on the school grounds. Except as to that instruction provided by this chapter relating to complications which may develop from all types of abortions, school districts may not offer programs, instruction, or activities including abortion counseling, information about abortion services, or assist in obtaining abortion and materials containing this information must not be distributed in schools. Nothing in this section prevents school authorities from referring students to a physician for medical reasons after making reasonable efforts to notify the student's parents or legal guardians or the appropriate court, if applicable.

)(E) Any course or instruction in sexually transmitted diseases must be taught within the reproductive health, family life, or pregnancy prevention education components, or it must be presented as a separate component.

(F) Instruction in pregnancy prevention education must be presented separately to male and female students.

Section 59-32-40. As part of their program for staff development, the department and local school boards shall provide appropriate staff development activities for educational personnel participating in the comprehensive health education program. Local school boards are encouraged to coordinate the activities with the department and institutions of higher learning.

Section 59-32-50. Pursuant to policies and guidelines adopted by the local school board, public school principals shall develop a method of notifying parents of students in the relevant grades of the content of the instructional materials concerning reproductive health, family life, pregnancy prevention, and of their option ) exempt their child from this instruction, and sexually transmitted diseases if instruction in the diseases is presented as a separate component. Notice must be provided sufficiently in advance of a student's enrollment in courses using these instructional materials to allow parents and legal guardians the opportunity to preview the materials and exempt their children.

A public school principal, upon receipt of a statement signed by a student's parent or legal guardian stating that participation by the student in the health education program conflicts with the family's beliefs, shall exempt that student from any portion or all of the units on reproductive health, family life, and pregnancy prevention where any conflicts occur. No student must be penalized as a result of an exemption. School districts shall use procedures to ensure that students exempted from the program by their parents or guardians are not embarrassed by the exemption.

Section 59-32-60. The department shall assure district compliance with this chapter. Each local school board shall consider the programs addressed in this chapter in developing its annual district report.

Section 59-32-70. The provisions of this chapter do not apply to private schools.

Section 59-32-80. Any teacher violating the provisions of this chapter or who refuses to comply with the curriculum prescribed by the school board as provided by this chapter is subject to dismissal.

Section 59-32-90. Films, pictures, or diagrams in any comprehensive health education program in public schools must be designed solely for the purpose of explaining bodily functions or the human reproduction process and may not include actual or simulated portrayals of sexual activities or sexual intercourse."

Existing programs

SECTION 4. School districts which provide comprehensive health education programs on the effective date of this act may continue their

APPENDIX Z

SENATE BILL 352

By: Senator Scott of the 30th

APPENDIX AA

AS PASSED

AN ACT

To amend Chapter 2 of Title 20 of the Official Code of Georgia Annotated, relating to elementary, secondary, and adult education, so as to provide that each local board of education shall prescribe a course of study in sex education and AIDS prevention instruction; to authorize such local boards to supplement and develop the exact approach of content areas of such minimum course of study; to provide for certain standards; to provide that the State Board of Education shall prescribe a minimum course of study in sex education and AIDS prevention instruction and shall establish standards for its administration; to provide for certain topics of instruction; to provide for minimum periods of instruction; to provide for a manual for such course of study; to provide for implementation of such minimum course of study or its equivalent; to provide for noncompliance; to provide that a parent or guardian may elect that a child not receive such course of study; to prohibit any facility operated on public school property or operated by a public school district or any employee thereof acting within the scope of such employee's employment from providing certain health services to public school students; to limit the funding for the distribution of certain items; to provide an effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

Section 1. Chapter 2 of Title 20 of the Official Code of Georgia Annotated, relating to elementary,

secondary, and adult education, is amended by adding a new Code section immediately following Code Section 20-2-142, to be designated Code Section 20-2-142, to read as follows:

"20-2-142. (a) Each local board of education shall prescribe a course of study in sex education and AIDS prevention instruction for such grades and grade levels in the public school system as shall be determined by the State Board of Education. Such course of study shall implement either the minimum course of study provided for in subsection (b) of this Code section or its equivalent, as approved by the State Board of Education. Each local board of education shall be authorized to supplement and develop the exact approach of content areas of such minimum course of study with such specific curriculum standards as it may deem appropriate. Such standards shall include instruction relating to the handling of peer pressure, promotion of high self-esteem, local community values, and abstinence from sexual activity as an effective method of prevention of pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome.

