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# Membership Responses to National Health Occupations Education Program Standards

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# MEMBERSHIP RESPONSES TO NATIONAL HEALTH OCCUPATIONS EDUCATION PROGRAM STANDARDS

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Abstract: This article reports data collected from the membership of the Health Occupations Education Division of the American Vocational Association regarding program standards, Fourteen standards were submitted to 50% of the Division's members (N=847). The standards were based on previous studies conducted by the North Carolina Department of Education and East Carolina University. During developmental stages, the potential standards were reviewed by the policy committees of the Division and the National Association of Supervisors and Administrators of Health Occupations Education (NASAHOE).

The study data are based on 144 completed questionnaires. This provides a 17% return rate and represents S.5% of the Division's membership. Since the standards were based upon previous studies, reviewed by HOE Policy Boards, and since the respondents evidenced a high percentage of agreement with the proposed standards, the authors recommend adoption by the Health Occupations Education Policy Board.

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## Background

During the 1989 American Vocational Association (AVA) Conference, the Health Occupations Education (HOE) Policy Board solicited position papers from its affiliates on selected topics (Richards, Moore, & Marks, 1991). Among these was a request for program standards to be developed by the National Association of Supervisors and Administrators of Health Occupations Education (NASAHOE). At the Spring 1991 Policy and Convention Planning Committee meeting, the Policy Board reviewed the developing program standards instrument and made the decision to have the membership participate in program standards acceptance by using a mail survey format.

As is typical of most professional associations, only a small number participate in board decisions, or even attend national meetings on a regular basis. Since the standards were to represent the position of the HOE membership in general, the mail questionnaire format seemed to be the best approach. The program standards were to be mailed to one-half of the membership. This would complement other Association activities, specifically the philosophy and teacher certification standards which would be mailed to the remaining divisional members.

## Instrument Development

The questionnaire used to identify health occupations education program standards was modeled after two previous similar activities. The first was an assessment instrument developed by the North Carolina State Department of Public Instruction (Division of Vocational Education, 1986). The second was an activity conducted by East Carolina University to determine business education standards (Calhoun, Finch, White, Dewar, Harper, Corbin, Stallings, & Swayze, 1985).

The business education study, conducted in cooperation with the U.S. Department of Education, used focus groups and the Delphi Technique to identify a consensus of their membership. Without access to federal funding however, it was determined that the health occupations education standards would be validated through a one-time mailing. The initially developed questionnaire was reviewed by the HOE Policy Board. Their comments were used to modify the instrument and the revised questionnaire was returned to the Policy Board and the NASAHOE Policy Board for review. The comments received from both Boards were used to develop the final instrument.

The questionnaire consisted of two parts: program standards and demographic information. Program standards with component areae were listed. Participance were directed to indicate their level of agreement with both the overall standard and the component areas by checking the appropriate response: (sa) strongly agree with the statement, (a) agree with the statement, (n) neutral, (d) disagree with the statement, or (ad) strongly disagree with the etatement. The second part of the questionnaire consisted of demographic data which included (a) the state in which one works, (b) primary responsibilities of the position, (c) level of responsibility, (d) number of years employed in one's current position, (e) program area of primary position, and (f) number of yeare as AVA-HOE member. Participants were aeked to enter any additional comments in the space provided.

## Population

The population consisted of all members of the AVA-HOE division. Membership labels for HOE were obtained from AVA. Labels were in numerical order by zip code. Beginning with the first label, program standards were cent to every second AVA-HOE member. This resulted in 847 program standard questionnaires being sent to members.

A letter explaining the purpose of the study, and a questionnaire were mailed on May 3, 1991. It was noted in the letter that there would be only one mailing due to budget limitations. Stamped envelopes were not included in the mailing for the seine reason. One hundred forty-four (17%) questionnaires were returned by June 30, 1991.

## Data Analysis

Data from the completed questionnaires were entered into the mainframe computer at The University of Iowa. Data analyses were conducted using SPSS-X (SPSS, 1988) and were limited to frequency distributions and Percents. Results were provided according to the two sections of the questionnaire: demographic information and program standards.

## Results

The results are reported according to the two parts of the questionnaire. Demographic information will be followed by responses to the program standards.

### *Demographic* Information

State in which one works. The majority of responses were from Oklahoma with 19 responses, followed by Wisconsin with 14, Florida with 10, and Georgia and Missouri with 9 each. Table 1 lists the responses, from high to low, for the responding states.

