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**Undergraduate professional preparation programs in health
promotion/wellness in the Southern United States**

Rogers, William Guernonprez, D.A.

Middle Tennessee State University, 1990

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UNDERGRADUATE PROFESSIONAL PREPARATION
PROGRAMS IN HEALTH PROMOTION/WELLNESS
IN THE SOUTHERN UNITED STATES

William Guermonprez Rogers

A dissertation presented to the
Graduate Faculty of Middle Tennessee State University
in partial fulfillment of the requirements
for the degree Doctor of Arts

May, 1990

UNDERGRADUATE PROFESSIONAL PREPARATION
PROGRAMS IN HEALTH PROMOTION/WELLNESS
IN THE SOUTHERN UNITED STATES

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ABSTRACT

UNDERGRADUATE PROFESSIONAL PREPARATION PROGRAMS IN HEALTH PROMOTION/WELLNESS IN THE SOUTHERN UNITED STATES

William Guermonprez Rogers

The purpose of this study was to examine the current status of undergraduate professional programs in health promotion/wellness throughout the Southern District of the American Alliance for Health, Physical Education, Recreation, and Dance. There were 386 departments of physical education surveyed in the Southern United States, 276 of which responded. Of the respondents, forty-five departments of physical education indicated they offered alternative career tracks in health promotion/wellness. These forty-five programs of study were the primary focus of this investigation. A survey instrument was constructed for the purpose of collecting descriptive data about the number of programs in health promotion/wellness available at the undergraduate level, to determine the types of core courses required for graduation, to investigate which organization or operational model most frequently influenced curriculum design, to determine where these were most frequently housed, and to explore trends in core curriculum offerings. It was discovered that most departments of physical education in the study population had no standards in

William Guermonprez Rogers

core curriculum design when offering the major. The majority of the study population reported that fewer than five courses were changed from the traditional teacher education program in order to offer the major. Also, relatively few in the study population (36 percent) indicated they had hired additional teaching staff in order to offer the major. The majority of respondents (59 percent) indicated they were currently dissatisfied with their existing curriculum and reported they were divided (50 percent) in their intention to revise existing curriculum. The respondents reported over ten different sources from which they would obtain literature regarding undergraduate curricular standards in health promotion/wellness. The majority of the respondents indicated they were aware of the National Association for Sport and Physical Education Task Force's standards and stated this was the organization of choice to set future standards. Although most of the respondents (94 percent) indicated a belief in the need for curricular standards in health promotion/wellness, data indicated many departments of physical education (34 percent) do not support the idea of accreditation.

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I am equally indebted to Terry Tabor, Donald Shaw, and Rupert Klaus for their involvement as members on the panel of experts. Their expertise and constructive suggestions relating to instrument design were essential to the success of this project.

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CHAPTER I

INTRODUCTION

During the past three decades, Americans have witnessed many changes in their health care system. The explosive rise of health care costs in the 1970s has given momentum to many reforms from many different directions.¹ One direction was the medical self-care movement referred to by Toffler as the "Third Wave in Health."² Similarly, Nesbitt referred to this change in Megatrends as the shift from institutional help to self-help.³

With the change of emphasis focusing on personal responsibility for one's health, there evolved the concept of wellness. Fundamental to the development of the wellness concept was the influence of the preamble to the Constitution of the World Health Organization, which stated: "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease and

¹Donald B. Ardell, The History and Future of Wellness (Dubuque, IA: Kendall/Hunt Publishing Company, 1985), 8.

²Alvin Toffler, The Third Wave (New York: William Morrow, 1981).

³John Nesbitt, Megatrends (New York: Warner Books, 1984), 133.

infirmary."⁴ From this preamble "the father of wellness," Halbert Dunn, defined wellness as "an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable."⁵ Following Dunn's published lectures in 1961 entitled High-Level Wellness, many events contributed to the emergence of health promotion/wellness curricula in higher education.

One event which helped promote the concept of wellness was a shift in emphasis toward disease prevention through lifestyle modification. In earlier years, a significant number of deaths/illnesses could have been prevented had the medical community not focused exclusively on disease.⁶ The shift toward recognizing the benefits of a wellness lifestyle was realized through findings in specific research projects. Some of the more influential studies include the Framingham study of the correlation between known risk factors and heart disease,⁷ the Paffenbarger study on the responses of the longshoremen and

⁴World Health Organization, "Constitution of the World Health Organization," Chronicle of the World Health Organization, 1, nos. 1-2 (1947): 31.

⁵Halbert Dunn, High-Level Wellness (Arlington, VA: R. W. Beatty Co., 1961), 5.

⁶Steven Jonas, "Health Promotion in Medical Education," Medical Education, 3, no. 1 (Summer 1988): 1.

⁷Institute of Medicine, "Perspective on Health Promotion and Disease Prevention in the United States," National Academy of Science, Washington, D.C., January 1978.

Harvard alumni to the impact of exercise on health behaviors,⁸ and the Surgeon General's report on smoking and health.⁹ Studies such as these, which demonstrated that a relationship exists between lifestyle and disease, forced many scholars to reevaluate their share in the conceptual discordance between preparing students for dealing with the certainty of curative disease versus the probability of risk factor reduction.

A second trend which helped facilitate professional preparation programs at the undergraduate level in health promotion/wellness was the fitness boom of the 1970s. The tremendous rise in adult activity programs during this period contributed significantly to the underlying message of promoting good health through positive lifestyle choices. As the interest in physical activity grew, research studies have documented as being affected other dimensions of an individual's total well-being, such as self-image and stress levels.¹⁰ Cooper stated,

The major emphasis has always been one of increasing physical activity. Yet, as we have become more

⁸R. S. Paffenbarger, Jr., and W. Hale, "Work Activity and Coronary Disease," New England Journal of Medicine 292 (1976): 545-50.

⁹"Surgeon General's Report on Smoking and Health," Department of Health and Human Services, Washington, D.C., n.d.

¹⁰Kenneth R. Pellitier, Holistic Medicine (San Francisco: Delacorte Press, 1979), 178.

knowledgeable in this field, it is obvious that total well-being¹¹ is dependent on much more than just regular exercise.

Another significant influence on the emergence of alternative career options in health promotion/wellness was the implementation of cost-containment strategies adopted by the corporate community. Sheehafer stated,

Increasingly, employers are realizing that a healthy employee is a more productive employee, and that reduced health-insurance costs, decreased absenteeism, reduced turnover rate, and an improved corporate image are potential benefits.¹²

The National Association for Sport and Physical Education Task Force concluded that the employers who realized what was financially at stake in savings by implementing worksite wellness programs projected that current programs would not only be maintained but expanded.¹³

As the relationship between lifestyle and personal health became of greater scientific and economic importance, the endorsement of a holistic approach to well-being

¹¹Kenneth Cooper, The Aerobics Program for Total Well-Being (New York: Bantam Books, 1982), 7.

¹²Roger W. Sheehafer, "Toward the Development of Curricular Guidelines and Standards of Excellence for Programs in Wellness/Health Promotion," First Annual Professional Conference, National Wellness Institute, Chicago, IL, Spring 1988, 2.

¹³National Association for Sport and Physical Education, "Standards for Programs Preparing Undergraduate Students for Careers in Fitness" (Reston, VA: NASPE Task Force, March, 1988): 1.

has gained greater acceptance.¹⁴ William Hettler, of the University of Wisconsin at Stevens Point, developed a multidimensional approach to leading a wellness oriented lifestyle. The major elements of this six-dimensional model, adopted by the National Wellness Association, were physical fitness-nutrition; spiritual values, ethics; emotional; occupational, vocational; social, family, community; and intellectual.

Many colleges and universities throughout the Southern United States offer degree tracts in health promotion/wellness at the undergraduate level. These programs are frequently housed in physical education departments and lack the curricular guidelines and standards commonly established in other areas of study. Hettler's six-dimensional model provided a conceptual framework worthy of consideration for the multidisciplinary approach required for the professional preparation of undergraduates who will provide counseling and service to meet the needs of the whole person.

Statement of the Problem

The problem of this study was to determine the types and characteristics of professional preparation programs in

¹⁴Donald B. Ardell, High Level Wellness: An Alternative to Doctors, Drugs, Disease (New York: Rosdale Press and Bantam Books, 1979), 3.

health promotion/wellness currently offered at the undergraduate level in the Southern United States.

Purposes of the Study

The purposes of this study were to (1) identify the number of health promotion/wellness programs offered at the undergraduate level in the Southern United States, (2) determine the types of core courses which were required for graduation, (3) investigate which wellness model or professional organization most influenced the establishment of core education requirements, (4) identify in which department the health promotion/wellness major was generally housed, and (5) explore trends in core curricular offerings as reported by respondents.

Limitations of the Study

The results from the proposed study were limited by the subjective responses of those surveyed as well as by the limitations inherent in descriptive research.

Delimitations

This study was delimited to those institutions of higher education in the Southern District of the American Alliance for Health, Physical Education, Recreation, and Dance which had health promotion/wellness majors as reported to the National Association for Sport and Physical Education.

Basic Assumptions

It was assumed that all respondents were both honest and objective in their responses to the survey instrument. It was further assumed that the data collected will be utilized to enhance the facilitation of curricular excellence in undergraduate health/promotion wellness programs.

Definition of Terms

Wellness, as defined by Dunn, is an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he or she is functioning.¹⁵

Health promotion, as defined by Zins, Wagner, and Maher, can be considered as reflecting approaches intended to facilitate physical and emotional well-being of individuals and groups.¹⁶

Fitness, as defined by Franks and Howley, is a state of health characteristics, symptoms, and behaviors enabling a person to have the highest quality of life.¹⁷

¹⁵Dunn, 5.

¹⁶Joseph E. Zins, Donald Wagner, and Charles Maher, Health Promotion in the Schools (New York: Hawthorne Publications, 1985), 1.

¹⁷Don B. Franks and Edward T. Howley, Health/Fitness Instructors Handbook (Champaign, IL: Human Kinetics Publishers, 1986), 340.

Holistic health, as defined by Pellitier, is a concept which holds that the human being is a fully coherent and integrated life-support system with built-in mechanisms of balance.¹⁸

Undergraduate professional preparation is the process of providing a background of general knowledge and specific skills unique to a student's chosen field of study to provide a more effective direction of learning experiences.¹⁹

Significance of the Study

This study attempted to demonstrate through the review of literature the lack of educational standards in the professional preparation of undergraduate health promotion/wellness majors. Although there have been studies performed to assess the role of health promotion/wellness programs on both college/university campuses and industry, there has been little examination of curricular standards for health promotion/wellness majors. In light of the current events, the National Association for Sport and Physical Education Task Force, and standards for the National Wellness Institute professional preparation conference, this study will provide insight into the development of curricular

¹⁸Pellitier, xiv.

¹⁹American Association for Health, Physical Education, and Recreation, "Professional Preparation in Health Education, Physical Education, and Recreation," A Report of a National Conference, Washington, D.C., 1962, 24-25.

guidelines and standards for preparing undergraduates for careers in health promotion/wellness.

This study was significant in that it investigated which wellness model or organizational influence contributed most to the development of core educational requirements as reported by the survey instrument findings. Further significance resulted from a current status report regarding the development of educational standards for undergraduate health promotion/wellness programs.

CHAPTER II

REVIEW OF LITERATURE

A review of literature in the area of undergraduate professional preparation programs in health promotion/wellness has revealed an interesting fact--there has been little, if any, research in higher education's assessment of its own standards for these graduates. Although this field is relatively new, it was still surprising that there was such a miniscule amount of information available. The presentation of the literature which has relevance to this study is organized into three sections. These are: (a) key organizers of the development of the health promotion/wellness movement, (b) alternative career tracks in health promotion/wellness under the physical education umbrella, and (c) organizational impact on the development of undergraduate professional preparation programs for health promotion/wellness curriculum.

Key Organizers of the Health Promotion/Wellness Movement

In order to trace the origin of the wellness movement, one needed to focus on a series of twenty-nine brief talks given by Halbert L. Dunn, M.D., Ph.D., to a Unitarian church in the late 1950s. This series of talks reflected Dunn's interest in interdisciplinary exploration. His lectures

about achieving high-level wellness were a culmination of his experiences as an administrator, educator, physician, and vital statistician. Dunn's personal philosophy that everything is interrelated inspired him to research and publish in the varied fields of anatomy, physiology, hospital statistics, medicine, vital and health statistics, human relations, aging, and organization and administration. The founder of wellness also believed that education "in the family, the school, and at all other points in a person's life where it is accessible, [is] the principal 'open sesame' to high-level wellness."¹

Dunn regarded his book, High-Level Wellness, as an opening thrust in the education of those accessible to his interdisciplinary concept.² Included in the book was the birth of the first wellness model (see Fig. 1). Entitled "A Model of Man Consistent with the Biological Basis for High-Level Wellness," this intricate symbol was explained as follows:

The Model of Man conceptualizes man as a whirling globe (M), moving in a spiral course (the Spiral of Life), through time and through the environment (natural and social) from his conception to his death. Death is indicated as a Death Curve following the usual form of the death rate, which is high at the extremes

¹Halbert Dunn, High-Level Wellness (Arlington, VA: R. W. Beatty Co., 1961), 243.

²Ibid., 240-243.

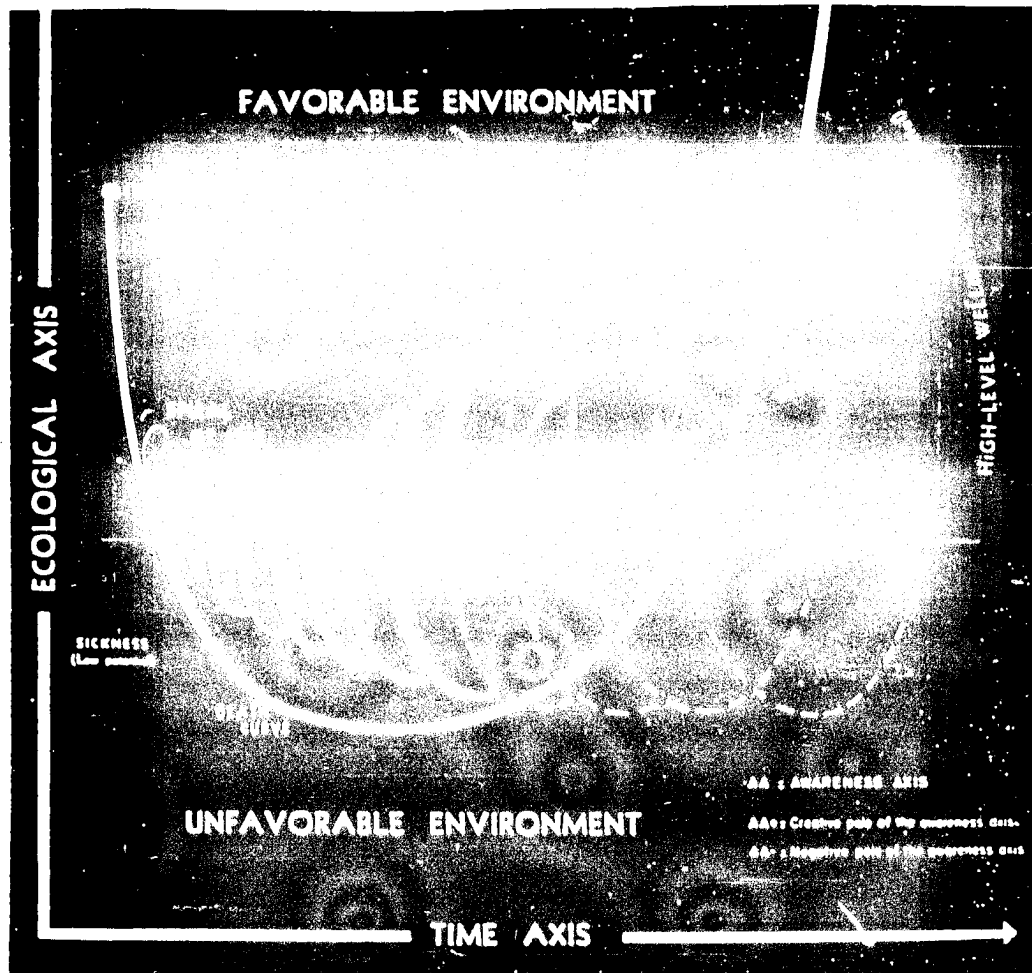


Fig. 1. First wellness model (Dunn, p. 240).

(beginning and end) of life. The environment ranges from very favorable at the top of the model to very unfavorable at the bottom.

Man (M) is conceptualized as a manifestation of organized energy, an energy field spinning around an awareness axis (AA)* between its two poles, of which AA+ represents the creative or positive axis, with abundant energy, and AA-, the negative axis, deficient in energy.

As M spins on his course (the Spiral of Life), the AA+ pole of his axis optimally points towards the core of his projected Spiral of Life. The projected axis of

this spiral, defined as creative Destiny,** involves an implicit trust by man in his creative imagination.

High-Level Wellness is the ever-changing, emergent side of the spiral traveled by man. Sickness or low level potential lies to the rear of the spiral.

The shell of the whirling globe M is perforated by many apertures facing in all directions (the intake-output ports for energy exchange and the perception outlets for the several senses of man). Perception is portrayed by the infinity symbol, ∞ , to indicate that the process of perception is a continuous, flowing process, inside-out and outside-inside. Perception extends farther outward (imagination) and penetrates more comprehensively inward (insight) when experienced near the AA+ pole.

The part of this process located within man is conceptualized as a neuromuscular complex, incorporating within it emotional, muscle-tension patterns, as well as other types of memory, the whole being the mind of man. Values are built by experience recorded within this complex. Love emerges through responsive awareness, disclosure of the inner self, communication, understanding and interdependence.