(b) The State Board of Education shall prescribe a minimum course of study in sex education and AIDS prevention instruction which may be included as a part of a course of study in comprehensive health education for such grades and grade levels in the public school system as shall be determined by the state board and shall establish standards for its administration. The course may include instruction concerning human biology, conception, pregnancy, birth, sexually transmitted diseases, and acquired immune deficiency syndrome. A manual setting out the details of such course of study shall be prepared by or approved by the State School



APPENDIX AA

Superintendent in cooperation with the Department of Human Resources, the State Board of Education, and such expert advisers as they may choose.

(c) The minimum course of study to be prescribed by the State Board of Education pursuant to subsection (b) of this Code section shall be ready for implementation not later than July 1, 1988. Each local board shall implement either such minimum course of study or its equivalent not later than July 1, 1989. Any local board of education which fails to comply with this subsection shall not be eligible to receive any state funding under this article until such minimum course of study or its equivalent has been implemented.

(d) Any parent or legal guardian of a child to whom the course of study set forth in this Code section is to be taught shall have the right to elect, in writing, that such child not receive such course of study."

Section 2. Said chapter is further amended by adding a new Code section immediately following Code Section 20-2-772, to be designated Code Section 20-2-773, to read as follows:

"20-2-773. (a) No facility operated on public school property or operated by a public school district and no employee of any such facility acting within the scope of such employee's employment shall provide any of the following health services to public school students:

(1) Distribution of contraceptives;

(2) Performance of abortions;

(3) Referrals for abortion; or

(4) Dispensing abortifacients.



APPENDIX AA

(b) The Department of Education and local units of administration are prohibited from utilizing state funds for the distribution of contraceptives."

Section 3. This Act shall become effective upon its approval by the Governor or upon its becoming law without such approval.

Section 4. All laws and parts of laws in conflict with this Act are repealed.



APPENDIX AA

APPENDIX BB

**GENERAL ASSEMBLY OF NORTH CAROLINA**

**SESSION 1989**

D

LEGISLATIVE PROPOSAL I
**THIS IS A DRAFT 6-JAN-89 14:59:58**

Short Title: Adolescent Pregnancy Prevention. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO CREATE THE ADOLESCENT PREGNANCY PREVENTION FUND AND COMMISSION AND TO PROVIDE FOR DISTRIBUTING MONIES FROM THE FUND.

The General Assembly of North Carolina enacts:

Section 1. Chapter 130A of the General Statutes is amended by adding a new Article to read:

"Article 5A.
Adolescent Pregnancy Prevention Fund and Commission.

"§ 130A-132.1. Adolescent Pregnancy Prevention Fund: creation.

There is created the Adolescent Pregnancy Prevention Fund. As used in this Article, 'Fund' means the Adolescent Pregnancy Prevention Fund. The Fund shall be used by the Department for the adolescent pregnancy prevention programs selected by the Prevention Commission as authorized by this Article and for the administration of the Prevention Commission. Any surplus in the Fund shall not revert. The Fund shall be kept on deposit with the State Treasurer, as in the case of other State funds, and may be

invested by the State Treasurer in any lawful security for the investment of State money. The Fund is subject to the oversight of the State Auditor pursuant to Article 5A of Chapter 147 of the General Statutes.

**§ 130A-132.2. Adolescent Pregnancy Prevention Commission: creation, membership, staff, annual report.**

(a) There is created the Adolescent Pregnancy Prevention Commission. As used in this Article, 'Prevention Commission' means the Adolescent Pregnancy Prevention Commission. The Prevention Commission shall be located administratively in the Department but shall exercise all its prescribed statutory powers independently of the Department.

(b) The Prevention Commission shall consist of 15 members:

(1) Three members appointed by the Governor, one of whom shall be a member of the medical profession;

(2) Three members appointed by the General Assembly upon the recommendation of the President Pro Tem of the Senate in accordance with G.S. 120-121, one of whom shall be a member of a local board of education;

(3) Three members appointed by the General Assembly upon the recommendation of the Speaker of the House of Representatives in accordance with G.S. 120-121, one of whom shall be a public school student;

(4) The State Superintendent of Public Instruction or his designee;

(5) The Director of Division of Health Services or his designee;

(6) The Director of the Division of Social Services or his designee;

(7) The President of the North Carolina Congress of Parents and Teachers or his designee;

(8) The Chairman of the Board of the North Carolina Coalition on Adolescent Pregnancy or his designee; and

(9) The Chairman of the Board of the North Carolina Child Advocacy Institute or his designee.