Primary Dosition responsibility. Table 2 shows that the majority of participants (95, 66%) listed teacher as their primary responsibility. Other positions in descending order included program coordinator (26, 18%), state and local supervisor (14, 10%), and teacher educator (2, 1%) .

Level of responsibility. Level of responsibility had four possible responses: secondary, postsecondary, continuing education, and other (Table 3) . The majority of responses listed postsecondary (53%) and secondary (31%).

**Table 1**

**Rank and Frequency Of Responses by State***

| State | Frequency | Rank | Percent |
|---|---|---|---|
| Oklahoma | 19 | 1 | 13% |
| Wisconsin | 14 | 2 | 10% |
| Florida | 10 | 3 | 7% |
| Georgia | 9 | 4 | 6% |
| Missouri | 9 | 4 | 6% |
| Kentucky | 6 | 6 | 4% |
| Alabama | 5 | 7 | 4% |
| North Carolina | 5 | 7 | 4% |
| Virginia | 5 | 7 | 4% |
| West Virginia | 5 | 7 | 4% |
| Colorado | 4 | 11 | 3% |
| Kansas | 4 | 11 | 3% |
| Massachusetts | 4 | 11 | 3% |
| New York | 4 | 11 | 3% |
| Iowa | 3 | 15 | 2% |
| Michigan | 3 | 15 | 2% |
| Minnesota | 3 | 15 | 2% |
| Ohio | 3 | 15 | 2% |
| Texas | 3 | 15 | 2% |
| Arkansas | 2 | 20 | 1% |
| Arizona | 2 | 20 | 1% |
| California | 2 | 20 | 1% |
| Indiana | 2 | 20 | 1% |
| North Dakota | 2 | 20 | 1% |
| Pennsylvania a | 2 | 20 | 1% |
| Alaska | 1 | 26 | 1% |
| Idaho | 1 | 26 | 1% |
| Maryland | 1 | 26 | 1% |
| Maine | 1 | 26 | 1% |
| Nebraska | 1 | 26 | 1% |
| New Mexico | 1 | 26 | 1% |
| Oregon | 1 | 26 | 1% |
| South Carolina | 1 | 26 | 1% |
| South Dakota | 1 | 26 | 1% |
| Tennessee | 1 | 26 | 1% |
| Washington | 1 | 26 | 1% |

* Three participants chose not to respond

**Table 2**

Frequency of Responses by Position*

| Position | Frequency | Percent |
|---|---|---|
| 1. Teacher | 95 | 66% |
| 2. Program Coordinator | 26 | 18% |
| 3. Supervisor - local level | 6 | 4% |
| 4. Supervisor - state level | 8 | 6% |
| 5. Teacher Educator | 2 | 1% |
| 6. Other | 4 | 3% |

* Three participants chose not to respond

**Table 3**

Frequency of Responses by Level of Responsibility*

| Level of Responsibility | Frequency | Percent |
|---|---|---|
| Secondary | 44 | 31% |
| Postsecondary | 76 | 53% |
| Continuing Education | 4 | 3% |
| Other | 17 | 12% |

* Three participants chose not to respond

Years in Current Position. Table 4 lists the responses for number of years in one's current position. Responses were subdivided into four ranges: less than 3 years (19%), 4 to 9 years (23%), 10 to 15 years (31%), and over 16 years (24%). Four participants chose not to respond.

Program Area. Table 5 lists the program areas identified by participants. The majority of responses listed nursing (29%), followed by

Table 4

Frequency of ResDonses by Number of Years in Current Position*

| Years | Frequency | Percent |
|---|---|---|
| 3 or less | 28 | 19% |
| 4 through 9 | 33 | 23% |
| 10 through 15 | 45 | 31% |
| Over 16 | 34 | 24% |

*Four participants chose not to respond

health occupations (24%), allied health (15%), licensed practical nurse (10%), and nursing assisting (6%-) . Other program areas identified included respiratory therapy, radiologic technology, dental hygiene, dental assisting, medical assisting, and operating room technician.

Table 5

Frequency of ResDonses by Program Area

| Program Area | Frequency | Percent |
|---|---|---|
| Nursing | 42 | 29% |
| Health Occupations | 35 | 24% |
| Allied Health | 22 | 15% |
| Licensed Practical | 14 | 10% |
| Nursing Assisting | 9 | 6% |
| Other | 22 | 16% |

Years as AVA-HOE Member. Table 6 lists the responses for number of years as an AVA-HOE member. The years were subdivided into four ranges: less than 3 years (24%)', 4 to 8 years (25%), 9 to 15 years (27%), and over 16 years (21%) .

