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Professional Development Activities and Support Among Secondary Health Teachers

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Abstract

This study described public school secondary health education teachers' support for professional development and the types of professional development activities in which they participated. Results were compared to public school secondary teachers of all other subjects. In addition, perceptions of professional preparation among newly hired health teachers and the types of professional support they received were described. Data were collected through the 2011-12 Schools and Staffing Survey (SASS) and included a nationally representative sample of public school teachers in the United States. Descriptive statistics were used to analyze data and answer research questions. Results showed that for nearly all types of professional support assessed, secondary health education teachers reported less support as compared to secondary teachers of all other subjects. Of the teaching skills questioned, newly hired health education teachers indicated they were least prepared in handling a range of classroom management or discipline situations and using data from student assessment to inform instruction. Moreover, newly hired health teachers were less like to participate in programs for beginning teachers as compared to their newly hired teaching peers. Using results from this study recommendations concerning professional development support and activities among secondary health teachers and newly hired secondary health teachers were provided.

Keywords: professional development, professional preparation, health education teachers, newly hired teachers.

Word count: 4993

Professional Development Activities and Support Among Secondary Health Teachers

Worldwide, there is an established link between health and education which has resulted in efforts to foster health and well-being within the educational environment for all students (St. Leger, Young, Blanchard, & Perry, 2009). For example, in the United States (U.S.), wellness behaviors such as healthy eating and physical activity have been linked to improved academic achievement among youth in terms of academic performance (i.e. grades), educational behavior (i.e. attendance), and cognitive skills and attitudes (i.e. memory and mood) (Centers for Disease Control and Prevention [CDC], 2014). With this established link between health, academic achievement, and educational attainment, schools provide a practical setting for promoting the overall wellbeing of youth by helping them establish lifelong healthy behaviors (Basch, 2011). As noted by the World Health Organization (WHO) (2017), in 2013 most children of primary school age (> 90%) and lower secondary school age (> 80 %) were enrolled in school globally, therefore schools serve an ideal setting for health education and promotion among children. Furthermore, research suggests that schools can successfully promote healthful behaviors among youth. Notably, among high-income countries, health promoting schools were found to influenced children's health by reducing risk factors for noncommunicable diseases, such as increasing physical activity, increasing intake of fruits and vegetables, and reducing tobacco use (WHO, 2017). Similarly, in the U.S., research has shown that school health programs can reduce the prevalence of health risk behaviors among youth (CDC, 2017).

Theoretical Foundation

Establishing healthy behaviors during childhood that may be carried into adulthood are most likely to be achieved through partnerships with schools, government agencies, community organizations, and other community members (ASCD, 2014; St. Leger et al., 2009; WHO, 2017).

The Whole School, Whole Community, Whole Child (WSCC) model, recently developed by the CDC and ASCD with participation from leaders in the fields of health, public health, education, and school health education, seeks to improve learning and health among youth in U.S. schools by incorporating a collaborative and comprehensive approach with schools. The WSCC model includes ten components: Health Education, Physical Education and Physical Activity, Nutrition Environment and Services, Employee Wellness, Social and Emotional School Climate, Physical Environment, Health Services, Community Involvement, Family Engagement, and Counseling, Psychological, and Social Services. This model is directed at schools and uses community resources to address the needs of the whole child, which may serve as a framework for improving students' academic success and health in schools (ASCD, 2014).

With regard to the health education component of the WSCC model, students learn skills needed to make quality health decisions. Specifically, heath education instruction is provided by a qualified and trained health teacher so that students may gain the knowledge, attitudes, and skills needed to make healthful decisions, practice healthful behaviors, become health literate, and promote the health of others (CDC, 2015). As explained by the CDC (2015), health education curricula should incorporate the characteristics of an effective health curriculum, which include ongoing professional development and training for teachers so they are comfortable and skilled in implementing effective health education strategies and assessing student learning. Rooney, Videto, and Birch (2015) noted the importance for schools to allocate resources for health education curriculum and multiple opportunities for professional development, which may be integrated into a school district's strategic plan for improvement. In addition, the International Union for Health Promotion and Education (IUHPE) (2008), states in their guidelines for health promoting schools that it is essential to have ongoing opportunities for

staff to attend professional development programs, ensure there are resources for appropriate capacity building of staff, and provide resources that complement the fundamental role of the teacher that are of a sound theoretical and accurate factual base.