(c) The initial terms of members shall begin September 1, 1989 and expire August 30, 1991. Their successors shall serve for two-year terms. A vacancy shall be filled for the remainder of the unexpired term in accordance with G.S. 120-122. The appointing authorities shall make their appointments before the beginning of each term, and in no case shall the failure of any appointing authority to make appointments prevent the Prevention Commission from conducting business. At all times the ex officio member of the Prevention Commission or his designee mentioned in subsection (b) subdivisions (4) through (9) shall be the current holder of the office mentioned in the subdivision or his designee; if the office changes occupants during the term of the Prevention Commission, the new holder or his designee shall succeed to membership on the Prevention Commission.

(d) The initial meeting of the Prevention Commission shall be held before September 30, 1989, and the initial meeting of each term shall be held before September 30 in the first year of the term. The initial meeting of each term shalll be called by the State Health Director. Succeeding meetings in the term shall be called by the Chairman. At the first meeting of each term, the Prevention Commission shall elect one of its members Chairman and shall adopt rules for the conduct of meetings, consistent with this Article. A quorum for any meeting shall consist of the Chairman or the person designated in the rules to preside in his absence, plus a majority of the remainder of the members who have been appointed at the time of the meeting. Members of the Prevention Commission who are not State officers or employees shall receive per diem and necessary travel and subsistence expenses in accordance with G.S. 138-5. Members who are State officers or employees shall be reimbursed for travel and subsistence in accordance with G.S. 138-6.

(e) The Prevention Commission may employ professional and clerical staff and may hire outside consultants to assist it in its work. The Department shall allocate the sum of one hundred

thousand dollars ($100,000) a year from the Fund to the Prevention Commission for the work of the Prevention Commission.

(f) The Prevention Commission shall have the authority to promulgate rules for its own operation and for the adolescent pregnancy prevention programs it funds pursuant to this Article.

(g) The Prevention Commission shall make a report to the General Assembly prior to May 1, 1990 and prior to May 1 of every succeeding year. Each annual report shall contain:

(1) An analysis of the adolescent pregnancy and related problems in the State as a whole and in each county,

(2) A statement of the Prevention Commission's latest thinking on the best approach to solving those problems, and

(3) An evaluation of the State's approach to the problems to date, including but not limited to an evaluation of the local projects that have received money from the Fund.

**§ 130A-132.3. Adolescent Pregnancy Prevention Fund: allocations.**

(a) Any local agency or organization or combination of agencies and organizations may apply to the Prevention Commission for an allocation of money from the Fund to operate a project aimed at preventing adolescent pregnancy. The application shall contain an analysis of the adolescent pregnancy and related problems in the locality the project would serve, and a description of how the project would attempt, over a period of at least five years, to prevent the problems. The application shall state how much money is needed to operate the project and how the money shall be spent. The Prevention Commission shall conduct annually a proposal-writing session that shall be attended by a representative of any project that wishes to apply for funding; that session shall define the criteria for accountability and evaluation that the Prevention Commission requires of projects. That session shall also provide information about additional

funding sources to which projects might turn to satisfy the matching requirements of subsection (f).

(b) The Prevention Commission shall allocate money from the Fund to local adolescent pregnancy prevention projects. The Prevention Commission shall allocate seed money for the long-range purpose of building a Statewide approach to prevention of adolescent pregnancy through a network of local prevention projects. The Prevention Commission shall make an annual allocation of money to projects by June 1 of every year. The money shall be payable during the next fiscal year, beginning July 1.

(c) In allocating money to projects for the first time, the Prevention Commission shall apply the following minimum standards:

(1) Each project shall have a plan of action that extends for at least five years for prevention of adolescent pregnancy.

(2) Each project shall have realistic, specific, and measurable goals and objectives for the prevention of adolescent pregnancy.

(3) Each project, before submitting its proposal, shall send a representative to the proposal-writing session held by the Prevention Commission pursuant to subsection (a).

(d) In allocating money to projects for the second and succeeding years, the Prevention Commission shall apply the following minimum standards:

(1) Each project shall have a Board of Advisors composed of members from outside the sponsoring agency of the project. The Board of Advisors shall include representatives from at least four of the following: media, government, charitable organizations, private business, medical institutions. The Boards of Advisors shall meet monthly and are responsible for project evaluations and reports.

(2) Each project shall promptly comply with reporting and evaluation requirements of the Prevention Commission.

(3) Each project shall define and maintain cooperative ties with other community institutions.

(4) Each project shall demonstrate its ability to attract financial support from sources other than the Fund, including sources in the local community.