It is conceived that when fixed beliefs and social pressures are exerted upon man sufficient to force the AA+ axis to turn away from the creative-destiny projection of this axis, the full potential of LM becomes lowered and wellness lessened. Also, that when the AA+ pole is forced to the AA- position, the integration of M tends to dissolve rapidly as an energy organization into its component parts, resulting in death (as, for example, in cases of extreme debility from chronic disease, coupled with lack of the desire to live).

All that the Model of Man portrays for the individual can also be extended to man's social institutions (family, community, nation, or mankind as a whole), substituting the particular institution in the place of M and incorporating individuals as the units of the particular social organization.

The creative imagination of the individual tends to follow the polarized lines of force of the physical environment and of the social organizations in which he is a participant. Likewise, the smaller groups of men tend to follow the lines of force of larger organizations of which they are a part. Contraction of space within these various types of energy systems intensifies the effect of the polarized lines of force.

*Awareness Axis is the dynamic balance of an integrated self which is maintained as a moving axis

of equilibrium between the various energy fields which affect the individual from within and without.

**Creative Destiny is the ever-unfolding future that emerges as one releases the creative imagination which is his heritage, and integrates his whole being through creative expression to fulfill the highest potential of which he is capable.³

Dunn's book and concept of high-level wellness gained considerable interest among other influential health professionals intrigued by such a powerful concept.⁴ One such professional, who happened to be a fellow physician, was John Travis. Travis, who had received his medical training in Boston, possessed a Master's degree in Public Health, and had completed a residency in Preventive Medicine at Johns Hopkins, brought further creditability to the movement.⁵ His interest in disease prevention would soon evolve in health promotion/wellness.

Travis experienced self-described personal frustration with the existing medical model which led to his exploring humanistic and transpersonal psychology along with nutrition, physical activity, and stress reduction to create an integrated approach to wellness.⁶ This early promoter of wellness founded the first "wellness center" in 1975

³Ibid., 241-242.

⁴Donald B. Ardell, The History and Future of Wellness (Dubuque, IA: Kendall/Hunt Publishing Company, 1985), 23.

⁵Regina Sara Ryan and John W. Travis, M.D., The Wellness Workbook (Berkeley, CA: Ten Speed Press, 1981), 236.

⁶Ibid., 2.

Travis contributed substantially to the promotion of attaining personal well-being. Included in the Illness/Wellness Continuum was the incorporation of a systematic three-step process one could strive to attain in one's efforts for high-level wellness. His development of a wellness model within the continuum (see Fig. 3) was designed to facilitate those who inclined into moving toward high-level wellness through self-awareness education, and growth.⁹

In the Wellness Workbook, Travis also developed the more global Wellness Energy Model (see Fig. 4). The open systems model was predicated on the 1977 Nobel prize winning work of physicist Ilya Prigogine. Prigogine's Dissipative structure theory states dissipative structures are open systems which take in energy, modify or transform that energy, and then return the energy to the environment. Travis applied this theory to the development of well-being in humanity. In his writings, Travis stated, "The underlying theory in this book is that the efficient flow of energy is essential to wellness: disease is any interference with that flow. This is true of all life processes, from breathing to dying."¹⁰

⁹Ibid., 10.

¹⁰Ardell, back cover.

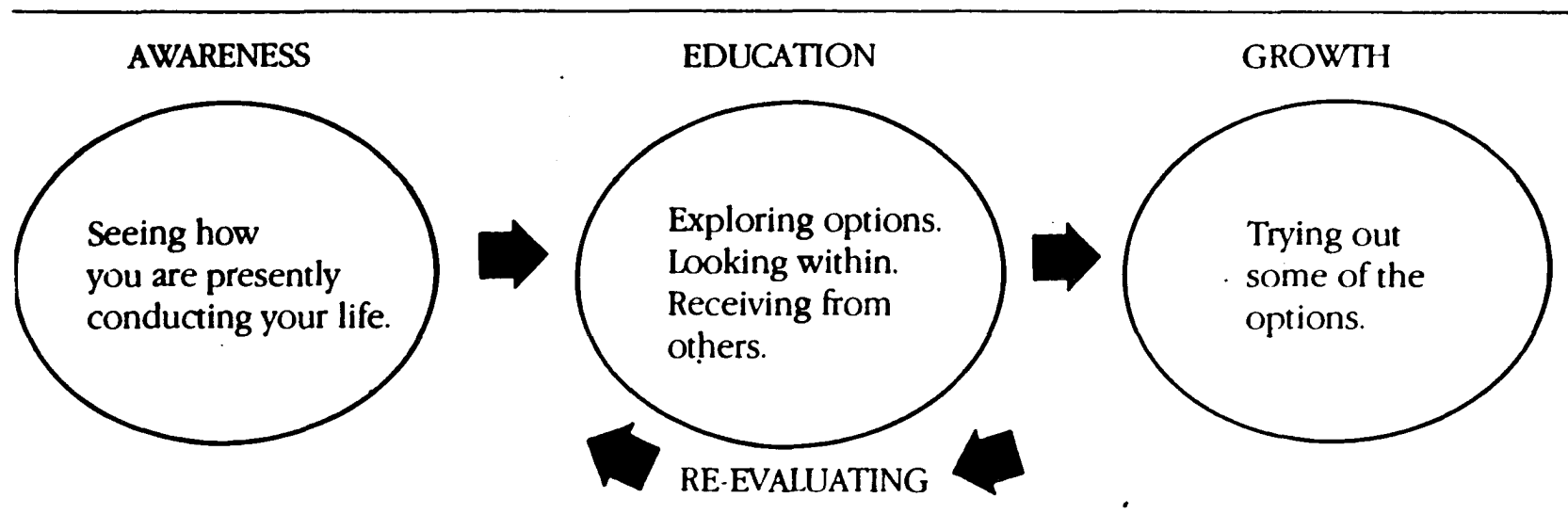


Fig. 3. Three-Step Process to Attain High-Level Wellness (Ryan and Travis, p. 3)

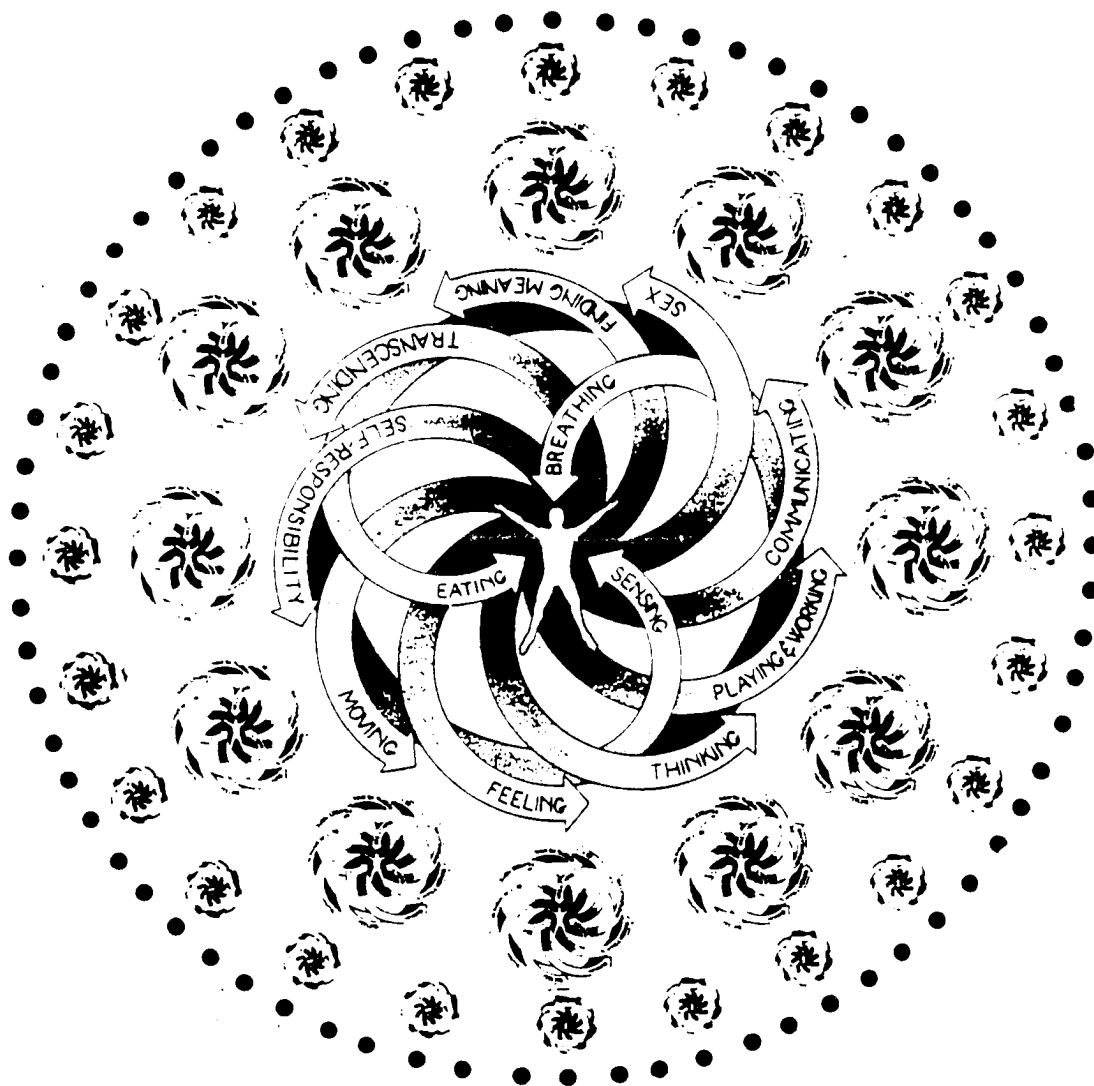


Fig. 4. Wellness Energy Model (Ryan and Travis, p. 2)

Donald P. Ardell, Ph.D., a contemporary of Travis, contributed substantially to the popularization of the wellness movement with his book, High-Level Wellness: An Alternative to Doctors, Drugs, and Disease.¹¹ Ardell's book has been described by many as a vital component for launching the wellness movement.¹² Included in his book was the recurring theme which has been at the heart of the movement, the emphasis on self-responsibility.

Ardell, a prolific writer, also published Planning for Wellness, in which he designed his own wellness model (see Fig. 5). This four-dimensional model was quite different from earlier models in that more measurable categories of behavioral modification were emphasized. Never before were such explicit areas as fitness, nutrition, medical self-care, and stress management specifically targeted in a wellness model.

In addition to the development of his own wellness model, Ardell also contributed to the evolution of the movement with his publication, The Ardell Wellness Report. This quarterly report, currently in its nineteenth edition, has done much to sustain the momentum of the movement through the writings of teachers in the field.

¹¹Ardell, 25.

¹²Ibid., 4

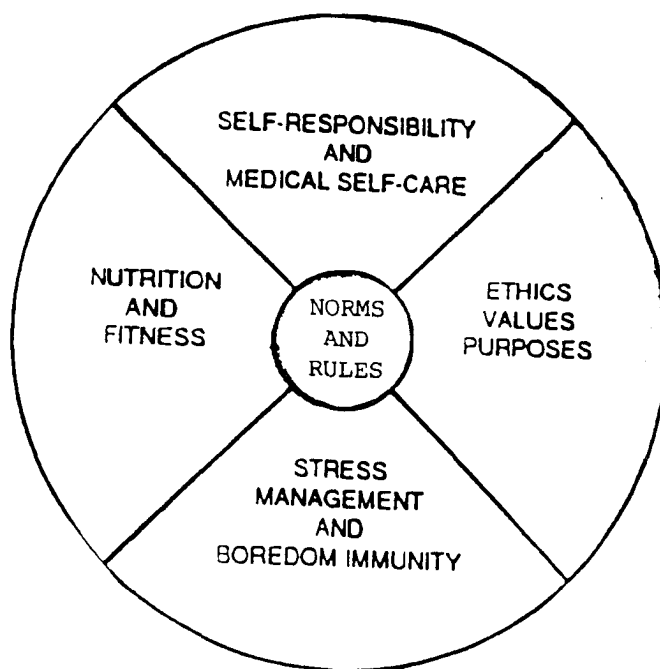


Fig. 5. Ardell's Wellness Model
(Ardell, p. 3)

The first person to incorporate the concepts and philosophies of health promotion and wellness into a university setting was William Hettler, M.D. Through the University of Wisconsin, Stevens Point, Hettler developed many suggestions and principles regarding the implementation of wellness programs on campus. His efforts in promoting the concepts and philosophies of wellness manifested themselves in the 1976 Wellness Promotion Strategies Conference.¹³ In following years, this conference would evolve into the annual wellness conference.

¹³ Ibid., 26.

In addition to the numerous contributions William Hettler has made, perhaps the most influential has been his development of the six-dimensional wellness model (see Fig. 6).

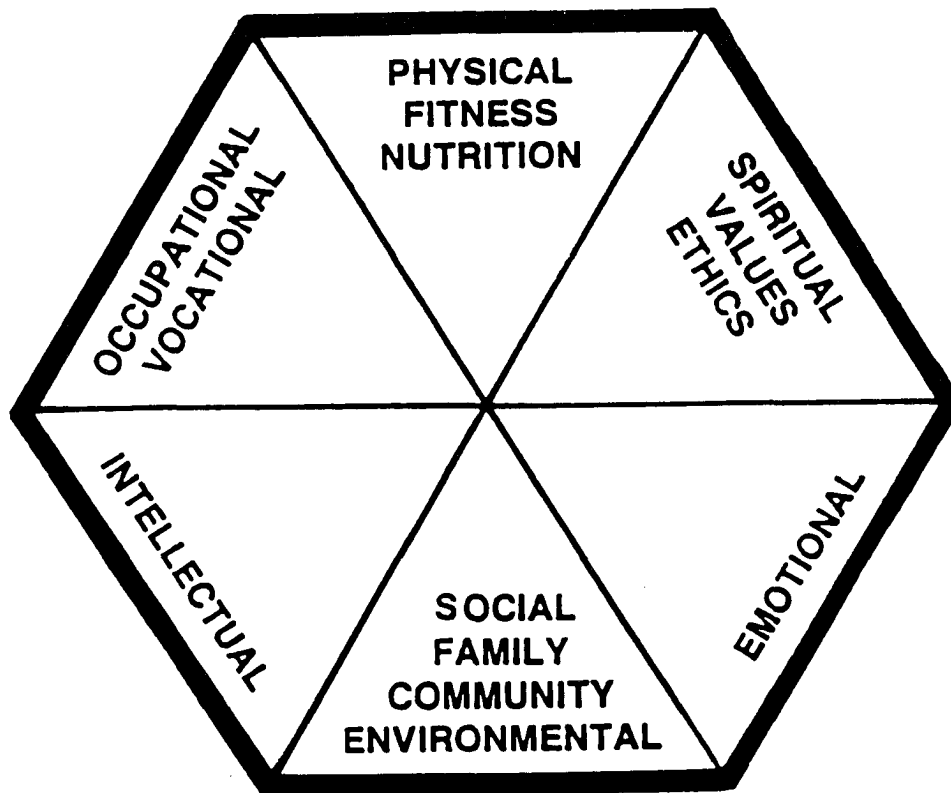


Fig. 6. Six Dimensions of Wellness
(Hettler, p. 1)

Each dimension within this model is explained as follows:

EMOTIONAL

The emotional dimension emphasizes an awareness and acceptance of one's feelings. Emotional wellness includes the degree to which one feels positive and enthusiastic about oneself and life. It includes the capacity to manage one's feelings and related behaviors including the realistic assessment of one's limitations, development of autonomy, and ability to cope effectively with stress. The emotionally well person maintains satisfying relationships with others.

INTELLECTUAL

The intellectual dimension encourages creative, stimulating mental activities. An intellectually well person uses the resources available to expand one's knowledge in improved skills along with expanding potential for sharing with others. An intellectually well person uses the intellectual and cultural activities in the classroom and beyond the classroom combined with the human resources and learning resources available within the university community and the larger community.

OCCUPATIONAL

The occupational dimension is involved in preparing for work in which one will gain personal satisfaction and find enrichment in one's life through work. Occupational development is related to one's attitude about one's work.

SPIRITUAL

The spiritual dimension involves seeking meaning and purpose in human existence. It includes the development of a deep appreciation for the depth and expanse of life and natural forces that exist in the universe.

PHYSICAL

The physical dimension encourages cardiovascular flexibility and strength and also encourages regular physical activity. Physical development encourages knowledge about food and nutrition and discourages the use of tobacco, drugs and excessive alcohol consumption. It encourages consumption and activities which contribute to high level wellness, including medical self-care and appropriate use of the medical system.

SOCIAL

The social dimension encourages contributing to one's human and physical environment to the common welfare of one's community. It emphasizes the interdependence with others and nature. ¹⁴It includes the pursuit of harmony in one's family.

¹⁴William Hettler, "Six Dimensions of Wellness," unpublished Wellness Worksheet, University of Wisconsin, Stevens Point, Wisconsin, 1979.

Alternative Professional Preparation Programs
in Health Promotion/Wellness

Since the inception of professional preparation curricula in physical education among colleges and universities, the orientation has been predominately teacher certification, in the preparation of either elementary or secondary physical education teachers.¹⁵ Prior to the 1970s, the need for physical education teachers exceeded the supply, and departments of physical education in higher education gave a minimal amount of attention to the development of alternative career options. In the 1970s, many catalysts would contribute to the metamorphosis of traditional professional preparation programs. Among the reasons, which would perpetuate the change, would include the fitness boom of the decade, the growth of leisure/exercise-related markets, industry's growing interest in reducing health-care costs, and a decline in the job market for teaching positions.¹⁶

In an effort to respond to the crisis of declining enrollment in traditional teaching tracts and external pressures in the form of quota systems, many departments

¹⁵J. William Douglas, "Assessment of Alternative Career Curricula at Four-Year Colleges and Universities," Journal of Physical Education, Recreation, Dance, May 1979, 66.