Professional Development

In general, teachers' continuing professional development has been being given increasing importance in countries throughout the world due to the positive correlations between teacher quality and student achievement. Evidence-based practice for continuing professional development serves as an impetus and motivation for teachers to transform their practice and enhance student learning (Harrison, Hofstein, Eylon, & Simon, 2008). Many initiatives for continuing professional development among teachers were initiated by government agencies such as the United Kingdom (GTC [General Teaching Council] Scotland), the U.S. (*Every Student Succeeds Act* [ESSA]), and the European Union (European Commission Directorate-General for Education and Culture). In the U.S., resources to support the WSCC model specific to professional development to enhance health education teaching that are associated with a school districts' strategic plan for improvement may come from Federal government Title II funds for professional development (SHAPE America, 2016). In 2015, the ESSA shifted the nation's education focus from a few select subjects, such as mathematics and science, to a "well-rounded education" for all students, which includes health education. Consequently, school districts have the means to support teachers' professional development specific to health education for the purpose of improving students' academic success and health as part of their ESSA implementation plan, ensuring a well-rounded education for all students.

As reported by the U.S. Department of Education (2017), there is much empirical support regarding the benefits of professional development for teachers. For example, professional

development enhances teachers' subject matter knowledge, improves their instructional skills, and enables teachers to learn state-of-the-art teaching techniques. In addition, there is an emerging base of research to support that professional development influences student learning and achievement. This evidence base for professional development that improves teaching and learning also assessed the quality and effectiveness of professional development activities, such as coaching and mentoring, collaboration among colleagues, and observing and discussing classroom practice (Caena, 2011; Darling-Hammond, Wei, Andree, Richardson, & Orphanos, 2009; DeMonte, 2013). For instance, studies have found that beginning teachers who participate in teacher induction programs perform better at various teaching skills (i.e. classroom management) and their students had higher academic achievement (Ingersoll & Strong, 2011). There is also empirical support that improved teacher practice and student learning resulted from specific types of professional development; such as, focusing on the teacher's content area, observing expert teachers or leading discussions, and shared participation among teachers (i.e. same subject area) (Caena, 2011; U.S. Department of Education, 2017). In addition, Desimone and Garet (2015) concluded that research has demonstrated the important role of school leaders' support for professional development activities in terms of providing time for teachers to participate in professional development and to implement strategies learned.

The U.S. Department of Education (2017) noted that all teachers should have equal access to high quality professional development and provided a description of teacher professional development in the United States during the 2011-2012 school year with regard to selected teacher and school characteristics. However, their reported results concerning teacher professional development were for all teachers and not specific to teachers' content areas. As a result, baseline data are needed to describe the health education component of the WSCC model

by describing professional development opportunities and support among health education teachers in the U.S., which will serve to determine the extent that health education programs are incorporating the characteristics of an effective health curriculum as defined by the CDC (2015). These characteristics includes ongoing professional development and training for health teachers to enhance their skills in implementing effective health education strategies. Moreover, baseline data are needed to assess the call by Rooney et al. (2015) for schools to allocate support and resources for health teachers' professional development and if they were equitable to all other teachers.

Purpose of the Study

Therefore, the purpose of this study was to describe secondary public school health education teachers' professional development activities and the types of support for professional development they received during the 2011-12 academic year as compared to secondary teachers of all other subjects. In addition, professional support specific to newly hired secondary health teachers was described, as well as their perceptions of how well prepared they were during their first year of teaching with regard to selected instructional skills. Therefore, specific research questions include:

1. In what professional development activities did secondary public school health education teachers participate as compared to secondary public school teachers of all other subjects?
2. What support for professional development did secondary public school health education teachers received as compared to secondary public school teachers of all other subjects?

3. What professional support did newly hired secondary public school health education teachers received as compared to newly hired secondary public school teachers of all other subjects?
4. What were the perceptions of professional preparation in teaching among newly hired secondary public school health education teachers?