(e) For first-year funding, the Prevention Commission shall choose from among the applicants that meet the minimum standards in subsection (c) the best selection of projects according to the following criteria:

(1) qualifications of staff,

(2) appropriateness of the project to adolescent pregnancy prevention,

(3) appropriateness of the project to the locality,

(4) degree of need of the locality, and

(5) other appropriate criteria.

In making its decision, Prevention Commission shall be advised by a panel that shall include experts in fields related to adolescent pregnancy.

(f) If the Prevention Commission finds that a project it has chosen for first-year funding continues to meet the minimum standards of subsections (c) and (d), the Prevention Commission shall continue to fund that project's demonstrated needs, to the extent of available money, for five years according to the following schedule:

(1) eighty percent (80%) of the project's annual budget shall come from the Fund in the first year,

(2) seventy percent (70%) in the second year,

(3) sixty percent (60%) in the third year,

(4) fifty percent (50%) in the fourth year, and

(5) forty percent (40%) in the fifth year.

The portion of a project's budget that must come from sources other than the Fund may be provided as in-kind contributions as well as cash.

_ (g) No project shall receive money from the Fund if it has previously received money from the Fund for five full years. Provided that any project that has received State funding before June 1, 1989 will be eligible for consideration for five years' support from the Fund according to the schedule. The Prevention Commission shall fund any such project that meets the minimum standards if it determines, after considering the experience and impact of the project and measuring its application against those of other applicants, that it should be funded._"

Section 2. There is appropriated from the General Fund to the Adolescent Pregnancy Prevention Fund the sum of one million five hundred thousand dollars ($1,500,000) for the 1989-90 fiscal year and the sum of one million five hundred thousand dollars ($1,500,000) for the 1990-91 fiscal year for the purposes described in this act.

Section 3. This act shall be effective July 1, 1989.

APPENDIX CC

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

S D

LEGISLATIVE PROPOSAL II
THIS IS A DRAFT 6-JAN-89 12:00:39

Short Title: Comprehensive Health Education. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO MANDATE COMPREHENSIVE HEALTH EDUCATION IN THE PUBLIC SCHOOLS AND TO INCLUDE IN THAT CURRICULUM FAMILY LIFE EDUCATION, PREGNANCY PREVENTION EDUCATION, AND REPRODUCTIVE HEALTH EDUCATION.

The General Assembly of North Carolina enacts:

Section 1. G.S. 115C-81(e) reads as rewritten:

"(e) ~~School Health Education Program.~~ Comprehensive Health Education Program to Be Developed and Administered.

(1) A ~~comprehensive school health education~~ comprehensive health education program shall be developed and taught to pupils of the public schools of this State from kindergarten through ~~ninth~~ twelfth grade.

(2) As used above, ~~"comprehensive school health"~~ 'comprehensive health education' means health education in a school setting that is planned and

carried out with the purpose of maintaining, reinforcing, or enhancing the health, health-related skills, and health attitudes and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention. It includes age-appropriate, sequential instruction in health either as part of existing courses or as a special course. It includes the subject matter of mental and emotional health, drug and alcohol abuse prevention, nutrition, dental health, environmental health, ~~family living,~~ family life education, reproductive health education, pregnancy prevention education, consumer health, disease control, growth and development, first aid and emergency care, and any like subject matter. ~~Comprehensive school health~~ It also includes the subject matter of bicycle safety in geographical areas where appropriate.

(2a) 'Family life education' means instruction intended to:

a. develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of close personal relationships and an understanding of the physiological, psychological, and cultural foundations of human development;

b. provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of marriage;

c. provide instruction in sexually transmitted diseases, including instruction in the prevention of Acquired Immune Deficiency

Syndrome (AIDS) as required in subsection (a2).

d. provide instruction as to the laws of this State relating to sexual conduct of minors, including criminal sexual conduct.

(2b) 'Pregnancy prevention education' means instruction intended to:

a. stress the importance of abstaining from sexual activity until marriage;

b. help students develop skills to enable them to abstain from sexual intercourse, make responsible sexual decisions based on values and knowledge, and resist negative pressures;

c. explain methods of contraception, and the risks and benefits of each method.

(2c) 'Reproductive health education' means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care.