**Table 6**

Frequency of Responses by Membership Years in AVA-HOE*

| Years in AVA-HOE | Frequency | Percent |
|---|---|---|
| 3 or less | 34 | 24% |
| 4 through 8 | 36 | 25% |
| 9 through 15 | 39 | 27% |
| Over 16 | 30 | 21% |

*Five participants chose not to respond

Summary. In summary, the majority of respondents were employed as teachers (66%), followed by program coordinators that also had some teaching responsibility (18%) . Eighty-four percent of the respondents had either direct or partial teaching responsibilities. Slightly over half (53%) of the respondents were responsible for programs at the postsecondary level. This percentage is somewhat surprising in that the divisional membership is often characterized as having a secondary orientation.

Only 19% of the respondents could be thought of as being relatively new with three or less years of experience. Conversely, 55% of the respondents were employed ten or more years. The largest single program area represented was nursing (29%) , followed closely by health occupations education (24%), and allied health (15%) . Even when combining all three nursing oriented categories, (e.g., nursing, licensed practical nursing, and nursing assisting) , nursing accounted for slightly less than half of the respondents (45%) . The same is true with years of teaching experience, as new members to the Association, 3 years or less, comprised only 24% of the respondents.

Overall the respondents can be characterized as having direct classroom responsibility, and being relatively experienced in years of teaching and membership in the Association. Slightly over half of the respondents were responsible for postsecondary programs, and were employed in program areas represented by nursing.

Program Standards

Participants were asked to identify their level of agreement for each standard and component areas. To provide for a more readable table format, the researchers combined some categories of responses: strongly agree was combined with agree (A), strongly disagree was combined with disagree (D), while neutral (N) remained the same. Some respondents chose not to respond to certain statements. The percentage of responses is listed under each category. The percentage reported was calculated for the valid number of responses to each statement.

Standard 1. A comprehensive written program philosophy is available and includes beliefs about education, the program area, how the two interact, and how the program interacts with the parent institution. Table 7 lists the statement and three component areas. The majority of participants agreed with the statement and all three components.

T'he lowest percentages were indicated for the component areas of career exploration and career progression. These comparative percentages reflect the primary importance of vocational programs as preparation for entry level positions, the standard identifying career preparation, end the assumption that a career has been chosen prior to enrollment in a vocational program particularly at the postsecondary level.

**Table 7**

**Standard 1: Philosophy**

| Statement | n | A | N | D |
|---|---|---|---|---|
| A comprehensive written program philosophy is available and includes beliefs about education, the program area, how the two interact, and how the program interacts with the parent institution. | 125 | 89% | 6% | 5% |
| Component Areas: | | | | |
| 1.1 Career exploration | 141 | 75% | 19% | 6% |
| 1.2 Career preparation | 140 | 94% | 5% | 1% |
| 1.3 Career progression | 139 | 86% | 10% | 4% |

Standard 2. A written documentation of the curricula is available. Table 8 lists the standard and six component areas. The majority of participants agreed with the statement and all six component areas. Components 2.1 and 2.2 had no disagreement responses. These responses reflect the high degree of emphasis by both state Departments of Education and specialty accreditation associations upon documented curricula.

Standard 3. Current employment information is available. Table 9 lists the statement and five component areas. The majority of participants agreed with the statement and all five component areas. Standards 3.1 and 3.4 identify the placement and recruitment functions of the program areas and institutions. The lowest percentage of agreement, employee satisfaction (80%), represents the current lack of employee information in most career programs.

Standard 4. A written policy regarding the selection of students is available. Table 10 lists the statement and five component areas. Again, a high degree of agreement with the statements is indicated. Component

**Table 8**

**Standard 2: Written Documentation of Curricula**

| Statement | n | A | N | D |
|---|---|---|---|---|
| A written documentation of the curricula is available. | 3.34 | 97% | 2% | 1% |
| Component Areas: | | | | |
| 2.1 Program goals | 144 | 99% | 1% | o% |
| 2.2 Course descriptions | 144 | 99% | 1% | o% |
| 2.3 Course syllabi | 143 | 94% | 5% | 1% |
| 2.4 Course goals | 144 | 98% | 1% | 1% |
| 2.5 Student objectives | 143 | 97% | 2% | 1% |
| 2.6 Student competencies | 144 | 98% | 1% | 1% |

