

Ten-Year Survey of Public Attitudes Toward Education: Implications for Health Education

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Article:

INTRODUCTION

During each of the past 10 years, the Gallup organization has conducted a nationwide survey of attitudes toward public education. A modified probability sample was used to analyze questions of current interest, as well as trend questions designed to reflect changes in public sentiment over a period of time. The purpose of the polls was to measure the attitudes of typical citizens toward the quality of education in their local schools. While the results are able to reflect a national sentiment, they cannot be used to accurately portray the mood of a given community.

Polls such as these are valuable in helping decision makers understand public reaction toward existing policy and programs, and to ascertain the level of readiness to accept new programs. Since the sample represents a microcosm of American society, the results can be used to help education better serve the public. Health educators can benefit by analyzing the results and considering the implications- These implications bear on such important concerns as teacher preparation, curriculum development and teacher-student relationships. This article is a summarization of those specific issues during the ten-year survey which have meaning for health education.

PUBLIC AWARENESS

Most of the public, even parents with children attending schools, are ill-informed about the local schools and about education in general- When asked to give an appraisal of their knowledge about schools, 18% replied "quite a lot," while 42% indicated "very little" knowledge about public schools. It is not surprising that fewer than half the sample in one poll could name the elementary principal in their neighborhood- Among parents, three in four could identify the elementary school principal; but 42% were unable to name the secondary school administrator. The local superintendent and president of the school board were also unfamiliar. Lack of knowledge about education was further evidenced in response to questions dealing with classroom space, cost of education per child, school dropouts and higher education.

One might say that the public is apathetic toward education, that it chooses to remain uninvolved. A poll determined that only 37% of the sample and 59% of the parents had attended any lecture, meeting or social occasion at the local school during the previous year, Only 16% of the sample and 18% of the parents had *ever* attended a school board meeting. Fewer than half the people in either group had voted in the last school board election. About half of the parents do not belong to the PTA or similar group. The most common reasons given for not belonging to the PTA were "no time" and "no interest."

Another explanation for public apathy is possible. Perhaps school personnel are partly responsible for an isolation of school and community. A majority of the public and nearly 40% of the parents indicated they had not received any newsletter, pamphlet or other materials telling about local school activities. Most people felt their best source of information about schools was the local newspaper. It is disappointing that relatively few people believe meetings at school or school publications are a good source of information. Teachers actually rated lower than students as a useful source of information about school-related activities.

When asked, "Would you like to know more about the schools in your community?" nearly two-thirds said yes. Even a majority of those who did not have children attending public schools expressed an interest in receiving more information. Specifically, the public would like to have more information on meaningful issues such as the content of courses, educational process and new ideas being tested in schools.

The responses given during ten years of study indicate that the public holds definite opinions about their local schools and about education. Unless school personnel are willing to become involved in public relations efforts, the public will continue to receive its information from the mass media and by word of mouth- Public support for education will more likely come from an informed community, and one which has a sense of identity with the school system. If health educators expect community support, it must come from citizens who are knowledgeable and sensitive to the goals of health education.

One of the most recent polls indicates that optimism is warranted. Citizens believe that schools could improve through more and better relationships with the teachers. Ninety percent of the respondents indicated they would like to serve on a citizen's advisory committee appointed by the school board. There was support for schools offering courses to parents in order to be able to help their children in school. In fact, the 1977 poll asked what topics should be covered in a special course for parents. Drugs, smoking and use of alcohol were most often mentioned. How to improve health habits was also ranked fairly high.

The public also supports the concept of academic credit for community service projects- Activities such as health fairs, health screening programs, adult health education, fund raising for voluntary health agencies and class projects related to community health would serve as appropriate ways to integrate the goals of health education with the needs of the community. Special efforts by health educators toward community involvement would raise the level of public awareness and perhaps the level of public support for health education.

MAJOR CONCERNS

Each year, pollsters asked respondents to name their major concerns related to public schools. In 1971, school finance was most often given as the biggest problem facing public education. In every other year, however, lack of discipline ranked above other important issues such as lack of proper financial support, integration/segregation/busing problems, difficulty of getting "good" teachers, size of classes and lack of proper facilities. When discussing the lack of discipline, some felt their tax money was being wasted since the goals of education were not being achieved. People were upset with the lack of respect for teachers but felt teachers themselves contributed to the problem by allowing students to do whatever they wanted.