¹⁶L. Marlene Mawson, Alternative Professional Preparation in Physical Education, NASPE College and University Council (Washington, DC: AAHPER Publications, 1979), 1.

reacted to these catalysts by adding new career streams to their degree programs in the hope of boosting enrollment.¹⁷ New departmental majors designed to prepare graduates professionally in nonteaching options began to proliferate in the late 1970s and early 1980s. It was during this time period that specific program tracks in health promotion/wellness came into existence.

Many professional preparation programs in health promotion/wellness in the early 1980s were not formally named such but offered singular courses on these growing topics of interest.¹⁸ As health care costs in industry continued to rise and many state governors created Councils on Wellness, many departments responded by creating program tracks in health promotion and wellness.

The first of these devoted exclusively to undergraduate professional preparation in health promotion/wellness was the University of Wisconsin at Stevens Point. The program was instituted in 1981 and has drawn on the resource center of the National Wellness Institute founded in 1981. The undergraduate program at the University of Wisconsin at Stevens Point (UWSP) utilizes a multidisciplinary emphasis

¹⁷Hal A. Lawson, "Beyond Teaching and Ad Hocacy: Increasing the Sphere of Influence and Control for Physical Educationists," Quest, 1980, 32(1), 23.

¹⁸Telephone interview with Donald B. Ardell, 12 July 1989.

which provides the knowledge base in the six dimensions of wellness. Courses which target the six dimensions of wellness are taught by educators in the representative fields of: health, gerontology, nutrition, psychology, biology, business, and environmental studies. The educational emphasis in health promotion involves skill development in marketing, fund raising, public relations, and creating incentive programs. The UWSP approach to undergraduate professional preparation has served as a model for over fifty universities.¹⁹

Organizational Impact on the Development
of Professional Preparation Curricula
in Health Promotion/Wellness Programs

Prior to the development of the first undergraduate professional preparation program in health promotion/wellness, the National Association for Sport and Physical Education (NASPE) recognized the need to give leadership to physical education professional preparation programs. The College and University Physical Education Council determined that the NASPE should assume a lead role in examining new program options and those issues related to their implementation.

In January 1977, a NASPE task force on new options in undergraduate professional preparation was formed. The task

¹⁹University of Wisconsin-Stevens Point, Undergraduate Catalog, 1988.

force was divided into two committees, Group A identified the types of options currently available and Group B investigated useful procedures for advising students into the appropriate career option.~ Both groups were to identify those issues and concerns related to implementing these program options.²⁰

In the ensuing five years, the National Association for Sport and Physical Education Task Force recognized the growing trend of corporate health promotion/wellness and fitness needs. Knowing that these new career fields lacked professional guidelines and standards, the NASPE tried to intervene by establishing itself as the organization leader in the curriculum process. In 1983, the organization began a fact-finding mission by collecting data on alternative career programs under the physical education umbrella at college and university campuses throughout the United States. Upon review of the data, the NASPE noticed such discrepancies between institutions offering similar programs that a task force on Exercise Science and Wellness was established.²¹

²⁰William J. Considine, ed., Alternative Professional Preparation in Physical Education, NASPE College and University Council (Washington, DC: AAHPER Publications, 1979).

²¹NASPE, Standards for Programs Preparing Undergraduate Students for Careers in Fitness (Reston, VA: Tenneco, 1988), 1.

The task force, formed in 1984, was made up of individuals from both university faculty members and professionals representing corporate wellness/fitness programs. The resulting document, prepared by the task force and presented at a National Convention in Atlanta, was entitled "Guidelines and Standards for Undergraduate Physical Education Students Preparing for Business and Industry Careers."²² The guidelines were sent to all colleges and universities which had programs registered with the NASPE. In November 1985, the task force met to revise the existing document prior to submission for approval. In September 1986, the standards were approved by NASPE.²³ Additional support for the NASPE standards has been given by such adjunct organizations as the Association for Fitness in Business, the National Association of Governors' Councils on Physical Fitness and Sports, and the National Young Men's Christian Association.²⁴

In solidifying the standards, the Exercise Science and Wellness Task Force believed a multidisciplinary approach was needed to provide the undergraduate student with those skills and knowledges necessary to function in a competent

²²NASPE cover letter and survey, Reston, VA, March 1988.

²³Ibid.

²⁴Ibid.

manner. The 1986 NASPE standards are included as Appendix A.

Although the National Wellness Institute has long been regarded as a major organizational influence in the development and promotion of wellness on campus, the institute recognized the need to assemble representatives from colleges, universities, business, and industry to discuss professional preparation in health promotion and wellness. In August 1987, the representatives gathered in Stevens Point, Wisconsin, to serve as the planning committee for an eventual National Seminar on Curricula for Health Promotion/Wellness Professionals. The goals of the planning committee were to:

1. Identify the concerns of the academicians and employers regarding the preparation of health promotion/wellness professionals.
2. Plan a conference which would attract employers and academicians to dialogue regarding these issues.
3. Establish a consensus of excellence for curricula which would produce health promotion/wellness professionals.
4. Create a strategic plan for dissemination of conference results.

5. Suggest a long-range strategic plan which would further facilitate the consensual implementation of standards of excellence.²⁵

The committee outlined, in a working paper, their thoughts regarding the foundational curricular considerations in the arts and sciences. The committee offered suggestions for foundational courses but recognized that course offerings in these areas will vary from one college to another. The second part of the report dealt with specific considerations regarding core courses. Three areas of emphases were considered: the course content regarding health and fitness, the professional skills regarding instructional process and program development, and ultimate competency demonstration. It was the hope of the committee that the core courses listed would not only serve as a guide in program development but would begin to address the need for identifying standards of excellence for professional preparation. These guidelines and standards appear in the working paper of Roger Sheehafer and are included as Appendix B.

Following the 1987 planning committee's efforts for the establishment of a national conference, one was held. This initial gathering was called "The North American

²⁵Roger W. Sheehafer, "Toward the Development of Curricular Guidelines and Standards of Excellence for Programs in Health Promotion/Wellness," 1st draft, unpublished document, Spring 1988, 3-4.

Seminar on Excellence in Curriculums for Wellness and Health Promotion."²⁶ The seminar was co-sponsored by the Athletics Department of the University of Wisconsin at Stevens Point. The purpose of the seminar was to provide a forum of identifying and planning curricular excellence in the field of wellness and health promotion regardless of specialization. The five objectives were listed as:

1. To provide a forum for employers of wellness and health promotion professionals to communicate the needs.
2. To provide an opportunity for related training specialists in health, physical education, nursing, health, psychology, and similar track to dialogue regarding curriculum.
3. To present a report on the progress of certification programs in wellness and health promotion.
4. To present representative curricula from existing programs around North America, and
5. To draft a document which would identify the essential core competencies of a wellness and health promotion professional, regardless of specialization.²⁷

²⁶National Wellness Institute, University of Wisconsin, Stevens Point, HPERA Department, North American Seminar on Excellence in Curriculums for Wellness and Health Promotion, October 30, November 1, 1988.

²⁷Ibid., Announcement of Program Agenda.

Results from this seminar have yet to be released. However, in a telephone interview with the writer of this paper, David Emmerling of the National Wellness Institute indicated future seminars will be held on a bi-yearly basis.²⁸

²⁸Telephone interview with David Emmerling, National Wellness Institute, Stevens Point, Wisconsin, 6 July 1989.

CHAPTER III

DESIGN OF THE STUDY

The focus of this study was to determine the types and characteristics of undergraduate professional preparation programs in health promotion/wellness at four-year colleges and universities. An attempt was made to learn what organization/model has most influenced the type of program outcome. In addition, how the core curricular offerings affect the characteristics of these various programs was examined. The collection of data and subsequent analysis will include all respondents from the Southern District of the American Alliance for Health, Physical Education, Recreation, and Dance.

Type of Study

It was the intent of this study to gather information concerning the present state of undergraduate wellness/health promotion programs in the Southern United States for use in establishing excellence in professional preparation programs. Descriptive data were needed in order to gather the information that was necessary to accomplish the goals of this study. The information was gathered by a survey instrument which was recognized as an effective means of

collecting descriptive data.¹ The instrument was constructed in such a manner as to be conducive to producing specific information for the objectives of the study.

Instrumentation

The data required for this study were collected from a survey that was specifically designed for this purpose based upon approval from a panel of five experts in the field of health promotion/wellness. This initial questionnaire was presented to five people with advanced degrees, four of whom are directly involved in the undergraduate professional preparation of health promotion/wellness majors and a fifth who is experienced in health promotion/wellness programs in a hospital setting. This panel of experts was asked to examine and rate each item according to the following criteria:

1. Did the item possess sufficient clarity?
2. Was the item ambiguous?
3. Was the item specific to the purpose of the study?
4. Did other items need to be included?

Feedback from the panel was sought and revisions were made where necessary. The instrument was resubmitted to the panel for final approval based upon recommendations resulting from the above questions.

¹Jerry R. Thomas and Jack Nelson, Introduction to Research in Health, Physical Education, Recreation, and Dance (Champaign, IL: Human Kinetics Publishers, 1985), 1.

Population of the Study

The population which was used for this study included those institutions in the Southern District of the American Alliance for Health, Physical Education, Recreation, and Dance² whose names were supplied by the Association for Fitness in Business³ and the National Association for Sport and Physical Education⁴ as having undergraduate professional preparation programs in health promotion/wellness. The states represented in this study included Alabama, Arkansas, Florida, Georgia, Kentucky, Oklahoma, North Carolina, Mississippi, South Carolina, Tennessee, Texas, Virginia, and Louisiana (see Fig. 7).

Collection of Data

Since the primary purpose of this study was to gain factual information regarding the current status of professional preparation in undergraduate health promotion/wellness programs in the Southeastern United States, a cover letter (see Appendix C) along with a questionnaire (see Appendix D) and return postage-paid envelope were

²American Alliance for Health, Physical Education, Recreation, and Dance, Reston, Virginia, 1989.

³Association for Fitness in Business, "College and University Wellness/Health Promotion/Exercise Science Program List," Stamford, Connecticut, 1988.

⁴NASPE Task Force, "Mailing List for Exercise Science and Wellness Programs," Reston, Virginia, 1986.

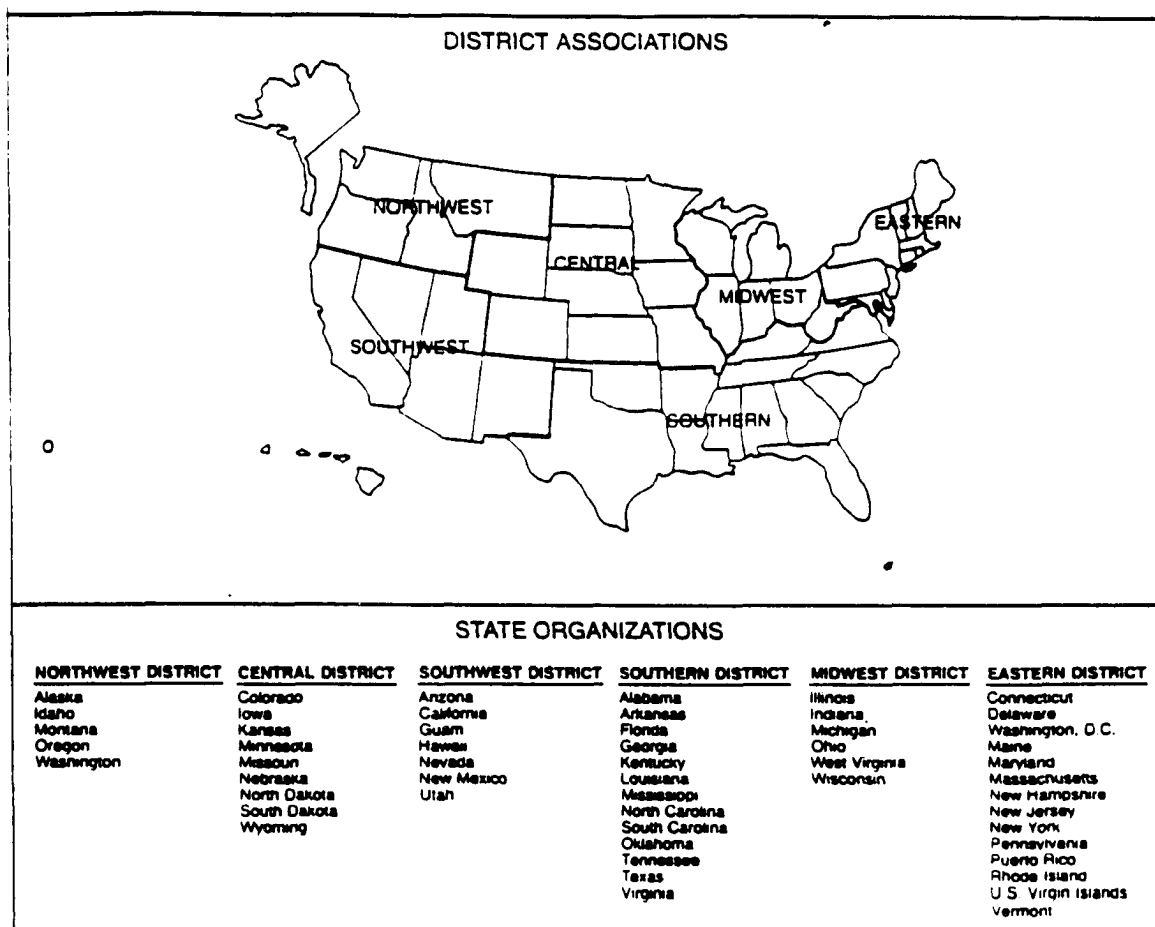


Fig. 7. States represented in the study

mailed to the designated institutions. The cover letter explained the purpose of the study and assured anonymity in an effort to obtain the most accurate responses possible.

The subjects were asked to complete the questionnaire and return it in the postage paid envelope within two weeks. At the end of a three-week period following initial mailing, those subjects who had not responded were sent another letter, reminding them of the importance of the study and asking them to complete the questionnaire and return it in one week. After an additional week, those individuals who did not comply were contacted by telephone, whereby the instrument was administered verbatim.

Analysis of Data

The information collected from the questionnaire was integrated into the computer for analysis. The Macintosh system was utilized to accomplish this task. Analysis of each item within the questionnaire was conducted, using the FaStat Statistical Program with the appropriate statistical measures, including mean, median, mode, standard deviation, and percentages being employed.⁵

⁵Systat, Inc., FaStat (San Bernardino, CA, 1988).

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The data presented in this chapter are the results of a survey to determine the types and characteristics of undergraduate professional preparation in health promotion/wellness throughout the Southern district of the American Alliance for Health, Physical Education, Recreation, and Dance. The information generated from this study could be of value to physical educators in institutions of higher learning who offer alternative career tracks or are considering this option.

During the fall of 1989, questionnaires were mailed to 386 department chairpersons as identified by program lists provided by the Association for Fitness in Business and the National Association for Sport and Physical Education. There were 245 respondents to the original mailout. A follow-up cover letter and questionnaire were mailed to those institutions which had not responded, resulting in 31 additional respondents. Data collection was terminated with a 71.50 percent return.

The purpose of this chapter was to present the data from this study. The statistical analyses were computed using the StatView 512+1.2 software program on a Macintosh microcomputer. In this chapter, results are presented in

six different sections. The First Section presents demographic data from the population studied. The Second Section presents enrollment data. The Third Section examines organizational and philosophical influences in program design. Section Four presents curricular requirements. The Fifth Section presents data of departmental satisfaction regarding current curriculum. The Sixth Section examines the perceived need for standardization of curriculum design and the accreditation process.

Section I--Demographic Data

This section presents demographic data from questions one, two, three, four, five, and six. These questions were intended to gather demographic data relating to the study population.

Question One

1. Is your institution categorized as:

A = Public
B = Private

Of the 386 programs surveyed, 276 responded to question one. This question dealt with whether the institution could be categorized as either public or private. Of the respondents, 150 institutions reported they were classified as public institutions, while only 126 could be classified as private (see Table 1).

Table 1
Type of Institution Reported by
Questionnaire Respondents

Type of Institution	Number of Institutions	Percent of Total
Public	150	54.34
Private	126	45.66

Question Two

2. What is the total enrollment of full-time undergraduate students at your institution?

- A = less than 1,000
- B = 1,000-4,000
- C = 4,001-10,000
- D = 10,001-20,000
- E = 20,001 or greater

Two hundred and seventy-six institutions responded to question two, which was intended to determine cumulative full-time undergraduate enrollment. Cumulative responses of the study population were well distributed, with both categories of 1,000-4,000 and 4,001-10,000 equally represented by ninety-six institutions (35 percent). However, in those institutions which offer undergraduate majors in health promotion/wellness, the majority of institutions (40 percent) were in the 1,000-4,000 category (see Table 2).

Table 2
Enrollment Status as Reported by
Questionnaire Respondents

Size of Institution	Number of Respondents	Percent of Total
<u>Responding Institutions</u>		
Less than 1,000	42	15
1,000-4,000	96	35
4,001-10,000	96	35
10,001-20,000	25	9
20,001 or greater	17	6
<u>Institutions with Wellness/Health Promotion Programs</u>		
Less than 1,000	2	4
1,000-4,000	18	40
4,001-10,000	8	18
10,001-20,000	9	20
20,001 or greater	8	18

Question Three

3. Does your institution currently offer undergraduate nonteaching professional preparation programs within the physical education department?

A = Yes

B = No

The responding institutions indicated an overwhelming majority currently do not offer nonteaching professional preparation programs within the physical education department. Of the 276 respondents, only seventy-five institutions reported offering a nonteaching undergraduate degree (see Fig. 8).