**Table 9**

**Standard 3: Employment Information**

| Statement | n | A | N | D |
|---|---|---|---|---|
| Current employment information is available. | 124 | 89% | 8% | 3% |
| Component Areas: | | | | |
| 3.1 Availability of entry level positions | 143 | 93% | 6% | 1% |
| 3.2 Salary ranges and benefits | 14 | 84% | 14% | 2% |
| 3.3 Employee satisfaction | 143 | 80% | 15% | 5% |
| 3.4 Employer satisfaction | 144 | 83% | 12% | 5% |
| 3.4 Opportunities for career progression | 144 | 91% | 7% | 2% |

**Table 10**
**Standard 4: Written Policy Regarding the Selection of Students**

| Statement | n | A | N | D |
|---|---|---|---|---|
| A written policy regarding the selection of students is available. | 127 | 82% | 5% | 13% |
| Component Areas: | | | | |
| 4.1 General requirements | 142 | 97% | 1% | 2% |
| 4.2 Services available to single parents, minorities, end students with physical or other disabilities which may enhance their ability to succeed | 141 | 78% | 17% | 5% |
| 4.3 A non-discrimination section | 142 | 94% | 4% | 2% |
| 4.4 Required grade point average | 142 | 85% | 10% | 5% |
| 4.5 Prerequisite courses | 142 | 88% | 9% | 3% |

statement 4.3 (94%) reflects the legal emphasis for equal opportunity and access to programs. This legal emphasis is not as well supported by the percentage of agreement with component 4.2, which specifies services for special populations.

Standard 5. Written articulation agreements with educational institutions or hospital based programs are available. Table 11 lists the statement and three component areas. The agreement levels reflect the importance of the component areas and the possible lack of written documentation. The component areas percentage of agreement ranges from 83% to 88%. The standard, which emphasizes written documentation, is at the 76% agreement level.

Many program areas informally accommodate students through advanced standing procedures and challenge exams. These efforts are at times confused with planned articulation agreements.

Table 11

Standard 5: Articulation Agreements

| Statement | n | A | N | D |
|---|---|---|---|---|
| Written articulation agreements with educational institutions or hospital based programs are available. | 137 | 76% | 12% | 12% |
| Component Areas: | | | | |
| 5.1 Acknowledgement of credit from previous educational institutions | 141 | 88% | 9% | 3% |
| 5.2 Acknowledgement of skills acquired through employment experiences | 141 | 85% | 11% | 4% |
| 5.3 Identification of learning experiences which may be applied to subsequent educational institutions | 140 | 83% | 3% | 4% |

Standard 6. Qualified instructional staff are employed. Table 12 lists the statement end four component areas end the high percentages of agreement. The high degree of professionalism and state agency requirements are reflected in percentages presented in this table.

Table 12

Standard 6: Instructional Staff

| Statement | n | A | N | D |
|---|---|---|---|---|
| Qualified instructional staff are employed. | 141 | 99% | o% | 1% |
| Component Areas: | | | | |
| 6.1 Licensed, registered or certified in en appropriate health specialty | 144 | 98% | 1% | 1% |
| 6.2 Appropriate recent experiences as a practitioner | 144 | 93% | 4% | 3% |
| 6.3 Education certification if required | 144 | 97% | 2% | 1% |
| 6.4 Necessary education competencies | 144 | 97% | 2% | 1% |

**Standard 7**. The program provides an approved student organization integrated into the curriculum. Table 13 describes the percentage of agreement with the standard and the component areas. Higher levels of agreement are shown for the components describing the student organization (82%) and leadership activities (80%). Responses to the type of student organization included Health Occupations Students of America (58%), Vocational Industrial Clubs of America (22%), student nursing organizations (10%), and other health specialty student organizations (6%) . This category included groups such as dental hygiene, respiratory therapy and medical assisting. A final group described under the student organization heading was student government (4%).

The variety of student organizations identified helps to explain the moderate level of agreement with the standard requiring integration into the curriculum and the component identifying competitive skill events. Student organizations have often been thought of as extracurricular and with the exception of vocational student organizations do not provide competitive skill events.

Table 13

Standard 7: Student Organizations

| Statement | n | A | N | D |
|---|---|---|---|---|
| The program provides an approved student organization integrated into the curriculum. | 141 | 76% | 16% | 8% |
| Component Areas: | | | | |
| 7.1 Student organization _____ (please specify) | 136 | 82% | 16% | 2% |
| 7.2 Leadership activities are provided | 141 | 80% | 7% | 3% |
| 7.3 Competitive skill events are provided | 141 | 69% | 21% | 10% |

**Standard 8.** The program utilizes an active advisory committee. Table 14 lists the statement and four component areas. The use of advisory committees has been a condition for the receipt of Federal funds since the Smith-Hughes Act of 1917. This regulation along with the recognition of advisory committee contributions accounts for the high percentage of agreement presented in this table.