Method

This study employed a secondary analysis on an existing dataset. The data were from the most recent (2011-2012) Schools and Staffing Survey (SASS), a large national data collection effort conducted by the National Center for Educational Statistics (NCES) (Cox, Parmer, Strizek, & Thomas, 2017). Since the early1980's, the SASS has been conducted every 3 years using a systematic sample of public, private and charter school employees, including teachers, administrators and library media specialists. Notably, for the first time, the 2011-2012 SASS, has included health education as a subject area exclusive of physical education.

Participants

The SASS data used in this analysis were collected from public school teachers in the United States teaching in K-12 schools and districts during the 2011-2012 school year. The population of "teachers" was defined as personnel in public schools who teach regularly scheduled classes to students (N = 37,497). The definition for secondary education used for this study corresponds with the U.S. equivalent for the International Standard Classification of Education levels, which includes Grades 7 through 12 (U.S. Department of Education, n.d.). Secondary health education teachers were those individuals who selected this discipline as their primary teaching responsibility (n = 344). Secondary health teachers were compared to all secondary teachers who selected any other subject area as their primary subject area (n =

25,894). Newly hired secondary teachers were individuals who indicated that they began teaching at any point during the 2008-09 school year through the 2010-2011 school year (n = 5,945).

Sampling Procedures

The sampling procedures were conducted by the NCES and explained in the SASS NCES Handbook of Survey Methods (Goldring, Taie, Rizzo, Colby, & Fraser, 2013). Because no single sample frame exists for all teachers in the United States, NCES had to employ a cluster methodology using school buildings as the sampling unit with data from the NCES Common Core of Data for the same academic year as the survey providing the most current listing of American schools which included the 50 states. Additional public schools from alternative and juvenile justice system schools were added to produce a sample frame of 90,530 public schools. A total of 11,000 public schools from 5,798 districts were comprised in the sample, from which 37,497 teachers were surveyed. Within this selected sample, teacher experience was used as a strata to ensure a representative sample of novice and experienced teachers. Early career teachers answered additional questionnaire items related to their experiences starting in the profession.

A stratified complex design was used to weight individual teachers to correct for bias due to systematic oversampling of certain population members. Weights developed by NCES were applied to the SASS dataset to approximate the population of public school teachers by correcting for this oversampling of some elements. The final weighted sample (N) of public school teachers was 3,385,171. This weighted sample was nationally representative of public school teachers and can be generalized to the population of public school teachers in the U.S.

Instrumentation

Data for this study were from the *Teacher Questionnaire: Schools and Staffing Survey 2011-2012* (U.S. Department of Education, 2011). The Education and Training section of the questionnaire was used to identify newly hired teachers' perceptions of their professional preparation and types of professional development activities they experienced. Questions related to professional development activities were from the Professional Development section of the instrument. Weighted unit response rates for public school teachers were 77.7%.

Data Analysis

The analysis presented was calculated using weighted frequencies and percent. Each case in the data file was assigned a weight calculated by NCES which compensates for differential selection bias introduced by the sampling design. SPSS software was used for analysis which supports the use of a weighting variable for frequencies and percent. The data presented represents an estimate of the population parameters for the selected group of teachers. Descriptive statistics were used to analyze data and answer research questions. For this analysis, weighted Ns were reported to ensure generalizability from the sample population.

Human Subjects Approval Statement

Human subject approval for this study was provided by the IRB Office at [name of institution of higher education removed for peer review].

Results

Overall, public school secondary teachers in the U.S., during the 2011-2012 academic year (N = 1,553,401), were 36.3% male and 63.7% male. Most common responses for race/ethnicity were White (90.0%), Black or African-American (7.5%), Hispanic or Latino (6.9%), Asian (2.4%), and American Indian or Alaska native (1.4%). Responses for all other

race/ethnic groups were less than one percent. Total percent for race/ethnicity was greater than 100 percent as respondents were able to mark one or more races on the SASS questionnaire.