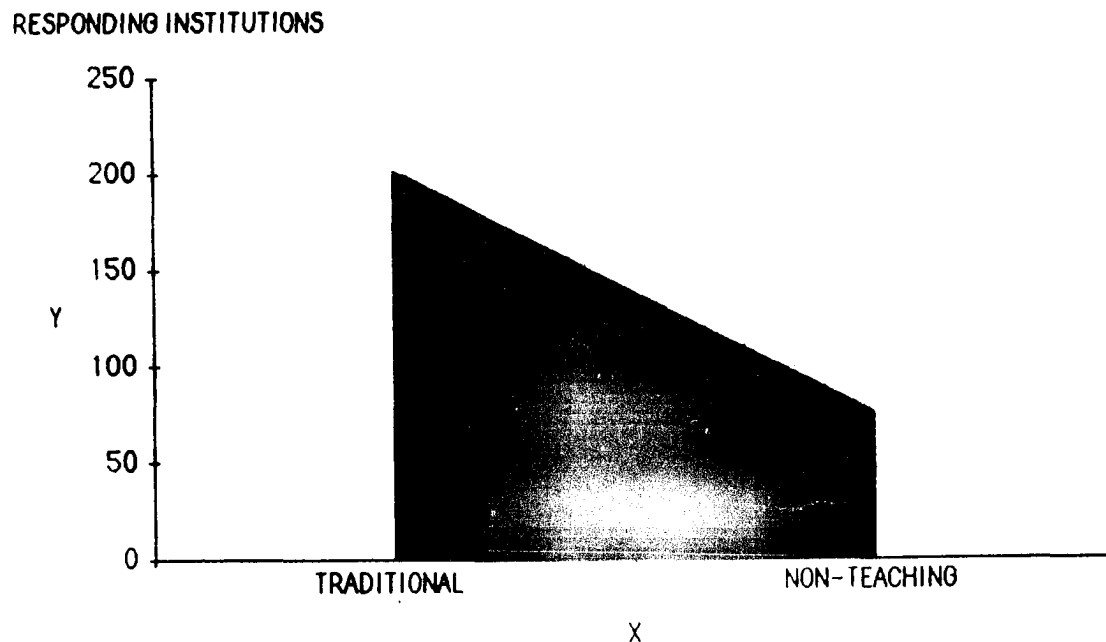


Fig. 8. Display of traditional versus nontraditional programs in physical education departments as reported by questionnaire respondents

Question Four

4. Is any undergraduate alternative career track in the physical education department labeled either health promotion or wellness?

A = Yes

B = No

The majority of institutions responding indicated they currently do not offer an undergraduate program in health promotion/wellness. Of the 276 departments responding, only forty-five indicated that they currently offer this alternative career track (see Fig. 9).

Responding institutions

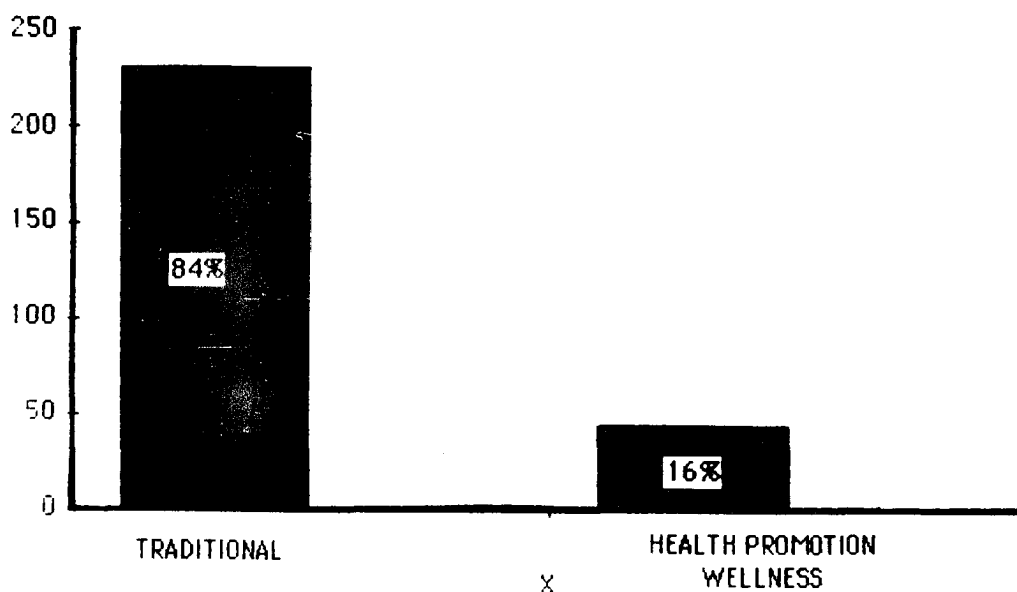


Fig. 9. Display of undergraduate alternative career tracks versus traditional teacher education tracks

Question Five

5. Are you aware of any undergraduate program track in health promotion/wellness that exists outside the physical education department?

- A = Yes
- B = No

Of the responding forty-four institutions with health promotion/wellness programs at their institution, thirty-four departments indicated they were unaware of competing health promotion/wellness program tracks being offered outside of the physical education department. There were

ten respondents who indicated there were competing programs existing outside the department of physical education (see Table 3).

Table 3

Knowledge of Programs Based Outside Department
of Physical Education as Reported by
Questionnaire Respondents

Program Base	Number of Respondents	Percent of Total
Aware	10	23
Unaware	34	77

Question Six

6. How long has an undergraduate program in wellness/health promotion been offered by your department?

- A = 1 year or less
- B = 1-3 years
- C = 4-5 years
- D = 5-7 years
- E = 7 years or more

The study population of the forty-five responding institutions all responded to this question which dealt with the length of time the health promotion/wellness major has been offered. Eighteen of the institutions (40 percent) indicated their department has offered this program of study between one and three years. The next greatest category, with 12 respondents (27 percent), was those departments offering the major which indicated the longevity of their

program was greater than three years and less than five years. The third major category, represented by seven responding departments (16 percent), was those programs older than seven years. The last two categories, represented by four institutions each (9 percent), were those programs in which longevity was measured from five to seven years and less than one year, respectively.

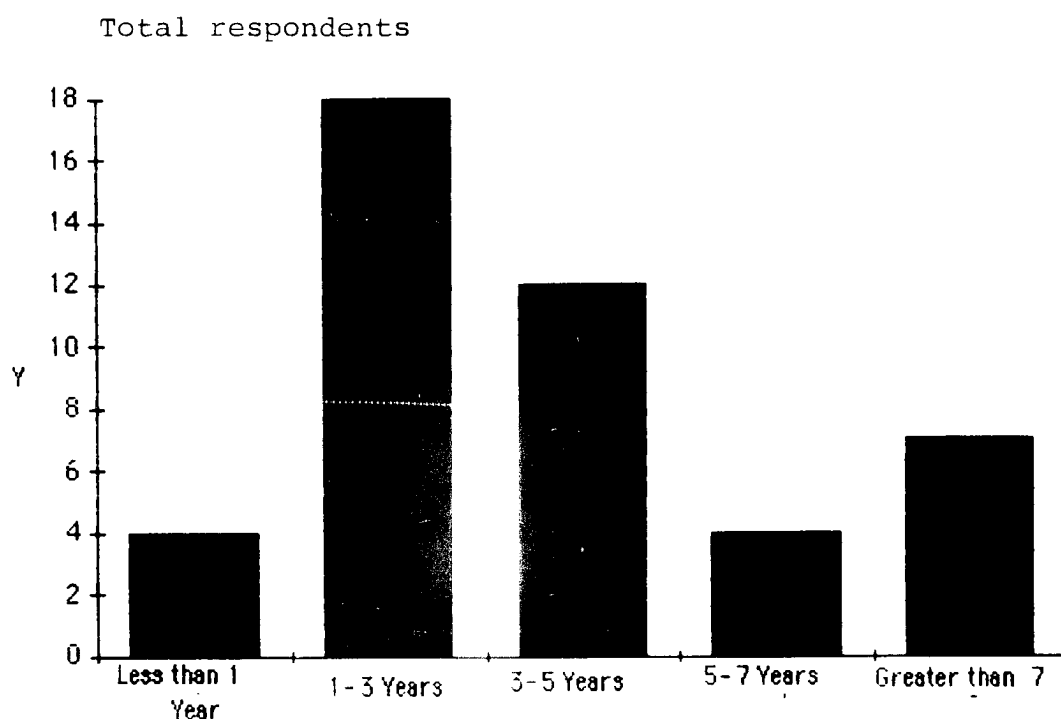


Fig. 10. Display of longevity of health promotion/wellness programs as reported by questionnaire respondents

Section II

This section of the questionnaire was developed to collect data about the current and projected enrollment of those institutions which currently offer the undergraduate major in health promotion/wellness at the undergraduate level. Questions seven, eight, and nine specifically dealt with these issues.

Question Seven

7. How many undergraduate students are currently enrolled in the health promotion/wellness track?

- A = 1-15
- B = 16-30
- C = 31-50
- D = 51 or more

Question seven was designed to determine the number of students who were currently enrolled as health promotion/wellness majors at the institutions surveyed. Of the forty-five responding departments, the category most represented, with seventeen respondents, indicated it currently had between sixteen and thirty majors. The category with the second highest response rate, represented by fourteen institutions, was the departments that currently possessed fewer than fifteen majors. Eight respondents indicated they had greater than fifty-one majors, while only four departments reported between thirty-one and fifty majors (see Table 4).

Table 4
Current Enrollment Status of Health Promotion/
Wellness Majors as Reported by Questionnaire
Respondents

Enrollment Category	Number of Majors	Percent of Total
Less than 15	14	31
15-30	17	38
31-50	6	13
Greater than 50	8	18

Question Eight

8. In the last two years, has enrollment in this undergraduate program of study:

- A = Increased
- B = Decreased
- C = Remained the same

The majority of the forty-four institutions responding to this question indicated that in the last two years enrollment has increased in this program of study. Thirty-three departments indicated that enrollment had increased in the last two years while only one institution reported enrollment decreasing. Nine respondents indicated enrollment patterns in the last two years had remained constant (see Fig. 11).

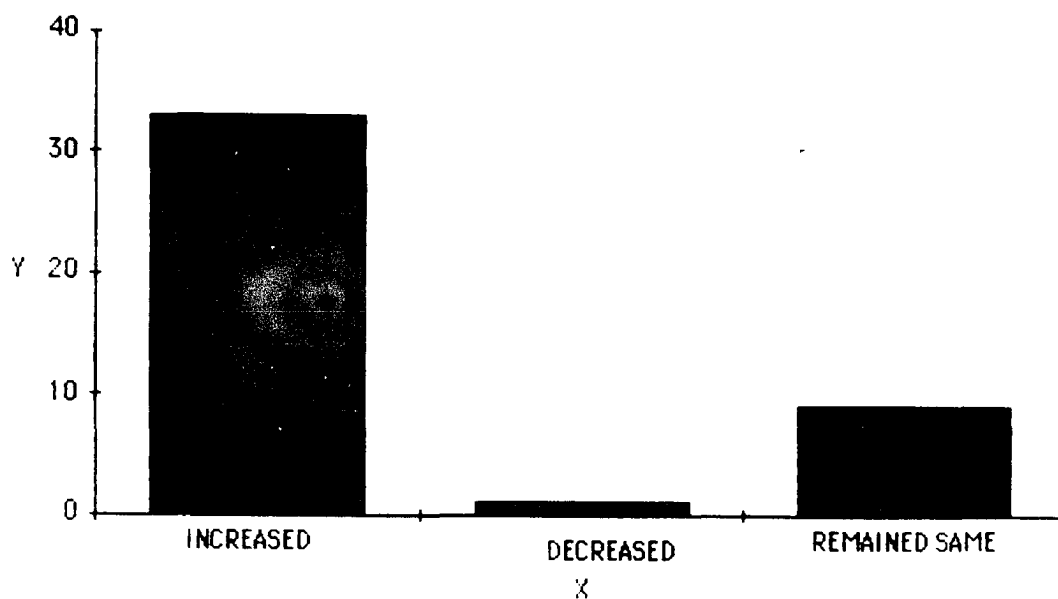


Fig. 11. Enrollment patterns of undergraduate health promotion/wellness in past two years

Question Nine

9. In the next two years do you believe enrollment in the undergraduate program of study will:

- A = Increase
- B = Decrease
- C = Stabilize
- D = Don't know

This question was designed to determine departmental projections about the future growth in the enrollment of majors. Of the respondents, thirty-one indicated expectations of growth in the next two years while only two institutions reported they expect enrollment to decline. Ten institutions reported their expectation of program stabilization while only two departments were unsure (see Table 5).

Table 5
Projected Enrollment of Health Promotion/
Wellness Majors for Next Two Years

Projected Enrollment	Number of Institutions	Percent of Total
Increase	31	69
Decrease	2	4
Stabilize	10	22
Unsure	2	4

Section III

In this section questions ten, eleven, twelve, thirteen, fourteen, fifteen, and twenty-two explore the organizational and philosophical issues related to program design. The data from these questions contribute to the examination of role and mission to this concentrated area of study.

Question Ten

10. What organization or operational model has most influenced your program of study? (Please circle all applicable.)

- A = National Association for Sport and Physical Education
- B = Hettler's six dimensional model
- C = National Wellness Institute
- D = Donald Ardell's 5-dimensional Model
- E = None of the above
- F = Other

This question was developed to determine which organization or operational model was most influential in program design. Respondents were not limited to only one response if more were applicable or equitable in scope of influence. Twenty-four responding physical education departments indicated that the National Association for Sport and Physical Education was the most influential organization. The next major influence in program design, with seven respondents, was the National Wellness Association. The categories tied for third and fourth, with two respondents each, were William Hettler's Six Dimensional Wellness Model and Donald Ardell's Five Dimensional Wellness Model. Nine institutions indicated their program was not influenced organizationally or philosophically by the aforementioned. And finally, twelve departments indicated their major organizational or philosophical influence in program design was "other" (see Table 6).

Question Eleven

11. Rank in which of the six dimensions of wellness your program track best prepares its majors to successfully interact with the public.

A = Physical	1
B = Emotional	2
C = Social	3
D = Occupational	4
E = Spiritual	5
F = Intellectual	6

This question pertains to which dimension of wellness is perceived by respondents as being the most heavily weighted relative to preparing the majors for interacting with the public. The physical dimension received the majority of support (74 percent) from responding institutions. The occupational dimension of wellness was emphasized by 13 percent of the respondents. The third most emphasized by responding departments was the intellectual dimension of wellness. The fourth and fifth most heavily emphasized, represented by one institution each (3 percent), were the emotional and spiritual dimensions of wellness. And the final dimension of wellness, the social, was the least emphasized by any institution (see Fig. 12).

Table 6
Most Influential Program Design

Organizational or Philosophical Influence	Number of Institutions	Percent of Total
NASPE	24	43
Hettler Six Dimensional Model	2	4
National Wellness Institute	7	13
Ardell's Five Dimensional Model	2	4
None of the above	9	16
Other	12	21

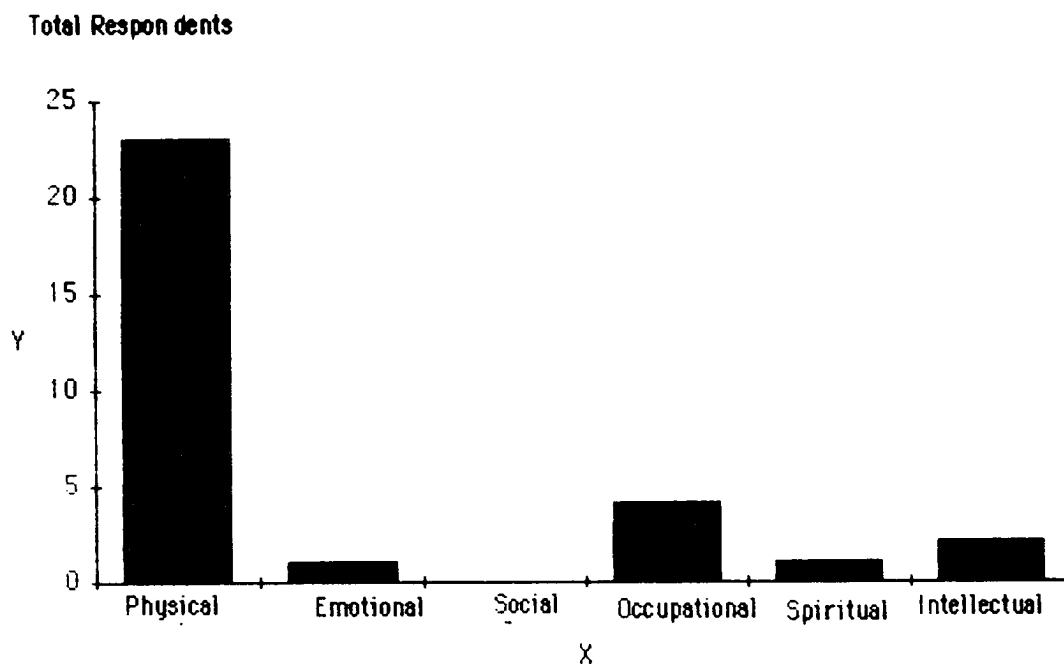


Fig. 12. Professional preparation emphasis in the dimensions of wellness as reported by questionnaire respondents.

Question Twelve

12. How many core courses are offered outside the department offering the health promotions program?

- A = 1
- B = 2
- C = 3
- D = 4 or more

This question was designed to ascertain how many required courses were needed for graduation outside the Department of Physical Education. Sixteen respondents (38 percent) indicated greater than four courses were required as core courses outside the department of physical education. Ten institutions (24 percent) required their majors

to take three or four courses outside the department, while four institutions (9.5 percent) required that only one or two be taken in other departments. Twelve institutions (28.5 percent) retained all core courses under the auspices of the physical education department (see Table 7).