**Standard 9.** Student clinical and/or practicum experiences are described through written agreements. Table 15 lists the statement end three component areas. The high level of agreement presented in Table 15 compares with the responses of Table 8, Standard 2 Written Documentation of Curricula. Both tables show the concern for identifying quality learning experiences. In addition, Table 15 reflects legal requirements between the educational institution end clinical agency.

**Table 14**

**Standard 8: Advisory Committee**

| Statement | n | A | N | D |
|---|---|---|---|---|
| The program utilizes an active advisory committee. | 138 | 95% | 3% | 2% |
| Component Areas: | | | | |
| 8.1 Meetings are regularly scheduled | 143 | 92% | 4% | 4% |
| 8.2 Written minutes are kept | 143 | 93% | 4% | 3% |
| 8.3 Documented feedback regarding advisory committee recommendations is provided | 143 | 89% | 7% | 4% |
| 8.4 Advisory committee membership is representative of the practice area, gender, disability, end culture | 143 | 88% | 8% | 4% |

Table 15

Standard 9: Clinical and/or Practicum Experience

| Statement | n | A | N | D |
|---|---|---|---|---|
| Student clinical and/or practicum experiences are described through written agreements. | 141 | 97% | 2% | 1% |
| Component Areas: | | | | |
| 9.1 Written agreements identify the role of the clinical/practicum agency and the educational institution | 144 | 98% | 1% | 1% |
| 9.2 Written student performance objectives are evaluated | 144 | 9-7% | 2% | 1% |
| 9.3 Timely feedback to students is provided | 144 | 96% | 3% | 1% |

Standard 10. The program is in compliance with the provisions of other health care specialty accreditation associations, if appropriate. Table 16 lists the statement; there were no component areas. Most health occupations programs have the option of voluntary accreditation, e.g., dental assisting and medical office assisting. Such options are indications of program quality and are in addition to legal requirements of the State Department of Education or licensure board. The high percentage of agreement with this standard indicates the need for health care accreditation as provided by professional associations and licensure boards.

Table 16

Standard 10: Health Care Specialty Accreditation

| Statement | n | A | N | D |
|---|---|---|---|---|
| The program is in compliance with the provisions of other health care specialty accreditation associations, if appropriate. | 136 | 92% | 7% | 1% |

**Standard 11. The health occupations education (HOE) programs are integrated with basic subjects. Table 17 lists the statement and two component areas. There have been long standing discussions regarding the role of general education and specific occupational instruction. The Carl Perkins Vocational and Applied Technology Act (1990) emphasizes the integration of general and occupational education. The responses in Table 17 reflect the long standing reinforcement of general education throughout health occupations education programs. Hopefully the new Federal Act will foster the use of selected HOE program subjects to satisfy general education requirements.**

**Table 17**

**Standard 11: Integration with Basic Subjects**

| Statement | n | A | N | D |
|---|---|---|---|---|
| The HOE programs are integrated with basic subjects. | 135 | 84% | 10% | 6% |
| Component Areas: | | | | |
| 11.1 The program reinforces supporting science and general education | 139 | 89% | 7% | 4% |
| 11.2 Components of the program may be used to satisfy general education requirements (e.g., science) | 139 | 75% | 11% | 14% |

**Standard 12. The program should encourage innovation. Table 18 lists the statement and three component areas. Again, the majority of participants agreed with the program statement and all three component areas. A lower percentage of agreement however is noted for the individual components than 'the program standard. Slightly lower percentages of agreement were noted for the components dealing with evaluation and innovative approaches to meeting health industry needs. This may be due to some extent to teacher preparation programs and institutionalization of HOE programs. Most teacher preparation**

Table 18

Standard 12: Encouraging Innovation

| Statement | n | A | N | D |
|---|---|---|---|---|
| The program should encourage innovation. | 138 | 92% | 8% | 0% |
| Component Areas: | | | | |
| 12.1 Innovative approaches to instruction are fostered | 143 | 90% | 8% | 2% |
| 12.2 Imovative approaches to evaluation are used | 143 | 85% | 10% | 5% |
| 12.3 Innovative preparation approaches to meet health care industry needs are provided | 143 | 85% | 11% | 4% |

emphasizes alternative teaching methods and learning strategies. The programs, however, used accepted evaluation techniques based upon objectives. During the last 30 years, preparation programs have moved to educational institutions from former hospital based programs. Many new programs have originated in educational institutions following educational guidelines such as credit hours, and formal relationships of laboratory and clinical experiences to faculty pay and load.