Table 1 shows that compared to public school secondary teachers of all other subjects, secondary health education teachers more likely to participate in professional development activities such as university course(s) related to teaching, use of computers for instruction, and student discipline and classroom management. They were also more likely to present at workshops, conferences, or training sessions as compared to other secondary teachers, but less likely to attend workshops, etc., if they were not presenting. In addition, secondary health education teachers were less likely to have observation visits to other schools or attend professional development activities that concentrated on, and were specific to, their subject area. Approximately one quarter (24.0%) of all secondary teachers of other subjects, and even fewer secondary health education teachers (20.1%) reported professional development activities related to teaching limited-English proficient students or English-language learners (ELLs). Moreover, secondary health education teachers participated in fewer professional activities that focused on how to teach students with disabilities as compared to their teaching peers. Overall, of the nine professional development activities presented on the SASS 2011-12 (U.S. Department of Education, 2011), secondary school health education teachers reported less participation in more than half. Congruently, they reported receiving less support for professional development as compared to secondary teachers of all other subjects.

The SASS 2011-12 inquired about six different types of support teachers received during the academic year (see Table 1). In all categories, secondary school health education teachers reported they received less support for professional development as compared to secondary teachers of all other subjects, with the exception of full or partial reimbursement of college

tuition. In general, three-quarters of secondary teachers reported that support for professional development occurred during scheduled time in their contract year. Less than half of all secondary teachers reported receiving support for the remaining five categories of professional development.

[Insert Table 1 here]

Results inquiring about the types of professional support received by newly hired teachers were presented in Table 2. Over ninety percent of newly hired secondary school health education teachers reported receiving supportive communication with their principal, other administrators, or department chair, as compared to just over three-quarters of secondary teachers of all other subjects. Health teachers also reported more support than other all other secondary teachers by having a common planning time with teachers of their subject, receiving extra classroom assistance (e.g. teacher aides), and having a reduced teaching schedule or number of preparations. However, newly hired secondary health education teachers reported less support than newly hired secondary teachers of all other subjects in programs commonly designed specifically for beginning teachers, such as: participating in a teacher induction program, working closely with a mentor or master teacher who was assigned by their school district, and having seminars or classes for beginning teachers. These professional development programs may help newly hired teachers enhance instructional skills learned during their college teacher education programs.

[Insert Table 2 here]

Concerning the professional preparation of newly hired teachers, the SASS 2011-12 asked newly hired teachers how prepared they were in their first year of teaching with regard to eight key instructional skills. Table 3 describes secondary school health education teachers'

responses. Most notably, 90.2% and 88.0% of newly hired secondary health teachers felt they were well prepared or very well prepared to meet state content standards and teach their subject area during their first year of teaching, respectively. In addition, approximately three-quarters reported they were well prepared or very well prepared to assess students (76.7%) and use computers for instruction (74.1%) during their first year of instruction. However, over one-third of newly hired secondary health teachers reported they were only somewhat prepared or not at all prepared in the remaining instructional skills, such as use of a variety of instructional methods (36.2%) and differentiating instruction in the classroom (35.4%). They felt least prepared by reporting they were not at all prepared or somewhat prepared in handling a range of classroom management or discipline situations (42.6%) and using data from student assessment to inform instruction (44.7%).

[Insert Table 3 here]

Discussion

The WSCC model focuses on aligning public health and education to improve each child's cognitive, physical, social, and emotional development (CDC, 2015). Health education, a component of the WSCC model, emphasized health education instruction that is taught by trained health education teachers and incorporates characteristics of an effective health curriculum. One characteristic of an effective health curriculum is ongoing professional development for teachers. The importance of professional development, in general, as a characteristic of effective teaching has been given increased importance worldwide, which has resulted in increased emphasis on funding of teachers' professional development activities (Caena, 2011; Fraser, Kennedy, Reid & Mckinney, 2007). Most recently, in the U.S., Title II funds from the ESSA offer support so that all teachers have professional development

opportunities to improve their instructional knowledge and skills to positively affect student achievement. For health education teachers, professional development provides them with the knowledge and skills to not only improve student learning but to positively influence the health and well-being of all students. Health education teachers do this by employing planned learning experiences that include a skills-based approach to health education, which provides student with the opportunity to acquire the knowledge, attitudes, and skills they need to make health promoting-decisions.