Hidden in this overwhelming expression of concern is a major dilemma. Who is responsible for the misbehavior of young people? Parents blame the schools while educators believe that parents are ultimately responsible. In addition, teachers feel that administrators do not set strict enough rules. Administrators claim that teachers fail to enforce existing policies.

It should be apparent that responsible and respectful behavior will more likely result when the home, school and community work cooperatively. Classroom teachers can do several things to promote positive student behavior:

1. Set and maintain high standards of performance behavior as well as academics.
2. Support administrative policy and enforce all regulations concerning student conduct.
3. Involve students in their own education, including program planning and evaluation.
4. Help students develop a positive self concept with an appreciation for responsibility and self-control.
5. Serve as an appropriate role model.

In 1970, the second year of the surveys, parents listed student drug abuse among the top ten concerns. Each Year since then, drug abuse has consistently ranked as a major concern. This concern is shared by teachers and students- In 1978, drug abuse ranked as the second leading concern, with nearly two-thirds of the sample indicating that marijuana use among local students is a serious problem. Surprisingly, alcohol abuse has never appeared among the top ten.

Drug abuse is a major concern of parents, and they clearly want help from the schools. Most people, regardless of age, sex, race or region of the United States, felt that children should be required to attend a program on the harmful effects of drugs- Yet when asked whether the schools are doing a good job of teaching the bad effects of drug use, fewer than half the parents, the national sample or the students themselves answered affirmatively.

CURRICULUM

Generally, the public seems to be satisfied with the curriculum. When asked to indicate the ways in which schools are particularly good, the answer given most frequently was the curriculum. Only 15% of one sample mentioned the curriculum when asked what changes they would favor if they were a school board member. More than 80% of the parents felt their children were being taught the things they should be learning. Conversely, nearly 60% of the students said the curriculum needs to be changed to meet today's needs.

Throughout the decade, there has been an increasing trend toward what has come to be known as the "back to basics" movement. Much of this concern centers around the nationwide decline in test scores, notably the Scholastic Achievement Tests. Reading, writing and mathematics scored highest when the sample was asked which educational program should be given greater attention. Health, joined with physical education for purposes of the study, ranked near the very bottom of the list for both the elementary and secondary schools- It is important to note that, for many people, "back to basics" means more than shifting emphasis to the 3Rs. To many, the term is not used in relation to course offerings, but has meaning for the process of education. A fairly common interpretation centers around concepts such as respect for teachers, good manners, structured classrooms, back to the old ways of teaching, more homework and higher scholastic standards.

In a recent poll, the sample was asked to identify the subjects they found to be most useful in later life. Presented are the results in rank order: English, math, commercial subjects like typing and bookkeeping, extra-curricular activities, shop, history, science, language, psychology and home economics. Health education is conspicuous by its absence. Since the question was open ended, it is possible that health education was not listed because adults did not experience health education or because they did not think of health education as being a separate subject in the curriculum. In either case, it is apparent that health education has not proven itself as relevant and useful to later life.

A follow-up question asked whether there were any subjects the individual had not taken that would be of special help to them now. Most of the same courses were listed, and once again health education was not on the list. Apparently even in retrospect, people do not feel that health education has much to offer.

The polls seem to support what most health educators realize — that health education suffers from an identity crisis. Actually it would be more accurate to describe the problem as a non-identity crisis. Throughout ten years of surveying the public, the results provide little evidence that health education is recognized outside of the educational system. There is evidence that teaching about drugs, alcohol and tobacco have widespread support. There is even evidence of support for sex education. One poll showed that two-thirds of the nation and nearly three-fourths of public school parents approved of the schools teaching sex education. A more recent poll found that 84% of the parents were in favor of instruction that deals with moral behavior. From a health educator's viewpoint, what is most disturbing is that the concept of comprehensive health education does not appear anywhere in the polls. Neither the questions prepared by educational experts, nor the responses of the public demonstrate that health education is progressing in its struggle for public recognition.

TEACHERS

The public's perception of a good school is often synonymous with the quality of teachers employed by the local district. Many people feel that good schools have teachers who are interested in their students and who make their classes interesting. One question asked parents what qualities they would look for if they were able to choose their children's teacher. Most often, parents listed personal qualities related to teachers (humanistic orientation) rather than professional qualities such as having greater knowledge of subject matter or using better methods of classroom instruction. They were concerned with the teacher's ability to understand students and to inspire them. The ability to discipline was also a frequently given answer.