Table 7
Core Courses Required Outside the
Physical Education Department

Core Courses Required	Number of Institutions	Percent of Total
Less than 1	12	28.5
1-2	4	9.5
3-4	10	24
Greater than 4	16	38

Question Thirteen

13. How many course changes have been made from the traditional undergraduate teaching track in order to offer this major?

- A = None
- B = 1-3
- C = 4-5
- D = 6-7
- E = Greater than 7

This question was developed in order to determine how many course changes were made from the traditional physical education teacher education track in order to offer the health promotion/wellness major. Of the forty-four

respondents, sixteen indicated three or four course changes were made to differentiate this program from the traditional teaching track. Fifteen departments reported over seven course changes differentiated their alternative career track. Seven institutions reported only one or two course changes were necessary to offer this program. Five departments of physical education respondents indicated between five and seven course changes were necessary at their respective institutions. One respondent reported no course changes differentiated health promotion/wellness from the traditional physical education teacher education track (see Table 8).

Table 8
Course Changes Implemented to Differentiate
Health Promotion/Wellness from Physical
Education Teacher Education

Course Changes	Number of Institutions	Percent of Total
None	1	2
1-2	7	16
3-4	16	36
5-7	5	12
Greater than 7	15	34

Question Fourteen

14. How many new courses have been added in order to offer the program?

- A = 1-2
- B = 3-4
- C = 5-6
- D = 7 or more

This question was developed to examine the organizational issue of how many new courses needed to be developed by the various Physical Education departments so that they felt they were professionally preparing the student for a career in health promotion/wellness. Of the forty-four respondents, sixteen (36 percent) indicated between one and two courses were developed in order to offer this major. The second most represented category were those fifteen institutions (34 percent) who designed between three and four new courses in order to create this program of study. Five departments of physical education (12 percent) stated they created greater than seven courses in order to offer this major (see Table 9).

Question Fifteen

15. Please list the new courses which have been added in order to offer the undergraduate program in health promotion/wellness.

This question was developed to determine which new courses have been added to the existing curriculum in the department in order to offer the undergraduate major in health promotion/wellness. The new courses are listed

by frequency in Table 10 as they were named. No attempt has been made to categorize the findings, but merely to demonstrate the breadth of new courses added by the forty-five responding institutions.

Table 9

Number of Courses Created in Order to Offer
the Health Promotion/Wellness Major

Courses Created	Number of Institutions	Percent of Total
1-2	16	36
3-4	15	34
5-6	8	12
Greater than 7	5	11

Question Twenty-Two

22. Was additional teaching staff required in order to offer this program?

A = Yes

B = No

This question dealt with the organizational issue of the hiring of additional teaching staff in order to offer this newly created program of study. Of the forty-four responding departments, twenty-eight indicated they did not hire additional staff in order to implement this specialized program of study. However, sixteen departments reported hiring additional teaching staff in order to implement this new alternative career track (see Table 11).

Table 10
Courses Created Specifically to Offer the
Health Promotion/Wellness Major

New Course	Number of Respondents
1. Women's Health	1
2. Administration of Health Promotion and Disease Prevention Project	1
3. Health Risk Analysis	1
4. Consumer Health	4
5. Alcohol and Drug Education	5
6. Exercise for Special Population	2
7. Exercise, Nutrition, and Weight Control	2
8. Practicum	4
9. Internship	8
10. Psychology of Exercise	2
11. Nutrition for Exercise and Sport	2
12. Techniques of Fitness Leadership	1
13. Administration and Marketing of Health Promotions	2
14. Exercise Physiology Problems	1
15. Fitness Management	1
16. Human Nutrition	6
17. Human Sexuality	2
18. Public Health	1
19. Health and Epidemiology	1
20. Marketing	2

(Table continues)

Table 10 (Continued)

New Course	Number of Respondents
21. Processes in Guidance	1
22. Personal Decision Making	1
23. Strategies in Wellness	1
24. Senior Seminar	1
25. Evaluation and Research	1
26. Exercise Testing	4
27. Exercise Prescription	6
28. Legal Issues	1
29. Public Relations	1
30. Personal Fitness	2
31. Nutrition for Special Populations	1
32. Internship in Physical Education	2
33. Development of Fitness Centers	1
34. Survey of Wellness Programs	1
35. Organization and Administration of Wellness Programs	1
36. Teaching Aerobic Activity	1
37. Health Promotion Strategies	3
38. Health Promotion in the Workplace	3
39. Mental Health	1
40. Chronic and Communicable Diseases	1
41. Strength and Condition for Improved Performance	1

(Table continues)

Table 10 (Continued)

New Course	Number of Respondents
42. Adult Fitness Programming	2
43. Foundations of Exercise Science	1
44. Physiology Laboratory Practicum	1
45. Health and Aging	1
46. Total Wellness	3
47. Human Growth and Development	1
48. 21st Century Health	1
49. Physiology of Aging	1
50. Exercise Fitness and Health	1
51. Sports Medicine	1
52. Stress Management	1
53. Gerontology	1
54. Wellness Testing	1
55. Current Concepts in Wellness	1
56. Practicum in Community Health	1
57. Health Care Consumers	1
58. Organizational Theory and Behavior	1
59. Foundations of Health Behavior	2
60. Readings in Health Science	1
61. History of Physical Education	1
62. Programming for Services	1
63. Dimensions of Health and Wellness	1
64. Adapted Physical Education	1

(Table continues)

Table 10 (Continued)

New Course	Number of Respondents
65. Fitness/Wellness for Life	1
66. School Health Education	1
67. Directed Teaching	1
68. Human Anatomy and Physiology	2
69. Exercise Prescription and Program Planning	1
70. History of Physical Education	2
71. Exercise and Health Physiology	1
72. Accounting	1
73. Introduction to Health Promotions	2

Table 11

Departmental Hiring of Additional Staff for
Instruction in the Health Promotion/
Wellness Major

Departmental Hiring	Number of Institutions	Percent of Total
Yes	16	36
No	28	64

Section IV

This section presents data relating the curricular requirements required of the study population prior to matriculation. In this section, questions sixteen,

seventeen, eighteen, nineteen, twenty, and twenty-one will examine these varied requirements.

Question Sixteen

16. How many semester/quarter hours are required for graduation? (Please circle which student hour credit system your institution employs.)

A = 115-120	E = 165-185
B = 121-125	F = 186-205
C = 126-130	G = 206-220
D = 131 or more	H = 220 or more

This question was designed to determine how many semester or quarter hours were required for graduation. Of those programs which reported in semester hours, thirteen institutions reported requiring 131 or more hours to graduate. Eleven departments reported requiring 126-130 hours to graduate. Nine respondents reported requirements of between 121 and 125 hours to be completed prior to graduation. Three departments responded by reporting between 115 and 120 semester hours needed to be completed before graduation.

Of those programs that were on the quarter system, four departments responded by indicating the need for between 186 and 205 hours to be completed prior to graduation. Three departments indicated that between 165 and 185 hours were needed for graduation. And finally, two institutions reported that between 206 and 220 hours were required for graduation (see Table 12).

Table 12
Hours Required for Graduation by
Questionnaire Respondents

Hours Required	Number of Institutions	Percent of Total
<u>Semester Hours</u>		
115-120	3	7
121-125	9	20
126-130	11	24
131 or Greater	13	29
<u>Quarter Hours</u>		
165-185	3	7
186-205	4	9
206-220	2	4
220 or Greater	0	0

Question Seventeen

17. Please list the core courses required for your program.

This question was designed to explore the core courses required by departments of the various institutions surveyed. The responding forty-five institutions reported some 120 different core courses required of their majors. The core courses listed in Table 13 appear just as they were reported. Only courses with identical names have been grouped.

Question Eighteen

18. Does the program require completion of an internship?

A = Yes
B = No

Table 13
Core Courses Required for Graduation
by Questionnaire Respondents

Core Courses Required	Number of Respondents
1. First Aid	28
2. Health Risk Analysis	1
3. Health and Wellness	1
4. Community Health	10
5. Programming Planning	1
6. Organization and Administration of Health Education and Health Promotion	10
7. Stress and Tension Control	2
8. Exercise Physiology	27
9. Nutrition	21
10. Internship	13
11. Anatomy and Physiology	16
12. Advanced Kinesiology	8
13. Tests and Measurements	15
14. History and Philosophy of Physical Education	4
15. Sociology of Sport	2
16. Motor Learning	8
17. Psychology of Exercise	6
18. Exercise for Special Populations	2
19. Exercise, Nutrition, and Weight Control	3
20. Health	10

(Table continues)

Table 13 (Continued)

Core Courses Required	Number of Respondents
21. Behavioral Medicine	2
22. Independent Study	2
23. Foundations of Physical Education	9
24. Nutrition and Fitness	3
25. Recreation	4
26. Seminar	3
27. Human Anatomy	6
28. Diagnosis and Evaluation of Fitness	2
29. Administration and Marketing of Health Promotion	2
30. Racquetball	1
31. Evaluation and Research Design	2
32. Techniques of Fitness Leadership	1
33. Foundations of Kinesiology	17
34. Adapted Physical Education	12
35. Aerobic Dance	4
36. Sport Training	1
37. Lifetime Fitness	5
38. Swimming	6
39. Management	7
40. Accounting	2
41. Small Business Management	1
42. Organizational Theory of Human Behavior	3

(Table continues)

Table 13 (Continued)

Core Courses Required	Number of Respondents
43. Fitness Management	1
44. Exercise Physiology Problems	2
45. Weight Training	6
46. Aerobic Training	2
47. Biomechanics	3
48. Introduction to Exercise Science	3
49. Learning Theory	2
50. Human Physiology	4
51. Exercise Testing	1
52. Musculoskeletal Function and Human Performance	1
53. Strategies for Personal Wellness	1
54. Processes in Guidance	1
55. Personal Decision Making for Wellness	1
56. Concepts in Physical Education and Sport	1
57. Seminar in Fitness Skill Development	1
58. Development of Fitness Centers	2
59. Care and Prevention of Physical Injuries	10
60. Survey of Wellness Programs	1
61. Leisure Resources	5
62. Biology	1
63. Human Sexuality	3
64. Physiological Psychology	1

(Table continues)

Table 13 (Continued)

Core Courses Required	Number of Respondents
65. Adult Fitness Programming	4
66. Health Aspects of Aging	2
67. Psychology of Health Behaviors	1
68. Mental Health	2
69. Chronic and Communicable Diseases	4
70. Safety Education	2
71. Exercise Prescription	5
72. Work Physiology	2
73. Foundations of Health Behavior	1
74. Current Concepts in Wellness	2
75. Cardiopulmonary Physiology	1
76. Environment and Pollution	1
77. Educational Psychology	1
78. Organization and Administration of Physical Education	1
79. Special Methods in Health	1
80. Speech	1
81. Leadership in Leisure Services	1
82. Teaching Drug Education	2
83. Consumer Health	2
84. Health Systems	2
85. Health Research	1
86. Physical Fitness and Self Appraisal	1

(Table continues)

Table 13 (Continued)

Core Courses Required	Number of Respondents
87. Theory and Practice of Team Sports	2
88. Theory and Practice of Individual Sports	1
89. Sports Medicine	2
90. Organic Biochemistry	1
91. Introduction to Chemistry	1
92. Methods and Marketing of Health Education	3
93. Biostatistics	1
94. Pathophysiology of Disease	2
95. Exercise, Health, and Fitness	2
96. Human Anatomy and Fundamentals of Motion	1
97. Seminar	1
98. Marriage and the Family	1
99. Directed Teaching, K-12	1
100. School Health Education	3
101. Personal Health and Drug Abuse	2
102. Practicum	4
103. Health for Elementary Teachers	1
104. Program Planning and Exercise Prescription	1
105. Gerontology	2
106. Minorities	1
107. Programming of Services	1
108. Introduction to Computer Applications	2

(Table continues)

Table 13 (Continued)

Core Courses Required	Number of Respondents
109. Intramural Administration	1
110. Leadership/Supervision	1
111. Chemistry	1
112. Foundational Activity	1
113. Human Physiology	1
114. Gross Anatomy	1
115. Foundations of Wellness	2
116. Principles of Marketing	1
117. Psychology of Motor Learning	1
118. Concepts of Physical Fitness	1
119. Physical Activity Theory and Practice	2
120. Health and Fitness Appraisal and Promotion	1

Of the responding forty-five institutions, thirty-nine departments required completion of an internship prior to graduation. Six respondents reported that an internship was not required of their majors (see Table 14).

Table 14

Internship Requirements of Study Population

Internship Requirement	Institutions	Percent of Total
Yes	38	87
No	6	13

Question Nineteen

19. How many hours are required for the internship experience?

- | | |
|-------------|-------------------|
| A = 1-40 | D = 241-480 |
| B = 41-120 | E = More than 480 |
| C = 121-240 | F = Other _____ |

This question was developed to examine the duration of the internship experience, whether required by the department or voluntary. Of the responding forty institutions, fifteen indicated the length of the internship was between 40-120 hours. Eleven institutions required their majors to complete a 241-480-hour internship. Eight departments reported the duration of their internship requirement was between 121-240 hours. Three respondents indicated their internship requirement was fewer than 40 hours. Two institutions reported greater than 480 hours were required during the internship experience, while one responded that something other was required (see Table 15).

Question Twenty

20. How many credits does an intern receive for the internship experience?

- | | |
|---------|------------------|
| A = 0-3 | D = 10-12 |
| B = 4-6 | D = More than 12 |
| C = 7-9 | |

This question examines how many credits an intern earns for the internship experience. Fifteen institutions reported awarding between 4-6 hours for the internship experience. Eight respondents reported awarding more than 12 hours of credit for completion of the internship. Seven

Table 15
Internship Requirements as Reported by
Questionnaire Respondents

Hours Required for Internship Completion	Number of Institutions	Percent of Total
Fewer than 40	3	7
40-120	15	38
121-240	8	20
241-480	11	28
Greater than 480	2	5
Other	1	2

departments reported their interns receive between 10-12 hours upon completion of the internship. Six institutions reported awarding 7-9 hours for the internship experience while six respondents at other institutions award 0-3 hours for the internship experience (see Table 16).

Table 16
Hours Awarded for Completion of Internship

Hours Awarded	Number of Institutions	Percent of Total
0-13	6	14
4-6	15	36
7-9	6	14
10-12	7	17
Greater than 12	8	19

Question Twenty-One

21. Are specific behavioral competencies required and observed during the internship experience?

A = Yes

B = No

This question was developed to determine if specific behavioral competencies were required and observed during the internship experience. Thirty-two respondents reported that this criteria was built into the internship experience while ten institutions did not have such standards (see Fig. 13).

Section V

This section examines the study population's current satisfaction level with its existing curriculum. Questions thirty, thirty-one, and thirty-two directly relate to gathering this type of data.

Question Thirty

30. Are you satisfied with your existing undergraduate health promotion/wellness curriculum?

A = Yes

B = No

This question was designed to determine if questionnaire respondents were currently satisfied with their existing curriculum. Twenty-six respondents reported being satisfied with the curricular content of the health promotion/wellness major. Eighteen institutions reported they were dissatisfied with their existing curriculum (see Table 17).

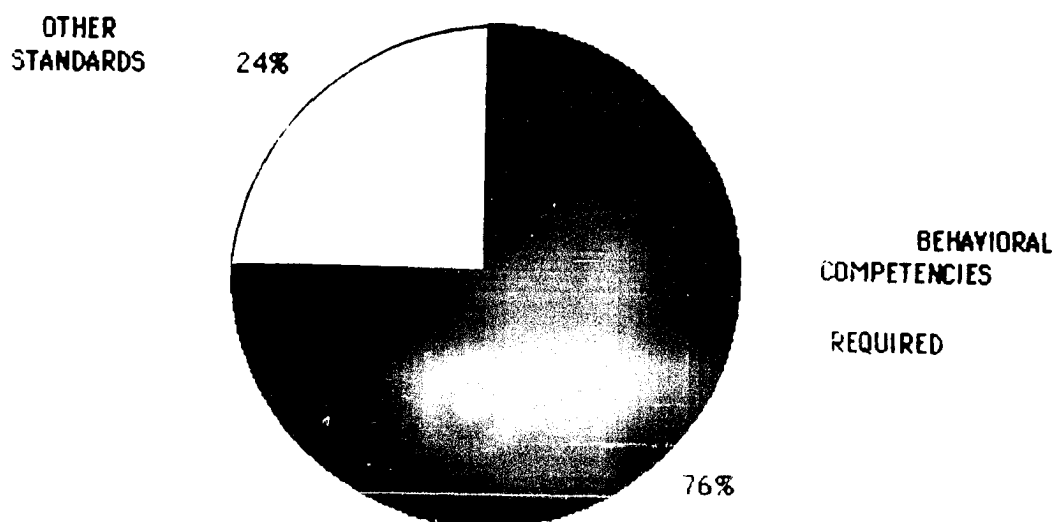


Fig. 13. Institutional requirements of behavioral competencies and observation by questionnaire respondents

Table 17

Current Satisfaction with Existing Curriculum of Health Promotion/Wellness Majors

Satisfied With Existing Curriculum	Number of Institutions	Percent of Total
Yes	26	59
No	18	41

Question Thirty-One

31. Why are you not currently satisfied with your department's existing undergraduate health promotion/wellness curriculum?

This question was designed to examine the reasons why those institutions which reported being dissatisfied with their existing curriculum did so. All eighteen institutions which reported being currently dissatisfied with their existing curriculum responded to this question. Their responses to this open-ended question are shown in Table 18. Respondents were not limited to the number of their responses, and only like responses were grouped.