Planned learning experiences are based on an assessment of student health needs. As noted in the 2008 Initial Health Education Teacher Education (HETE) Standards (SHAPE America, n.d.), graduates of school health education programs should be proficient in conducting needs assessments to determine priorities for school health education. Specifically, health teachers should be able to infer needs for health education from data obtained, align health education curricula with needs assessment data, and use assessment result to guide future instruction. However, teacher reported data from this study showed that nearly 45% of newly hired health education teachers expressed that they were only somewhat or not at all prepared to use data from student assessment to inform instruction. As noted by Niemi (2015), professional development begins during initial teacher education programs and continues throughout a teacher's career. Findings from this study suggest that professional development opportunities for newly hired health education teachers should be coordinated with initial teacher education programs to support HETE standards that target skills needed to use student assessment data to guide instruction, thereby providing a continuum of professional support for novice health teachers.

Although the HETE Standards state that teacher candidates should exhibit competence in classroom management (SHAPE America, n.d.), over 40% of newly hired health education teachers reported that they were somewhat or not at all prepared to handle a range of classroom management or discipline situations. Again, with coordinated efforts between HETE programs and teacher professional development for newly hired health teachers, their instructional needs to become highly effective teachers may be achieved. For example, professional development support in the form of teacher induction programs have been found to be effective in helping new teachers successfully demonstrate classroom management skills (Ingersoll and Strong, 2011). However, this study found that as compared to newly hired secondary teachers of all other subjects, newly hired health education teachers were less likely to have participated in teacher induction programs or have seminars or classes for beginning teachers. Furthermore, they were less likely to have been assigned to work closely with a master or mentor teacher. Findings from this study suggest school districts improve their professional development opportunities for newly hired health teachers that are designed specifically to support beginning teachers. As noted by Ingersoll and Strong (2011), many studies have shown that teacher inductions program had positive impacts on classroom instructional practices and student achievement. Furthermore, the European Commission (2010) emphasized the importance of support for new teachers in the form of induction programs when new teachers are confronted with the realities of daily teaching and the importance of mentoring during teacher induction programs. Therefore, based on findings from this study, recommendations regarding newly hired health teachers are twofold: School districts should not only provide beginning health teachers professional development that serves as a continuum of initial teacher education programs, but provide health education

teachers with the same access to teacher induction programs, seminars, or classes offered to their beginning teachers of all other subjects.

Moreover, professional development programs for beginning teachers may help bridge the gap between initial teacher education and continuous professional development with regard to enhancing health education teachers' instructional skills in the classroom. In this study, over one-third of newly hired secondary health teachers reported they were ill prepared to use a variety of instructional methods and differentiate instruction in the classroom. And as previously noted, the health education component of the WSCC model stresses implementation of characteristics of effective health curricula which requires ongoing professional development and training for teachers so they are skilled in implementing effective health education strategies (CDC, 2015).

More favorable results from this study showed that over 90% newly hired health teachers reported receiving regular supportive communication with their principal, other administrator, or department chair. Also, as compared to newly hired secondary teachers of all other subjects, a greater percentage of newly hired health teachers reported having a common planning time with teachers in their subject. Approximately 60% and 50% of newly hired secondary health teachers and secondary teachers of all other subjects reported common planning time, respectively. Notably, more school districts could provide opportunities for common planning time among teachers of the same subject. These professional development opportunities are advantageous for school districts to include in their school improvement plans as research has found that collaborative and collegial learning environments are essential components of effective professional development (Caena, 2011; Darling-Hammond et al., 2009; European Commission, 2010; Niemi, 2015; Wei, Darling-Hammond, Andree, Richardson, & Orphanos, 2009). Based on

findings from this study, health teachers are encouraged to continue building their professional support network by seeking advice and assistance from additional district staff (e.g. Director of Curriculum and Instruction) and the school community (e.g. social workers).