Conceptually, for parents at least, the ideal teacher is one who becomes a model of behavior for the young- In health education, there is ample opportunity for teachers to demonstrate effective health behavior. There is also the responsibility to inspire youth as a humanistic facilitator of healthful living. The relevance of health education certainly has the potential to maintain student interest through creative classroom strategies. One way to achieve recognition for the profession is through teachers who are able to make health education the most popular subject in the curriculum.

PUBLIC SATISFACTION

From 1974-1978, each survey asked the sample to grade their local schools. Table 1 shows a steadily declining proportion of high grades, so that by 1978, one in five respondents gave the public schools an unsatisfactory grade of "D" or "F". Another disturbing trend was revealed in a three-year series of questions asking whether the public would vote to raise taxes if the schools needed the money. Consistently, more than half of the people said no- Surprisingly, even a majority of parents were unwilling to support tax hikes to help the schools.

The results of these nationwide surveys as an indicator of public attitudes toward education are not encouraging for the future of public school health education. The public is generally satisfied with the existing curriculum, would like schools to place greater emphasis on the 3Rs, doesn't feel that health education has much to offer elementary children or adolescents and is unwilling to pay additional taxes in support of new programs.

RECOMMENDATIONS

The key challenge facing our profession is the attainment of public respect for the benefits uniquely gained from a comprehensive health education curriculum. Based on the findings of the ten-year survey, the following suggestions are offered to school health educators:

1. Actively pursue public relations efforts through newsletters, newspaper and other media, open house gatherings, invitations for parents to observe classes and special school events.
2. Develop community projects and encourage students to become involved with health-related agencies. Offer academic credit or extra credit for projects such as health fairs, volunteer work and independent study. Utilize the school/community concept.
3. Demand high standards of performance with regard to personal behavior, health behavior and scholarship.
4. Promote adult education for parents in areas of interest such as drug abuse, human sexuality and mental and emotional health.
5. Create instructional strategies explicitly intended for sharing with family members. Homework assignments, surveys and demonstrations offer the opportunity for parents to become acquainted with classroom learning.
6. Attend school board meetings. Actively promote health education needs and current activities of interest.

TABLE 1
Ratings of the Public Schools, 1974-1978

Ratings Given the Public Schools	National Totals				
	1974 %	1975 %	1976 %	1977 %	1978 %
A Rating	18	13	13	11	9
B Rating	30	30	29	27	27
C Rating	21	28	28	28	30
D Rating	6	9	10	11	11
Fail	5	7	6	5	8
No Answer	20	13	14	19	15
Total	100	100	100	100	100

7. Identify, encourage and support school board directors who are willing to promote comprehensive health education,
8. Identify and encourage community groups to participate in efforts directed at comprehensive school health education.
9. Conduct a survey of local attitudes toward educational and community concerns. Evaluate the implications for health education.
10. Establish both short-term and long-range goals. Attainment of the short-term goals will provide reinforcement and support for long-range goals- By *establishing* long-range goals, continuity of effort will help to bring success to each activity along the way.
11. Become a good role model for students, parents and the community at large.
12. Correlate the 3Rs into classroom activities. There is ample occasion in health education to facilitate skills *in* language arts (grammar, spelling, punctuation, vocabulary, writing), mathematics and reading.
13. Strive to make health education relevant to the needs and interests of the learner. Application of learned information into daily living serves to illustrate the importance of health education.
14. Encourage the District to develop a comprehensive K-12 health curriculum- This will provide continuous visibility and help to achieve the stated goals of the program. Parents of children at all levels of education will be reminded that health education is alive and well.
15. Evaluate available data to determine whether the curriculum is effective. Teacher-made tests, student attitude and behavior inventories, incidence rates for disease and injury may all point to the positive benefits of health instruction.
16. Take pride in the teaching profession and the important role of public education. Help to raise the level of community respect for the American educational system. Support the efforts of other school personnel. Help to make the community proud of its elementary and secondary schools.
17. Interact with students as a humanistic facilitator of learning. Challenge, stimulate and motivate young people toward effective living as adults.