Question Thirty-Two

32. Do you intend or are you in the process of revising your current undergraduate health promotion/wellness curriculum?

A = Yes

B = No

The purpose of this question was to examine how many of the institutions surveyed were in the process of or intended to revise their current curriculum. Of the forty-two respondents, the response was equally divided among the study population, with each category receiving twenty-one responses (see Fig. 14).

Section VI

This section deals with the issues surrounding the standardization of health promotion/wellness curriculum. Question twenty-three examines the issue of whether or not different standards need to exist for health promotion/wellness apart from those in Exercise Science. Question

Table 18
Statements of Current Dissatisfaction with
Existing Curriculum as Reported by
Survey Respondents

Statement	Number of Respondents
1. Too much theory	1
2. Curriculum was always evolving	5
3. Not complete enough	1
4. Need more faculty	3
5. Need additional courses	6
6. Need to limit courses	1
7. Additional internships	1
8. Unsure of current depth	1
9. Unsure what competencies are needed	1
10. Not up to standards	1

twenty-four was designed to determine if the study population believed standards were needed for this specialized area of study. Questions twenty-five and twenty-six were developed to ascertain current awareness levels with regard to organizations which have recognized this need. Questions twenty-seven, twenty-eight, and twenty-nine were designed to examine if institutions would seek additional information about standardization and from whom. Question thirty-three was developed to ascertain the level of support of the

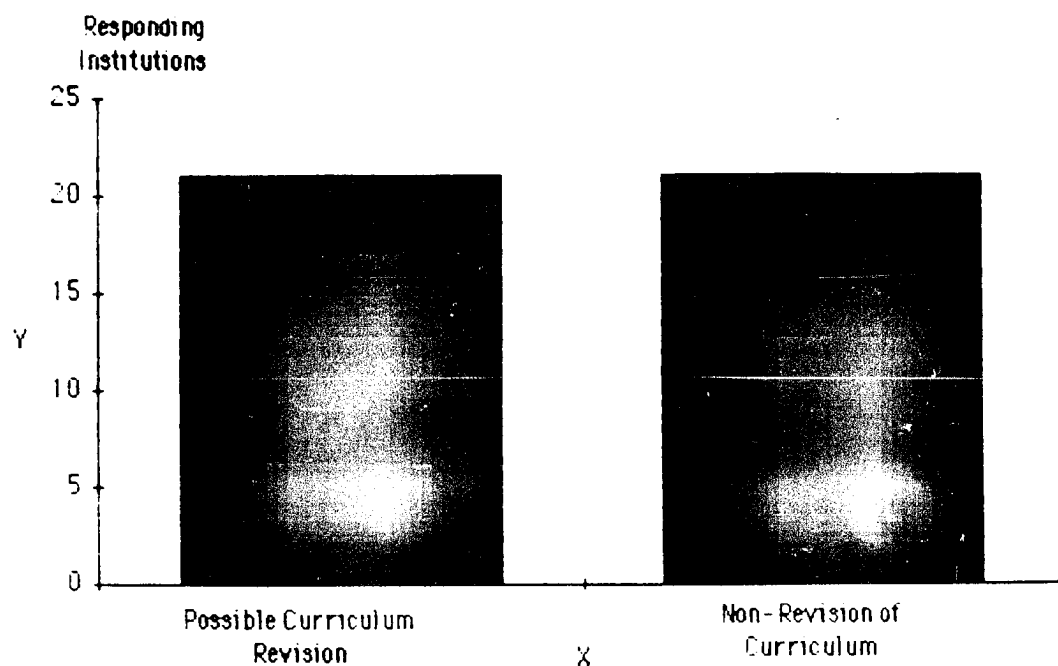


Fig. 14. Institutions considering possible curriculum revision and those which are not

accreditation of undergraduate programs. Question thirty-four was designed to determine which organization was most favored to determine curricular standards.

Question Twenty-Three

23. Do you believe that health promotion/wellness curricular standards should be different from exercise science?

- A = Yes
- B = No

This question was developed to determine if the study population believed that the curricular standards in undergraduate health promotion/wellness should be different than that in Exercise Science. Of the responding forty-five

institutions, thirty-two indicated that they believed the standards should be different. The other thirteen respondents indicated their belief that the standards do not need to be different (see Table 19).

Table 19

Institutions Advocating Separate Standards
for Health Promotion/Wellness Curriculum
Than for Exercise Science Curriculum

Advocate Separate Standards	Number of Institutions	Percent of Total
Yes	32	71
No	13	29

Question Twenty-Four

24. Do you believe standards are needed for preparing undergraduate students for careers in health promotion/wellness?

A = Yes

B = No

The question was designed to ascertain the institutional support of the need for standards in the professional preparation of undergraduate students in health promotion/wellness. Of the forty-five respondents, the overwhelming majority (93 percent) indicated their belief in uniform standards for this alternative career track. Only three respondents (7 percent) indicated they do not believe

standards are needed for this alternative career track
(see Fig. 15).

Responding Institutions

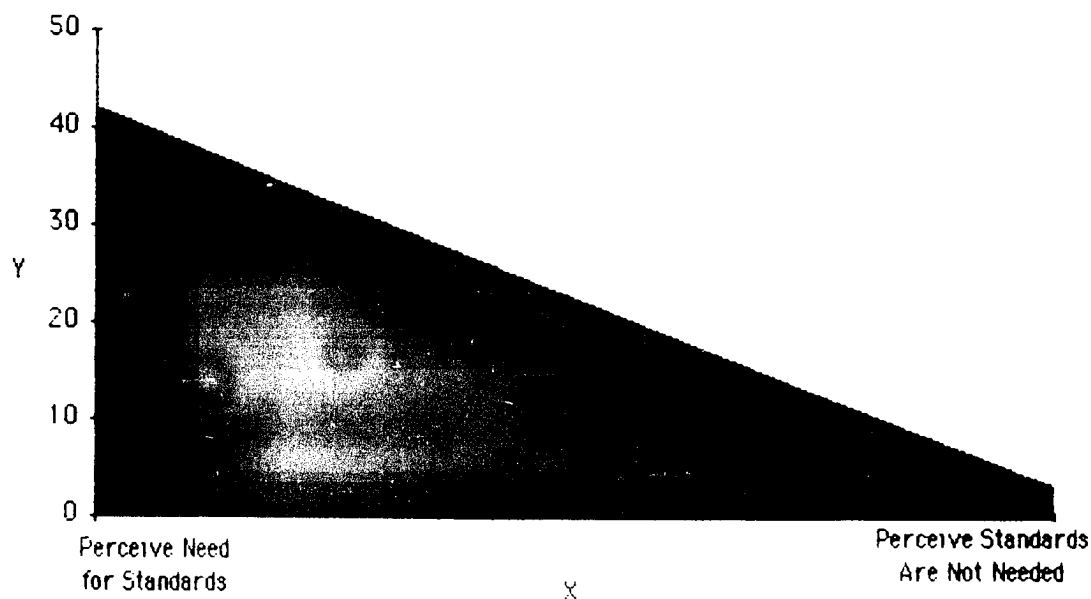


Fig. 15. Perceived need for standards in the professional preparation of undergraduate majors in health promotion/wellness

Question Twenty-Five

25. Were you aware that a North American seminar was held in 1988 on Excellence in Curriculums for Wellness and Health Promotion?

- A = Yes
- B = No

This question was developed to determine the current awareness level of those departments which offer the health promotion/wellness major with regard to seminars in curricular excellence and to assess how effective the seminar was in reaching its target audience. Thirty respondents

(68 percent) reported being aware that the North American Seminar on Excellence for Wellness and Health Promotion was held in 1988. The remaining fourteen respondents (32 percent) reported being uninformed that any such event had taken place (see Fig. 16).

Responding Institutions

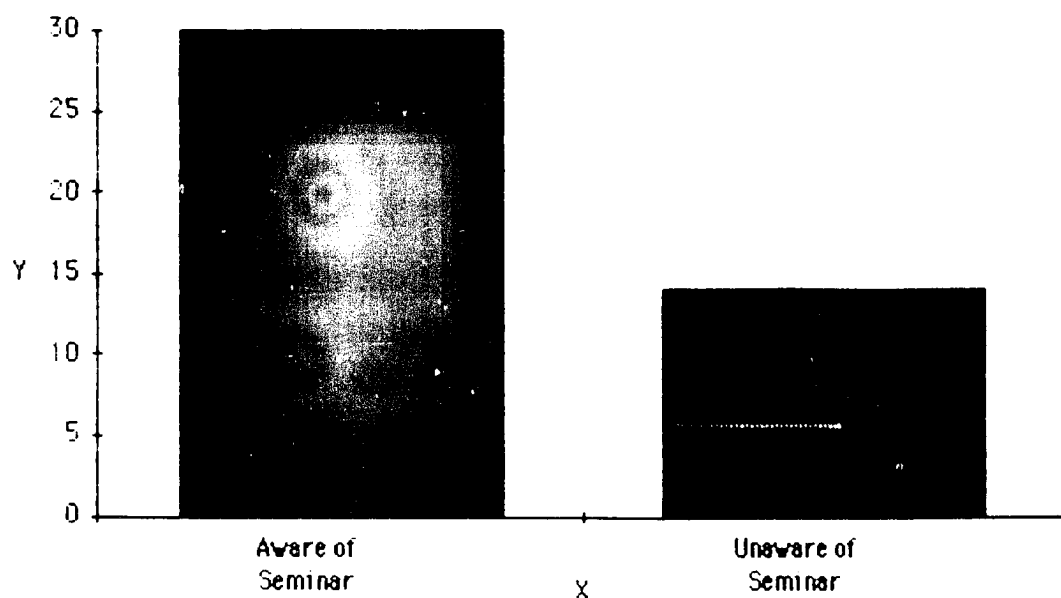


Fig. 16. Awareness of institutions of the North American Seminar on Excellence in Curriculums in Wellness and Health Promotion

Question Twenty-Six

26. Are you aware of the National Association for Sport and Physical Education standards for programs preparing undergraduate students in Fitness/Wellness?

A = Yes

B = No

This question was designed to determine the awareness level of the study population regarding the Standards for Programs Preparing Students for Careers in Fitness/Wellness

This question was designed to determine the awareness level of the study population regarding the Standards for Programs Preparing Students for Careers in Fitness/Wellness by the National Association for Sport and Physical Education. Of the forty-four respondents, thirty-six indicated they were aware that such standards existed. Eight respondents indicated they were not aware that the standards existed (see Table 20).

Table 20

Awareness of the National Association for Sport and Physical Education's Standards for Programs Preparing Undergraduate Students in Fitness/Wellness

Aware of NASPE Standards	Number of Institutions	Percent of Total
Yes	36	82
No	8	18

Question Twenty-Seven

27. Do you intend to obtain the related literature on the establishment of curricular excellence and standards for health promotion/wellness?

A = Yes

B = No

This question was developed to determine how many respondents intended to seek literature related to the establishment of standards for undergraduates entering

into a health promotion/wellness program. Thirty-three institutions stated they intended to obtain this literature. However, ten institutions with existing programs in health promotion/wellness expressed they would not seek this literature (see Fig. 17).

Responding Institutions

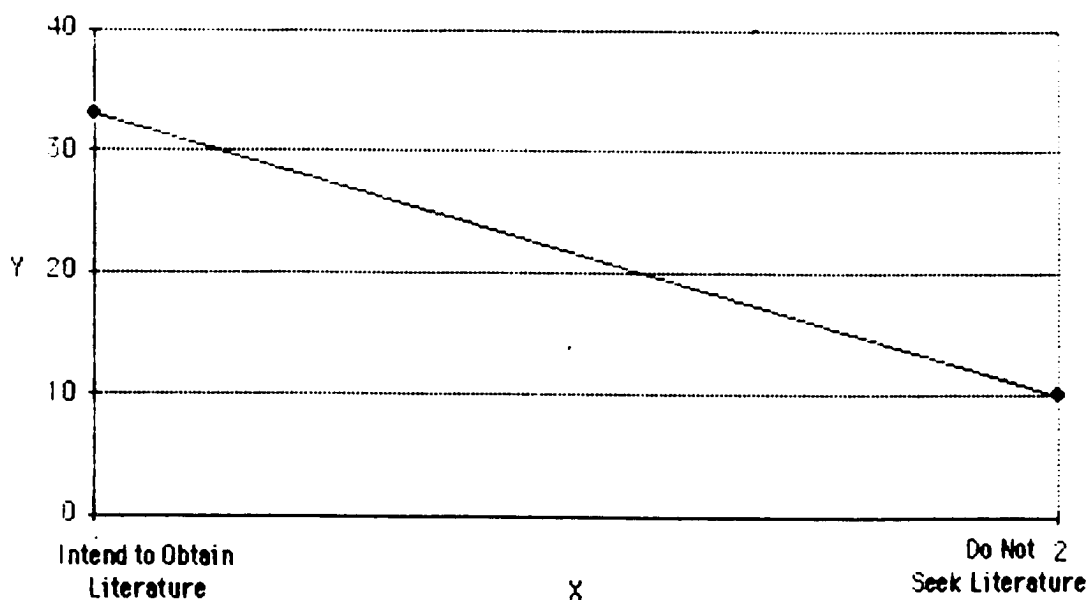


Fig. 17. Intent of institutions with reference to obtaining literature related to curriculum standards

Question Twenty-Eight

28. From whom do you plan to obtain literature on the establishment of curricular standards for health promotion/wellness?

This question was developed to determine what sources would be contacted by those institutions who stated that they intend to seek related literature. The responses

listed in Table 21 are the result of the thirty-one respondents' cumulative listings of sources from which they would seek information on undergraduate professional preparation standards. The responses were grouped only when sources named were identical.

Table 21
Sources from Whom Respondents Intend to Obtain
Literature Related to Professional
Preparation Standards

Source	Number of Respondents
1. NASPE	9
2. Program Coordinator	1
3. Professional Health Educator	1
4. AAHPERD	8
5. Kenneth Cooper	1
6. Association for Fitness in Business	3
7. National Wellness Institute	2
8. NCATE	1
9. Other Institutions	2
10. Books/Journals	2
11. Unsure	1

Question Twenty-Nine

29. Would you attend a national/regional conference on the professional preparation of undergraduates in health promotion/wellness?

A = Yes

B = No

The purpose of this question was to assess the interest of questionnaire respondents in attending a national/regional conference related to the professional preparation of undergraduates in Health Promotion/Wellness. Thirty-four respondents indicated they would attend such a conference while only six respondents reported otherwise (see Table 22).

Table 22

Interest of Respondent Institutions in Attending
a Professional Preparation Conference

Would Attend	Number of Institutions	Percent of Total
Yes	34	85
No	6	15

Question Thirty-Three

33. Do you favor accreditation of undergraduate health promotion/wellness programs?

A = Yes

B = No

This question was designed to assess support of the accreditation of undergraduate programs in health promotion/wellness by questionnaire respondents. Twenty-nine of the responding forty-four institutions favored instituting the accreditation of undergraduate programs. However, fifteen

respondents reported they were against the idea of program accreditation (see Fig. 18).

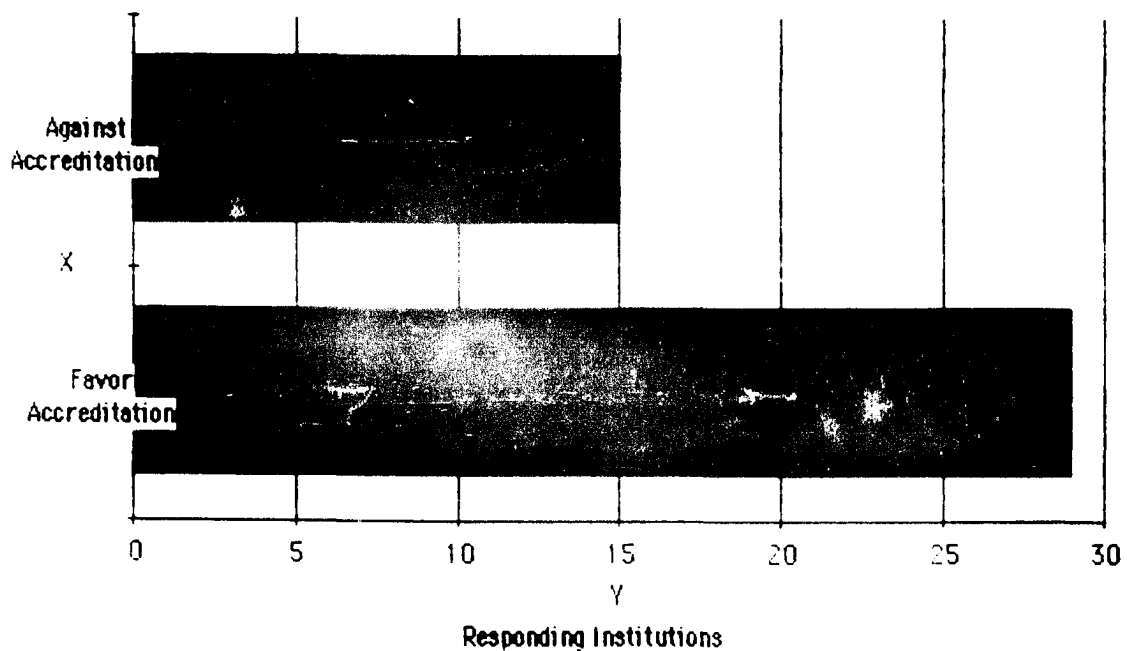


Fig. 18. Reaction of respondents to undergraduate health promotion/wellness program accreditation

Question Thirty-Four

34. Who do you believe should set undergraduate curricular standards for health promotion/wellness programs?

This question was designed to determine which organization the questionnaire respondents believe should set curricular standards for professional preparation of undergraduate programs in health promotion/wellness. Of the forty-five respondents, sixteen indicated they believe the National Association for Sport and Physical Education

should set the standards. Twelve institutions reported they believe curricular standards should be set by the American Alliance for Health, Physical Education, Recreation, and Dance. Eight institutions reported they endorse the National Wellness Institute as the agency to set standards. Five respondents believe that some other organization should set curricular standards. Four institutions reported supporting no agency for setting curricular standards (see Table 23).