Other research has highlighted the role district leaders play in supporting and encouraging professional development for teachers, such as providing time for teachers to participate in professional development (Caena, 2011; Desimone & Garet, 2015). Support for professional development also includes financial contributions from school districts so that teachers may pursue professional development opportunities. For five of the six areas of professional support identified in the SASS teacher questionnaire (see Table 1), secondary health education teachers reported less support as compared to secondary teachers of all other subjects. These results show an inequity related to professional development support for secondary health teachers, which may have been a result of *No Child Left Behind* (NCLB). With NCLB, emphasis was placed on "core academic subjects" for which health was excluded. To date, the ESSA emphasized a well-rounded education for all students, including health education, and therefore offers school districts an opportunity to provide equal access for all teachers to high quality professional development that improves learning and academic success for all students. With this new legislation, health teachers have the opportunity to receive equal access to professional development opportunities as compared to all other secondary teachers.

Wei et al. (2009) states that high quality or effective professional development incorporates research that links teacher development to student learning. The researchers further stated that professional development had strong effects if it focused on specific knowledge and pedagogical skills. This study showed that approximately three-quarter of secondary health education teachers reported participating in a professional activity that was specific to the subject

they taught, however, once again, this rate was lower than secondary teachers of all other subjects. A higher percent of secondary teachers of all other subjects reported participating in professional development that was specific to their subject area as compared to secondary health teachers (see Table 1). Furthermore, secondary teachers of all other subjects were more likely to attend workshops, etc., when not presenting, as well as to be reimbursed for workshop and travel expenses, as compared to secondary health teachers.

Finally, professional development should provide teachers with the knowledge and pedagogical skills to create environments that support student achievement which are inclusive and supportive for all students, regardless of race, ethnic origin, gender, sexual orientation, religion, or physical ability. Relatedly, the SASS teacher questionnaire asked respondents if they participated in professional activity about how to teach students with disabilities. This study found that about one-third of secondary health teachers reported they had participated professional activity about how to teach students with disabilities, as compared to approximately 40% of teachers of all other subjects. And, less than one-quarter of all secondary teachers reported participating in professional development on how to teach limited-English proficient student or ELLS. The trend in findings continue as health teachers reported lower professional activity participation rates for this topic area as compared to teachers of all other subjects. These results provide a glimpse of not only of secondary health teachers' professional development activities, but suggests that all secondary teachers' professional development activities related to creating an environment that is inclusive and support of *all* children is limited.

Recommendations

As previously indicated there is much empirical evidence that professional development enhanced teachers' content knowledge and classroom pedagogy in ways that were associated

with improved learning for all students. With support from school districts and professional commitment among secondary health teachers, all students may receive quality health education instruction so they may acquire the knowledge and skills needed to make health-enhancing decisions and establish lifelong health behavior patterns. Findings from this study provided insight about the professional development needs of secondary health teachers so they may implement quality health education instruction. Therefore, the following recommendations are offered to meet the professional development needs of secondary health teachers:

1. School districts may establish quality professional development for health teachers through increased collaboration between HETE programs and school districts by adopting a three-phase model for career-long health education teacher professional development that is continuous, and includes; (a.) HETE programs, (b.) professional development designed for newly hired teachers, and (c.) professional development for experienced teachers (Bautista, A., Wong, J., & Gopinathan, S., 2015; European Commission, 2010; Niemi, 2015).
2. Recommended topics to include in professional development programs designed for newly hired health teachers are using data from student assessments to inform instruction, handling classroom management and discipline situations, using a variety of instructional methods, and differentiating instruction in the classroom. Also, HETE programs may review and revise their current curriculum with regard to these topics in order to better meet the instructional needs of their health teacher candidates.
3. Health education teachers may continue to build their professional development support networks by seeking advice and assistance from other school staff and district partners, such as literacy specialist, educators of special needs students, social workers, curriculum and instruction specialists, nurses, and school psychologists (Niemi, 2015).