(3) The development and administration of this program shall be the responsibility of each local school administrative unit in the State ~~that receives an allocation of State funds for a school health coordinator, a school health education coordinator who serves the local school administrative unit~~, the Department of Public Instruction, and a State ~~School~~ Comprehensive Health Education Advisory Committee. Each local school administrative unit shall develop a program of instruction in comprehensive health education, including family life education, pregnancy prevention education, and reproductive health education for all grades kindergarten through twelfth grade with age-appropriate content reflecting the needs of children at each grade level. In developing the program, the local school administrative unit shall

be advised by a local advisory committee appointed by the local board of education. The local school administrative unit may use the curriculum and materials developed by the State Department of Public Instruction or the equivalent approved by the State Board of Education.

(3a) Pursuant to policies and guidelines which shall be adopted by the local board of education, public school principals shall develop a method of notifying parents of students in the relevant grades of the content of the instructional materials concerning reproductive health, family life, pregnancy prevention, and of their option to exempt their child without penalty or embarrassment from this instruction.

(4) ~~Each existing local school administrative unit is eligible to develop and submit a plan for a comprehensive school health education program which shall meet all standards established by the State Board of Education, and to apply for funds to execute such plans.~~ Each local school administrative unit is eligible to apply for a State-funded school health coordinator.

The State Board of Education shall designate an impartial panel to review health education program plans submitted by local school administrative units. Based on the panel's evaluation of the plans, the State Board of Education shall allocate ~~the~~ State-funded school health coordinators. Where feasible, a school health coordinator shall serve more than one local school administrative unit.

Each person initially employed as a State-funded school health coordinator after June 30, 1987, shall have a degree in health education.

(5) The Department of Public Instruction shall supervise the development and operation of a statewide comprehensive ~~school~~ health education program including curriculum development, the establishment and monitoring of expectations, goals, and outcomes, in-service training provision and promotion of collegiate training, learning material review, and assessment and evaluation of local programs ~~in the same manner as for other programs~~. It is the intent of this legislation that a specific position or positions in the Department of Public Instruction shall be assigned responsibilities as set forth in this subsection.

(6) A State ~~School~~ Comprehensive Health Advisory Committee is hereby established.

a. The committee shall provide citizen input into the operations of the program, report annually to the State Board of Education on progress in accomplishing the provisions and intent of this legislation, provide advice to the department with regard to its duties under this subsection, and encourage development of higher education programs which would benefit health education in the public schools.

b. The committee shall meet as necessary but at least twice annually. It shall select annually a chairperson from among its own membership, each member having an equal vote and the chairperson shall appoint such subcommittees as may be necessary. Members of the committee shall serve without compensation; however, they shall be reimbursed by the Department of Public Instruction for travel and other expenses incurred in the performance of their

duties as members of the committee, to the extent that funds are appropriated for this purpose.

c. The committee shall consist of 17 members: 10 appointed by the Governor, two by the State Board of Education, one by the Speaker of the House of Representatives, one by the President of the Senate, and three ex officio members: the Chief, Office of Health Education, Department of Human Resources; the Chief, State Health Planning and Development Agency, Department of Human Resources; and the Superintendent of Public Instruction, or their designees. The Governor's appointees shall be named in the following manner: one physician from a list of three names submitted by the North Carolina Medical Society; one physician from a list of three names submitted by the North Carolina Pediatric Society; one physician from a list of three names submitted by the North Carolina Chiropractic Association; one registered nurse from a list of three names submitted by the North Carolina Nurses' Association; one dentist from a list of three names submitted by the North Carolina Dental Society; one member from a list of three names submitted by the North Carolina Medical Auxiliary; one member from a list of three names submitted by the North Carolina Congress of Parents and Teachers, Inc.; one member from a list of three names submitted by the North Carolina Association for Health, Physical Education, and Recreation; one member from a list of three names submitted by the North Carolina Public Health Association; one

member from a list of three names submitted by the North Carolina College Conference on Professional Preparation in Health and Physical Education. The State Board nominees shall represent local school administrative units and shall have been recommended by the Superintendent of Public Instruction. The Speaker's nominee shall be a member of the North Carolina House of Representatives and the President of the Senate's nominee shall be a member of the Senate.

d. The appointed members of the advisory committee shall serve for a term of three years. Appointed members may be reappointed 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."

Sec. 2. The Department of Public Instruction shall have available for all local school districts an updated Comprehensive Health Education curriculum in accordance with this act by the beginning of the 1990-91 school year. All local school administrative districts shall have developed and shall begin implementing the Comprehensive Health Education curriculum in accordance with this act by the beginning of the 1991-92 school year. The State Board of Education, in fulfilling its duty under this act to review and approve local curricula, shall schedule its work in such a way as to facilitate the meeting of the deadline for local school administrative units established in this section.

Sec. 3. This act shall be effective upon ratification.