Table 23

Questionnaire Respondents' Support of Organizations
to Set Undergraduate Curricular Standards
in Health Promotion/Wellness

Support of Organization	Number of Institutions	Percent of Total
National Wellness Institute	8	18
American Alliance for Health, Physical Education, Recreation and Dance	16	36
National Association for Sport and Physical Education	12	27
Other	5	11
None	4	9

CHAPTER V

SUMMARY AND CONCLUSIONS

The recent emphasis on the development of health promotion/wellness programs as a cost containment strategy for escalating health care costs coupled with a declining enrollment in traditional physical education teacher education programs has led many institutions of higher learning to offer alternative career tracks in physical education. In an effort to respond to these developments, many departments of physical education have begun to offer undergraduate professional preparation programs in health promotion/wellness. With the national emphasis on health promotion strategies, and an expanding market, many of the undergraduate professional preparation programs in health promotion/wellness have experienced increased enrollment. As alternative career tracks in health promotion/wellness have grown in number in institutions of higher learning, so has the interest in the type of educational experiences students in this specialized area of study are receiving. There is a need to determine what the current status is of those institutions of higher learning whose physical education department offers undergraduate professional preparation in health promotion/wellness. This study focused on describing the current characteristics of

undergraduate professional preparation programs in health promotion/wellness throughout the Southern United States. This chapter presents an overview of the present study in terms of (a) purpose, (b) methodology, (c) findings, (d) implications, and (e) recommendations.

The purpose of this study was to examine the types and characteristics of professional preparation programs in health promotion/wellness currently offered as an undergraduate major in physical education departments throughout the Southern United States. This study included investigation of age of program, current enrollment status, core curriculum, internship requirements, organizational influences, additional staffing requirements, and future issues related to the standardization of curriculum.

More specifically, the study focused on the following questions:

1. How many institutions offer health promotion/wellness programs in the Southern United States?
2. What types of core courses are required for graduation by these programs?
3. Which wellness model or professional organization most influenced the selection of core curriculum?
4. What type of trends emerge in core curriculum offerings?

In order to gather the information needed to accomplish the goals of this study, descriptive data were required. The information was collected through a questionnaire which was constructed for this study. The information collected was fed into a Macintosh personal computer. The Statview 512 + 1.2 statistical software program was utilized for data analysis.

The population used for this study was those institutions in the Southern District of the American Alliance for Health, Physical Education, Recreation, and Dance whose names were supplied by the Association of Fitness in Business and the National Association for Sport and Physical Education as having departments of physical education with possible alternative career tracks. Of the 386 institutions surveyed, research data were collected from the 276 departments of physical education. After close examination, it was determined that forty-five departments of physical education offered an alternative career track in health promotion/wellness.

Summary of Data Findings

As a result of the data collected from the 276 responding institutions, which represented 71.50 percent of the total sample, forty-five institutions were identified as having undergraduate professional preparation programs in health promotion/wellness. Therefore, the following

findings with the exception of items three and four, will represent only those institutions with programs.

1. Of the responding institutions with programs, 66 percent were public and 34 percent represented the private sector.

2. The average enrollment of all responding institutions was 1,000-4,000.

3. The vast majority of all institutions (71 percent) indicated that they already offer some form of alternative professional preparation track within the department of physical education.

4. Of the responding 276 institutions, forty-five (19.5 percent) departments offer undergraduate professional preparation tracks in health promotion/wellness.

5. Only ten respondents (23 percent) indicated that they were aware of any undergraduate program track offered at the undergraduate level outside the physical education department.

6. The majority of these programs are less than three years old (40 percent), with relatively few institutions (16 percent) having been in existence for more than seven years.

7. Of the responding institutions, 38 percent indicated that they had fifteen to thirty majors in the health promotion/wellness track, 31 percent reported fewer than fifteen majors in the program, 18 percent reported greater

than fifty-one majors, and 13 percent had between thirty-one and fifty majors.

8. The majority of the respondents (77 percent) reported that enrollment in this program of study has increased in the last two years.

9. The majority of respondents (69 percent) indicated that they expected enrollment to increase in the next two years, while only two percent expected enrollment to decline.

10. The respondents reported, in descending order, the operational model or organization which has most influenced their developing a program of study in health promotion/wellness has been: the National Association for Sport and Physical Education (43 percent), National Wellness Institute (13 percent), William Hettler's Six Dimensional Wellness Model (4 percent), and Donald Ardell's Five Dimensional Wellness Model.

11. The majority of respondents (77 percent) reported their programs emphasize the physical dimension of wellness most and the spiritual dimension least (0 percent).

12. The predominant percentage of respondents (38 percent) reported that four or more core courses are offered outside the department offering the major in health promotion/wellness.

13. Twenty four respondents (54 percent) reported fewer than five course changes were made from the traditional teaching track in order to offer the major in health promotion/wellness.

14. Sixteen of the respondents (36 percent) reported fewer than two new courses were created in order to offer the new program of study.

15. Respondents reported the creation of seventy-one new courses which were added to existing curriculum in order to offer the undergraduate program in health promotion/wellness.

16. The majority of institutions (53 percent) require more than 121 semester hours in order to graduate.

17. Data indicate that 120 different courses comprise the core curriculum of the responding institutions.

18. The majority of respondents (87 percent) indicated an internship was required prior to graduation.

19. The respondents (38 percent) indicated that the most likely duration of the internship requirement was between 40-120 hours.

20. Data indicate that three to six credit hours per internship experience were the most commonly reported (36 percent).

21. Thirty-two respondents (76 percent) required observation during the internship experience.

22. Data indicate only sixteen respondents (36 percent) hired additional teaching staff in order to offer the new program of study.

23. Most respondents (71 percent) indicated they believe that undergraduate curricular standards for health promotion/wellness should be different from those in exercise science.

24. Forty-two respondents (93 percent) indicated a belief that standards are needed for preparing undergraduate students in careers in health promotion/wellness.

25. Data indicate that many respondents (32 percent) were unaware of the 1988 North American Seminar on Curricular Excellence in Health Promotion and Wellness.

26. Data indicate that many respondents (82 percent) are aware of the undergraduate curricular standards proposed for careers in fitness by the National Association for Sport and Physical Education.

27. Thirty-three respondents (77 percent) indicated they intend to obtain information regarding curriculum standards in health promotion/wellness.

28. Respondents indicated ten different sources, with the National Association for Sport and Physical Education being the most frequently named source, from which they plan to obtain literature regarding curricular standards for health promotion/wellness.

29. Thirty-four respondents (85 percent) indicated they would attend a national/regional conference on undergraduate professional preparation in health promotion/wellness.

30. Data indicate that twenty-six (59 percent) of the respondents indicated they were currently satisfied with their existing curriculum.

31. Respondents cited additional courses were needed as the most frequent reason they were not satisfied with their current curriculum.

32. Respondents are equally divided (50 percent) as to their intention to revise their undergraduate curriculum.

33. Data indicate the majority of respondents (66 percent) favor the accreditation of undergraduate programs in health promotion/wellness.

34. Respondents cited the National Association for Sport and Physical Education as the organization of choice to set the curricular standards for undergraduate programs in health promotion/wellness.

Implications and Conclusions

As the national strategies for improving the health of all Americans through preventive measures embark on a new decade, graduates of programs whose major was in health promotion/wellness will be called on to mobilize their resources and energies to reach the goals. These Health

Promotion/Disease Prevention: Year 2000 National Objectives will be increasingly implemented by those graduates whose orientation and formal education come from this specialized area of study. As more health promotion/wellness graduates formally look for employment in their given profession, both the graduates and their prospective employer will scrutinize their undergraduate professional preparation.

Based on the interpretation of data from this study, it appears that departments of physical education have created this alternative career track without developing curriculums within any uniform operational model. Therefore, the term health promotion/wellness is frequently misunderstood, both within the profession today and by society in general. Such misunderstanding creates confusion when departments go about the task of deciding what core courses should comprise this major.

To add to the dilemma, the majority of institutions have attempted to prepare their majors by adding fewer than five new core courses and by utilizing existing faculty whose specialty lies more in traditional physical education teacher education curriculum instruction. Thus, it appears that many institutions created this new health promotion/wellness major without significantly differentiating the format from the standard teaching track.

However, it does appear that institutions of higher education which offer these programs recognize and support

the need for the development and adoption of standards related to undergraduate professional preparation of health promotion/wellness majors. Many respondents are aware that standards exist, are in the process of or intend to revise their current curriculum, intend to obtain information regarding curricular standards, and plan to attend a national/regional conference related to this subject.

Recommendations for Future Study

The following recommendations for future study emerged as the research study evolved and relate to the continued development of undergraduate professional preparation in health promotion/wellness.

1. This study should be conducted in all other districts of the American Alliance for Health, Physical Education, Recreation, and Dance to determine the current status of undergraduate professional preparation programs in health promotion/wellness.
2. A study to determine what competencies prospective employers expect of graduates should be made.
3. A follow-up investigation should be made to determine the employment status of graduates in the profession.
4. This study should be repeated in 1994 with the same population to determine the evolutionary status of

undergraduate professional preparation programs in health promotion/wellness.

Recommendations for Application

The following are recommendations for application in institutions of higher learning whose physical education department offers an alternative career track in health promotion/wellness at the undergraduate level.

1. Based on the respondents' reports which indicated the National Association for Sport and Physical Education and the National Wellness Institute accounted for the majority (56 percent) of organizational influence in developing a program of study, other institutions offering this program of study should investigate the merits of selecting an appropriate curriculum model in developing this major.

2. Based on the respondents' data which indicated that fifty-four percent made fewer than five course changes from the traditional physical education teacher education track, physical education departments should determine, deliver, and evaluate those experiences which will best prepare the students for employment in this alternative career track.

3. It appears that, based on the growth trends in enrollment and the lack of hiring new faculty (64 percent), in order to offer this specialized program of study physical

education departments should evaluate employment of full-time faculty or seek adjunct faculty whose graduate area of concentration is in health promotion/wellness.

4. It appears that physical educators should consider the adoption of program accreditation for those institutions which offer undergraduate programs in health promotion/wellness based on sixty-six percent of the respondents indicating support of such a position.

Appendices

Appendix A

NASPE Standards for Programs Preparing
Undergraduate Students for Careers in
Fitness, Approved September 1986

NASPE

STANDARDS FOR PROGRAMS PREPARING UNDERGRADUATE STUDENTS FOR CAREERS IN FITNESS

APPROVED SEPTEMBER, 1986

I. FOUNDATIONAL CORE

The Foundational Core consists of scientific, activity, computer and first aid competencies. The competencies found within this section describe foundational knowledge and skill expected of the entry level Fitness Specialist. The scientific competencies describe the knowledge expected in the areas of human anatomy, human physiology, exercise physiology, kinesiology, measurement and evaluation, motor learning, teaching methodology, and care and prevention of injuries. The activity competency describes the activities in which minimum skill is expected. The computer competency describes the expected amount of computer literacy. The first aid competency describes the expected skill and knowledge of first aid and safety procedures.

A. SCIENTIFIC

The student will demonstrate a basic knowledge of human anatomy.

The student will demonstrate a basic knowledge of human physiology.

The student will demonstrate a basic knowledge of exercise physiology.

The student will demonstrate a basic knowledge of measurement and evaluation.

The student will demonstrate a basic knowledge of motor learning and teaching methodology.

The student will demonstrate knowledge of the care and prevention of fitness related injuries.

B. ACTIVITY

The student will demonstrate skills in walk/jog, cycling, swimming, dance exercise, weight training, stretching and racquet sports.

C. COMPUTER

The student will demonstrate a working knowledge in using a microcomputer including familiarity with basic hardware and application software.

D. FIRST AID

The student will demonstrate basic first aid procedures for exercise environments.

The student must maintain basic CPR certification.

The student will demonstrate the ability to plan, develop and implement emergency and safety procedures for exercise settings.

II. EXERCISE PRESCRIPTION FOR NORMAL & SPECIAL POPULATIONS

Exercise Prescription for Normal and Special Populations consists of competencies in physiological testing, exercise prescription, exercise leadership, handicapping conditions, and exercise and aging. These competencies describe the knowledge and skill expected of the entry level Fitness Specialist in the areas of fitness evaluation, exercise prescription and delivery of exercise programs to normal and special populations. The physiological testing competencies describe the knowledge and skill expected for the administration of physical fitness tests. The exercise prescription competencies describe the knowledge of exercise prescription expected. The leadership competencies describe the leadership skills expected for leading exercise activities. The handicapping conditions competencies describe the knowledge and skills expected to meet the exercise needs of the individual with handicapping conditions. The exercise and aging competencies describe the knowledge and skills expected to meet the exercise need of the program participant that are due to aging.

A. PHYSIOLOGICAL TESTING

The student will demonstrate the use of health and fitness field and laboratory instruments, techniques, procedures and equipment. The student will be able to demonstrate the ability to administer appropriate test protocols for evaluating the components of physical fitness (cardiovascular endurance, body composition, muscular strength, muscular endurance, and flexibility).

B. EXERCISE PRESCRIPTION

The student will demonstrate the ability to evaluate and interpret exercise testing results.

The student will demonstrate the ability to describe the safety issues, problems and components of an exercise prescription.

The student will demonstrate the ability to develop individualized exercise prescriptions which are based upon exercise test results including modality, intensity, frequency and duration.

The student will demonstrate the ability to develop an exercise prescription plan which encompasses the initial prescription, the maintenance of that prescription and re-evaluation strategies.

C. EXERCISE LEADERSHIP

The student will demonstrate the ability to implement an exercise prescription.

The student will demonstrate leadership incorporating methods in aerobic exercise, strength conditioning and joint flexibility.

D. HANDICAPPING CONDITIONS

The student will demonstrate the ability to write an individual exercise prescription which has been modified appropriately to meet the needs of individuals with common handicapping conditions.

The student will demonstrate knowledge of proper equipment arrangement to accommodate use by handicapped individuals.

The student will demonstrate the ability to administer a testing program to individuals with common handicapping conditions which appropriately assess fitness characteristics.

The student will demonstrate knowledge of facility modification necessary to permit reasonable access by handicapped individuals.

E. EXERCISE & AGING

The student will demonstrate a basic knowledge of the aging process.

The student will demonstrate knowledge of the importance of exercise and its limitations for senior populations.

The student will demonstrate knowledge of screening procedures for senior participants in an exercise setting.

The student will demonstrate knowledge and skills in the delivery of unique exercise programs to senior populations.

III. WELLNESS AND HEALTH PROMOTION

Wellness and Health Promotion consists of competencies in self-care, consumer awareness, nutrition and weight control, stress management and substance abuse. Many fitness programs provide the participant with information on behavioral strategies, self-care and a healthy positive lifestyle. These competencies describe the knowledge and skills expected of the entry level Fitness Specialist in order to provide this information at a basic level, evaluate services in order to contract for them or to refer individuals to competent professionals when necessary. The self-care competencies describe the knowledge of self-care expected. The consumer awareness competencies describe the expected knowledge of evaluating programs and devices. The nutrition and weight control competencies

describe the expected knowledge of nutrition, weight control and community resources available for program participants. The stress management competencies describe the expected knowledge of stress and the procedures to manage stress. The substance abuse competencies describe the expected knowledge of substance abuse and the community resource available to program participants.

A. SELF-CARE

The student will demonstrate knowledge of the importance of self responsibility in health maintenance.

The student will demonstrate knowledge of self-care programs in hypertension screening, back education and medical self-care.

B. CONSUMER AWARENESS

The student will scientifically evaluate the safety and effectiveness of programs and devices in health and fitness.

C. NUTRITION AND WEIGHT CONTROL

The student will demonstrate a knowledge of the nutritional needs of normal and special populations.

The student will demonstrate knowledge of the concepts of caloric intake and caloric expenditure in weight control.

The student will demonstrate knowledge of eating disorders and basic malfunctions of body systems which affect weight control.

The student will demonstrate knowledge of the difference between body weight and body composition.

The student will demonstrate knowledge of various methods of nutritional analysis and be able to administer several assessment techniques.

The student will demonstrate knowledge of current diets and be able to respond accurately and professionally to questions about them.

The student will demonstrate knowledge of basic behavior modification techniques used in achieving proper nutritional balance.

The student will demonstrate knowledge of community resources and proper referral procedures related to nutrition and weight control.

D. STRESS MANAGEMENT

The student will demonstrate the ability to define the concept of stress and relate it to individual and organizational effectiveness.

The student will demonstrate a knowledge of the physiological mechanisms related to stress and relaxation responses.

The student will demonstrate a knowledge of "Type A" and "Type B" behavior and their influence on cardiovascular disease.

The student will demonstrate a knowledge of the general adaptation syndrome and its importance to stress management.

The student will demonstrate a variety of stress management techniques.

The student will demonstrate a knowledge of the link between life changes and health.

E. SUBSTANCE ABUSE

The student will demonstrate the ability to identify and describe signs and symptoms and psycho-physiological effects of substance abuse.

The student will demonstrate a knowledge of appropriate referral services within the community and the procedures for their utilization.

The student will demonstrate the ability to understand and describe the detrimental physiological effects of smoking.

The student will demonstrate knowledge of the epidemiological effects of smoking.

The student will demonstrate knowledge of the components of at least one recognized smoking cessation program.