4. The ESSA, which emphasizes a well-rounded education for all students, provides an opportunity for health teachers to advocate for equity in professional development opportunities as compared to teachers of all other subjects and for high quality professional development specific to health educations that improves learning and academic success for all students. For example, health teachers may serve on their district's committee that develops district-wide professional development plans. While on this committee they may advocate for annual health education professional development and for equal opportunities for health education professional development as compared to all other subjects.
5. Health teachers may apply for grants (i.e. through their school's parent-teacher associated or educational foundation) to secure financial support to attend professional development conferences.
6. In addition to the need for professional development specific to health education content knowledge and pedagogy, secondary health education teachers should be included in professional development activities that allow them to create supporting learning environments for all students, regardless of race, ethnic origin, gender, sexual orientation, religion, or physical ability.
7. Secondary health education teachers may subscribe to health education journals which describe new and innovative teaching practices and offer examples of best practice. They may also seek out professional development opportunities specific to health education knowledge and pedagogy by attending webinars, reading professional journals, and becoming active members of professional organizations, such as the Society of Public Health Education.

Limitations

Subjects self-reported the data and missing responses were imputed. To compensate for individual item nonresponse bias, NCES used a multi-stage imputation process to derive values that would have a high likelihood of matching the probable response pattern. Item nonresponse rates between health education teachers and the rest of the population were similar on the reported items at between 1 and 1.5% (Goldring, Taie, Rizzo, Colby, & Fraser, 2013).

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Table 1

Professional Development During the Past 12 Months Among Secondary Public School Health Education Teachers as a Percentage of the Population (N = 1,553,401)

Survey Item	Heath Ed. Teachers (*n* = 18,864)	All Other Teachers (*n* = 1,534,537)
	Yes	Yes
Participated in professional activity, such as:		
Attended workshops, etc., but not presenter	85.1	89.7
Concentrated on, and specific to, subject(s) taught	76.5	79.1
Focused on use of computers for instruction	70.1	66.4
Focused on student discipline and classroom management	51.6	42.0
How to teach students with disabilities	32.9	38.3
University course(s) related to teaching	30.3	28.1
Presenter at workshops, conferences, or training sessions	24.8	23.2
How to teach limited-English proficient students or ELLs*	20.1	24.0
Observation visits to other schools	16.0	19.3
Received support for professional development, such as:		
Scheduled time in the contract year	74.2	76.3
Release time from teaching (someone else assigned to teach)	41.9	47.8
Reimbursement for conference or workshop fees	27.0	31.0
Reimbursement for travel and/or daily expenses	20.5	23.9
Stipend for activities outside of work hours.	19.2	25.0
Full or partial reimbursement of college tuition	11.2	9.7

*ELLs (English-language learners)

Table 2

Types of Professional Support Received Among Newly Hired Secondary Public School Health Education Teachers as a Percentage of the Population (N = 297,021)

Survey Item	Health Ed. Teachers (*n = 4,480*)	All Other Teachers (*n = 292,541*)
	Yes	Yes
During your first year of teaching, did you:		
Receive regular supportive communication with principal, other administrators, or department chair?	90.4	76.1
Participate in teacher induction program?	74.8	85.7
Work closely with a master or mentor teacher who was assigned by your school or district?	66.4	74.2
Have seminars or classes for beginning teachers?	60.2	65.1
Have common planning time with teachers in your subject?	59.6	50.1
Receive extra classroom assistance (e.g. teacher aides)?	29.2	22.6
Have reduced teaching schedule or number of preparations?	19.5	11.5

Table 3

Perceptions of Professional Preparation Among Newly Hired K-12 Public School Health Education Teachers as a Percentage of the Population (N = 4,480)

	Prepared				
	Not at all	Somewhat	Well	Very Well	Total
In your first year of teaching, how prepared were you to:					
Meet state content standards?	1.0	8.8	43.4	46.8	100.0
Teach your subject matter?	0.7	11.4	41.5	46.5	100.0
Assess students?	2.1	21.5	55.3	21.4	100.0
Use computers in classroom instruction?	1.6	24.3	56.9	17.2	100.0
Differentiate instruction in the classroom?	1.9	33.5	54.5	10.2	100.0
Use a variety of instructional methods?	1.0	35.2	50.5	13.3	100.0
Handle a range of classroom management or discipline situations?	4.6	38.0	41.2	16.3	100.0
Use data from student assessment to inform instruction?	4.8	39.9	46.6	8.8	100.0