Standard 13. Fiscal and student support services are available. Table 19 lists the statement and two component areas. A high percentage of agreement is again noted. A slightly higher percentage of agreement (90%) is attached to the immediate work area (component 13.1) than to support services (component 13.2) at 86%.

Standard 14. Student success (persistence/certification examinations) and program relevancy are evaluated on a yearly basis. Table 20 lists the statement and four component areas. Interestingly, the traditional measures, components 14.2 and 14.3, identifying examination success and placement have a

Table 19

Standard 13: Fiscal and Student Support Services

| Statement | n | A | N | D |
|---|---|---|---|---|
| Fiscal and student support services are provided. | 138 | 91% | 4% | 5% |
| Component Areas: | | | | |
| 13.1 The program is financially supported regarding space, equipment, reference materials, and supplies | 143 | 90% | 4% | 6% |
| 13.2 Support services such as counseling, remediation, and placement are provided | 143 | 86% | 6% | 8% |

Table 20

Standard 14: Student Success

| Statement | n | A | N | D |
|---|---|---|---|---|
| Student success (persistence/certification exams) and program relevancy are evaluated on a yearly basis. | 135 | 93% | 5% | 2% |
| Component Areas: | | | | |
| 14.1 Student persistence is evaluated | 140 | 83% | 12% | 5% |
| 14.2 Success on licensure, registry, certification exams is monitored | 143 | 94% | 4% | 2% |
| 14.3 Follow-up studies regarding student placement are conducted | 143 | 96% | 3% | 1% |
| 14.4 Employer surveys regarding the quality of graduates are regularly conducted | 143 | 82% | 13% | 5% |

higher percentage of agreement. Student persistence, which at times troubles faculty since it reflects selection criteria, had an 83% level of agreement. Employer surveys (component 14.4) as an indication of graduate quality also reflected a lower percentage of agreement.

Summary. The majority of participants agreed with all 14 program standards and their component areas. For the overall standards, the percentage of agreement ranges from 76 to 99. For the component areas, the percentage of agreement ranges from 69 to 99. Two questions may be asked. Why are the levels of agreement so high? And second, are the responses representative of the Divisional membership?

In regard to the first question, the reader is reminded that the potential standards were based on two previous studies and modified according to suggestions received from the Division policy board and the NASAHOE policy board. One would expect the standards and component areas of this study to be accepted. The authors note the lower percentage of agreement in the following areas: the role of career exploration (75%), written articulation agreements (76%), approved student organizations (76%), and providing competitive skill events (69%) . Therefore, the authors conclude therefore that the identified levels of agreement are representative of the Division and are at expected levels.

The second question to be addressed is the return rate. The authors do not attribute the 17% return rate to philosophical differences on the part of potential respondents nor to a lack of interest, but to procedural and fiscal limitations. Mailing of the instrument was not at the best time for teachers. The May 3 date was close to the end of the school year and the many activities required of teachers and administrators. Of more importance were the fiscal limitations. Due to the lack of resources for envelopes, stamps, duplication and personnel only one mailing was conducted. On the positive side, 36 states were represented including various levels of teaching and administrative responsibility. Given the lack of a follow-up mailing and the general representativeness of demographic data, the authors feel the response rate is adequate and the percentages of agreement reflect divisional membership.

## Conclusions and Recommendations

Overall, there was a high percentage of agreement with the standards as stipulated. It should be noted that the standards are general in nature and can be applied to the secondary and postsecondary levels, as well as have applicability to continuing education programs. All the standards themselves have a high degree of agreement. Future activities should be devoted to the identification of criteria by which specific standards and components can be evaluated.

A major emphasis of the current Carl Perkins Vocational and Applied Technology Act is to assist states and local education agencies in such evaluation procedures. Many states have already begun to develop criteria and to some extent have implemented systems by which quality programs can be evaluated. Three worth noting because of their advanced stage of development are Michigan, North Carolina, and Florida, which have developed standards for health specialty program areas. Eased on the high level of agreement with each of the standards and their respective component areas, it is recommended that the standards be adopted by the Health Occupations Education Policy Board.

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