IV. TEACHING METHODOLOGY

Teaching methodology is based on motor learning and learning theories. These competencies define the knowledge and skill necessary to effectively stimulate cognitive and skill learning in an environment which will enhance self-esteem, confidence and comfort. Although certain knowledge is constant for all age groups, the delivery system and instructional styles are adjusted to accommodate the developmental level, competency and needs of the target group.

The student will evaluate learning and developmental needs.

The student will select appropriate learning resources.

The student will establish instructional environments to accommodate a variety of learning styles.

The student will demonstrate a variety of teaching styles.

The student will select activities appropriate to the age group.

The student will provide appropriate feedback and knowledge of results.

The student will assess the effectiveness of the learning and the program with formative and summative evaluation.

V. ADMINISTRATIVE TASKS

Administrative tasks consist of competencies in programming, facilities and equipment, marketing, sales, finance and liability. These competencies define the knowledge and skills of an entry level Fitness Specialist in the organization and management of a fitness program. The programming competencies describe the expected knowledge in organizing and evaluating programs. The facilities and equipment competencies describe the expected knowledge of equipment and facilities. The marketing competencies describe the expected knowledge of marketing. The sales competencies describe the expected knowledge and skills of sales techniques and strategies. The finance competencies describe the expected knowledge of procedures related to finance. The liability competency describes the expected knowledge of liability and ethics.

A. PROGRAMMING

The student will demonstrate the ability to plan, schedule and implement small and large group activities for all performance levels.

The student will demonstrate the ability to plan and implement evaluation procedures to determine a program's effectiveness.

The student will demonstrate a knowledge of the current research and trends relating to health and fitness programming.

B. FACILITIES AND EQUIPMENT

The student will demonstrate practical knowledge of equipment used to develop or evaluate health and fitness.

The student will demonstrate basic skills in researching, selecting, purchasing, installing, maintaining and evaluating equipment and supplies used in health and fitness programs.

The student will demonstrate basic knowledge of exercise and sport facility floor plan design, cost, operational management, safety and maintenance.

C. MARKETING

The student will demonstrate the ability to locate, interpret and utilize market research.

The student will demonstrate basic knowledge of factors that must be considered to arrive at a cost-effective pricing structure.

The student will demonstrate basic knowledge of effective packaging and program promotion strategies.

The student will demonstrate basic knowledge of the effects of health and fitness programs on cost containment.

D. SALES

The student will demonstrate basic knowledge of sales skills and strategies including qualifying leads, initial presentation, follow-up, closing techniques and sales cycles.

The student will demonstrate the ability to write and deliver a sales presentation.

E. FINANCE

The student will demonstrate knowledge of basic accounting procedures.

The student will demonstrate the ability to develop, propose, administer and justify a basic budget.

The student will demonstrate basic knowledge of inventory and control procedures.

The student will demonstrate basic knowledge of fund raising methods, strategies and techniques.

F. LEGAL

The student will demonstrate knowledge of concepts of legal liability and ethical issues which can impact upon the implementation of a health and fitness program.

VI. HUMAN RELATIONS

Human Relations consists of competencies of communication, counseling, and motivation. These competencies define the personal and professional knowledge and skills expected of the entry level Fitness Specialist in order to interact with the participants of a fitness program. The communication competencies describe the expected skill and knowledge of written and oral communication. The counseling competencies describe the expected knowledge of counseling, the knowledge of the limits of the counseling role and knowledge of community referral agencies. The motivation competencies describe the expected knowledge of motivation.

A. COMMUNICATION

The student will demonstrate written communication through writing a business letter, technical report and business proposal.

The student will demonstrate the ability to produce a media display.

The student will demonstrate the ability to speak clearly and concisely to individuals and groups.

The student will demonstrate the ability to identify and apply appropriate techniques for facilitating group dynamics and individual interaction.

The student will demonstrate basic negotiation skills.

B. COUNSELING

The student will demonstrate the basic counseling skills for exercise prescription and health promotion.

The student will demonstrate the ability to describe the necessary limitations to his/her counseling role.

The student will demonstrate awareness of the common referral agencies used to supplement and extend the counseling options, and describe the proper procedures for their utilization.

C. MOTIVATION

The student will demonstrate a knowledge of the basic principles involved in motivational techniques.

The student will demonstrate a basic knowledge of behavioral principles which interact with other programming components to determine motivation and program adherence.

VII. PROFESSIONAL DEVELOPMENT

Professional Development consists of competencies in orientation and professional growth. These competencies describe the knowledge of organizations, programs, professionals and career planning expected of the entry level Fitness Specialist. The orientation competencies describe the expected level of knowledge of the environment in which fitness programs can be found and the necessity to serve as a fitness role model. The professional growth competencies describe the expected knowledge of professional organizations, publications and career planning strategies.

A. ORIENTATION

The student must serve as a fitness role model.

The student will demonstrate a knowledge of the basic cultural environments and organizational structures in which fitness, wellness and cardiac rehabilitation programs are housed.

The student will demonstrate a knowledge of the commonalities and differences in health and fitness program environments.

B. PROFESSIONAL GROWTH

The student will demonstrate a knowledge of professional organizations and relevant publications which will enhance professional growth and development.

The student will demonstrate a knowledge of the elements of a career planning strategy, a quality professional resume', and a self-marketing plan upon entry into the employment market.

The student will demonstrate a knowledge of working conditions and personal/professional qualifications which exemplify the role models in selected environmental settings.

The student will demonstrate a knowledge of opportunities, services and activities designed to further develop professional knowledge and competencies after termination of formal degree pursuit.

VIII. PRACTICAL EXPERIENCE

Practical Experience consists of competencies in orientation and internship. This section describes the minimum practical experiences expected of an entry level Fitness Specialist. The orientation competency describes the initial practical experience. The internship competencies describe the second and third (final) practical experience.

A. ORIENTATION

The student will have at least one observation experience at a worksite.

B. INTERNSHIP

The student and the site supervisor and university supervisors will develop a contractual agreement that provides for specific learning experiences for the internship.

The student will have at least two practical experiences:

- 1) Experience one shall be a minimum of 90 clock hours.
- 2) Experience two shall be a minimum of 200 clock hours over at least a 10 week period at an off-campus worksite.

Revised, September, 1986.

Appendix B

Roger Sheehafer's Working Paper, "Toward the
Development of Curricular Guidelines and
Standards of Excellence for Programs
in Wellness/Health Promotion,"
1st draft, Spring 1988

APPENDIX B

I. FOUNDATION CURRICULAR CONSIDERATIONS IN THE ARTS AND SCIENCES

As health promotion is based upon the supportive belief that people can exert varying degrees of control over their health through their personal actions as well as an understanding of the precipitating and perpetuating biological factors underlying the incidence of disease, health promotion represents a field of study and professional preparation which draws upon knowledge from the physical, social, behavioral and health sciences. Although curricula and programs obviously will vary, it is felt that any college or university will have a variety of courses in the arts and sciences in their respective settings that can be incorporated into a background or foundation of studies as preparation for the health promotion academic core. In addition, a variety of departments on campus may be looked at for essential collateral courses required to achieve professional competencies in both health/wellness content as well as educational/program process.

Natural Sciences Foundation/Background Coursework:

It is essential that a strong foundation in the natural sciences be included in the preparation of health promotion professionals in order to understand and appreciate a solid conceptual model in the development of chronic disease from a biological perspective. Therefore, studies and the preparation of the health promotion professional should include courses in the biological sciences (such

as: human biology, anatomy, physiology, and microbiology) and the physical sciences (especially chemistry). Such a foundation in the natural sciences is important not only in understanding the etiology of health, disease, and the disease process, but as a common ground for preparation and interaction with a variety of other health professionals, which are increasingly becoming a part of the practice of health promotion and disease prevention programs; such as, physicians, nurses, and other public health practitioners.

Social and Behavioral Sciences Foundation/Background Coursework:

Competencies and skills in the social and behavioral sciences as a part of the undergraduate health promotion degree are included in the belief that they are common to and provide a point of departure for health promotion. These include emphases in lifelong learning (the acquiring of attitudes, skills and knowledge necessary to sustain a lifetime of inquiry); problem solving (the ability to reduce a situation to its basic elements, to distinguish the important from the unimportant); enlightened self-interests (the ability to make conscious value judgements consistent with our own welfare and the welfare of others); active participation (the acceptance of responsibility for the shaping of one's own future and, within reasonable limits, the structure of one's own environment); and self-awareness (the gaining of realistic perspective on our own strengths and weaknesses).

Many departments in the social and behavioral sciences deal with such process-affective subjects such as ethics, values, decision-making, learning theory, behavior change, quality of life, of personal growth

and development. These are the common foci of many disciplines. Therefore, consideration may be given to social and behavioral science contributions from a wide variety of programs such as anthropology (cultural aspects of health and disease; concepts and components of communities; beliefs, practices in traditional systems; law, morality and customs in society; etc.) communications (including verbal and non-verbal communications, listening techniques, mass media, barriers to communications, and communications networks); political science (legal rights; methods of advocacy; policy formulation, regulations and law making; political decision-making, etc.), psychology (determinants of behavior; psychological aspects of health; motivation and beliefs; behavior change theories; etc.), social psychology (group dynamics and processes; interpersonal relationships; organizational behavioral theory; development of values, beliefs, attitudes; etc.) and sociology (social aspects of health; community structure; social support systems; medical sociology; etc.).

II. HEALTH PROMOTION CORE

A major emphasis in the discussion of the academic and business representatives to the August 1987 National Wellness Institute Seminar was that of identifying minimum competencies for professionals entering the field at the undergraduate level and standards of program excellence for the academic settings engaged in such professional preparation. Indeed, such identification of competencies and standards has been targeted as the major objective for a subsequent National Seminar on Curricular for Health Promotion Professionals. In order to provide a framework for preliminary consideration and discussion

prior to such a national conference, the participants of the August 1987 seminar prepared an initial draft of the same. This outline intentionally avoided any in-depth explanation or interpretation of the topical headings. This was done in recognition that such early efforts must first be generalized in order to acknowledge the diverse levels of academic preparation which might be expected to serve as the domain of such a core. It was felt that the development and endorsement of such competencies would prove invaluable to the university/college using these curricular guidelines and recommendations to allow their programs to eventually meet standards of excellence and provide the undergraduate student with the skills and knowledge essential in the successful performance as the health promotion professional.

The attached course/topical outline of the health promotion core represents a curricular structure over three major areas. These three areas include health and fitness content courses, professional process and program ;skills, and competency demonstration.

Health and Fitness Content Courses:

The ;health promotion content core is addressed by emphasis in two major areas: content related to health and fitness and content related to knowledge regarding people and populations. Health content in the health promotion core is consistent with the Surgeon General's report underlining the importance of nutrition and weight control, stress management, etc., and also emphasizes additional content areas such as health risk assessment and evaluation, environmental concerns, first-aid and CPR, and mental health. Fitness content emphases are identified as assessment and evaluation, principles and foundations of exercise,

physiological testing, and exercise prescription. Content in the health promotion core regarding people and populations identified the following areas as required of health promotion professionals: consumer awareness, aging, special populations and their consideration, human growth and development, social awareness, and lifestyle/values.

Professional Process and Program Skills:

The second major area of the health promotion core is that of professional process and program skills. These include several background or foundation professional skills including communication skills, computer literacy, professional orientation, and emphases on personal/professional philosophy, ethics, and values. In addition, three major professional process and program skills were also identified. These included competencies in the methods and skills regarding human behavior and human behavior change; program development and evaluation (effectiveness); and supervisory and administration skills.

Competency Demonstration:

Finally, there was overwhelming consensus that a major emphasis in the preparation of health promotion professionals should include substantial competency demonstration. Such competency demonstration could be demonstrated throughout the curriculum by providing a variety of within-course opportunities to develop and present within the class as well as within the community. However, such professional preparation should culminate with a major expenditure of a practicum internship experience before entering the field, such as a professional semester practicum/internship.

Appendix C
Cover Letter

APPENDIX C

Cover letter

Dear Chairperson,

Your participation in a regional survey of undergraduate professional preparation programs in health promotion/wellness is greatly needed. As a doctoral student at Middle Tennessee State University, I am conducting this study as part of the requirements for the Doctor of Arts degree. The objective of this project is to determine the current status of undergraduate professional preparation in health promotion/wellness programs in the Southern district of the AAHPERD.

The terms "health promotion" and "wellness" will be used interchangeably in this study. If your program has either a wellness or health promotion major, please complete the attached instrument.

Enclosed in this package of materials you will find the survey instrument instructions on how to complete the instrument, and a postage paid envelope for your convenience.

Following completion of the survey and the subsequent statistical analysis of data, I will gladly send you a copy of the results upon request. I would like to assure you that all data will remain confidential and no institution or individual will be specifically identified. Please return the coded survey within 14 days of receiving this package.

Respectfully,

William G. Rogers, BS, MS
Director of Health Promotion
Saint Thomas Hospital

Glen P., Reeder, Ph.D.
Major Professor, MTSU

Enc.

Appendix D

The Survey Instrument

THE SURVEY INSTRUMENT

1. Is your institution categorized as:
A = Public
B = Private
2. What is the total enrollment of full-time undergraduate students at your institution?
A = less than 1,000
B = 1,000-4,000
C = 4,001-10,000
D = 10,001-20,000
E = 20,001 or greater
3. Does your institution currently offer undergraduate non-teaching professional preparation programs within the physical education department?
A = Yes
B = No
4. Is any undergraduate alternative career track in the physical education department labeled either health promotion or wellness?
A = Yes
B = No (if no, please discontinue, enclose in self-addressed envelope, and mail)
5. Are you aware of any undergraduate program track in health promotion/wellness that exists outside the physical education department?
A = Yes
B = No
6. How long has an undergraduate program un wellness/health promotion been offered by your department?
A = 1 year or less
B = 1-3 years
C = 4-5 years
D = 6-7 years
E = 7 years or more

7. How many undergraduate students are currently enrolled in the health promotion/wellness track?
- A = 1-15
 - B = 16-30
 - C = 31-50
 - D = 51 or more
8. In the last 2 years has enrollment in this undergraduate program of study:
- A = Increased
 - B = Decreased
 - C = Remained the same
9. In the next 2 years do you believe enrollment in the undergraduate program of study will:
- A = Increase
 - B = Decrease
 - C = Stabilize
 - D = Don't know
10. What organization or operational model has most influenced your program of study? (Please circle all applicable.)
- A = National Association for Sport and Physical Education
 - B = Hettler's six dimensional model
 - C = National Wellness Institute
 - D = Donald Ardell's 5-dimensional Model
 - E = None of the above
 - F = Other
11. Rank in which of the six dimensions of wellness your program track best prepares its majors to successfully interact with the public.
- A = Physical 1
 - B = Emotional 2
 - C = Social 3
 - D = Occupational 4
 - E = Spiritual 5
 - F = Intellectual 6

12. How many core courses are offered outside the department offering the health promotions program?
- A = 1
B = 2
C = 3
D = 4 or more
13. How many course changes have been made from the traditional undergraduate teaching track in order to offer this major?
- A = none
B = 1-3
C = 4-5
D = 6-7
E = greater than 7
14. How many new courses have been added in order to offer the program?
- A = 1-2
B = 3-4
C = 5-6
D = 7 or more
15. Please list the new courses which have been added in order to offer the undergraduate program in health promotion/wellness:
- | | |
|----------|----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | |
16. How many semester/quarter hours are required for graduation? (Please circle which student credit hour system your institution employs.)
- | | |
|----------------|----------------|
| A. 115-120 | E. 165-185 |
| B. 121-125 | F. 186-205 |
| C. 126-130 | G. 206-220 |
| D. 131 or more | H. 221 or more |

17. Please list the core courses required for your program:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18. Does the program require completion of an internship?

A = Yes
B = No

19. How many hours are required for the internship experience?

A = 1-40	D = 241-480
B = 41-120	E = more than 480
C = 121-240	F = Other _____

20. How many credits does an intern receive for the internship experience?

A = 0-3
B = 4-6
C = 7-9
D = 10-12
E = more than 12

21. Are specific behavioral competencies required and observed during the internship experience?

A = Yes
B = No

22. Was additional teaching staff required in order to offer this program?

A = Yes
B = No

23. Do you believe that health promotion/wellness curricular standards should be different from exercise science?
- A = Yes
B = No
24. Do you believe standards are needed for preparing undergraduate students for careers in health promotion/wellness?
- A = Yes
B = No
25. Were you aware that a North American seminar was held in 1988 on Excellence in Curriculums for wellness and health promotion?
- A = Yes
B = No
26. Are you aware of the National Association for Sport and Physical Education standards for programs preparing undergraduate students in fitness/wellness?
- A = Yes
B = No
27. Do you intend to obtain the related literature on the establishment of curricular excellence and standards for health promotion/wellness?
- A = Yes
B = No (if no, skip to item 30)
28. From whom do you plan to obtain literature on the establishment of curricular standards for health promotion/wellness?
- _____
- _____
29. Would you attend a national/regional conference on the professional preparation of undergraduates in health promotion/wellness?
- A = Yes
B = No

30. Are you satisfied with your existing undergraduate health promotion/wellness curriculum?
- A = Yes (if yes, skip to item 33)
B = No
31. Why are you not currently satisfied with your department's existing undergraduate health promotion/wellness curriculum?
-
32. Do you intend or are you in the process of revising your current undergraduate health promotion/wellness curriculum?
- A = Yes
B = No
33. Do you favor accreditation of undergraduate health promotion/wellness programs?
- A = Yes
B = No
34. Who do you believe should set undergraduate curricular standards for health promotion/wellness programs?
- A = National Wellness Institute
B = American Alliance for Health, Physical Education, Recreation, and Dance
C = National Association for Sport and Physical Education
D = Other
E = None

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