

### **Health Education is a Critical Component of a Well-Rounded Education**

#### **Position**

SHAPE America - Society of Health and Physical Educators believes that a preK-12 comprehensive skills-based health education program is a critical component of a student's well-rounded education in that it must be taught in order to support healthy and academically successful students.

#### **Rationale**

The inclusion of a skills-based, comprehensive health education curriculum provides students with the skills and knowledge to make health-enhancing choices across the lifespan. When schools provide a high-quality health education program, based on the National Health Education Standards and including accurate and developmentally appropriate health information, they not only play a part in improving student health outcomes and improve school environment, they also prepare students to succeed in college and future careers as engaged community members.

SHAPE America supports a skills-based health education program implemented for each student's preK-12 experience. A skills-based approach is defined as a "planned, sequential, comprehensive, and relevant curriculum that is implemented through participatory methods in order to help students develop skills, attitudes and functional knowledge needed to lead health-enhancing lives." (Benes & Alperin, 2016)

#### **Background**

The more than 50 million students in grades preK-12 spend a large percentage of their time in school and schools have a long history of serving the health of students (Basch, 2011, p. 594). This includes both providing education to address health issues and services to help students maintain and improve their health. The issue of student health is not one for public health agencies to address alone. Evidence suggests that educational and public health institutions have a shared interest in promoting student health. This is important because health outcomes and health behaviors can be improved by the inclusion of school-based health education (Centers for Disease Control and Prevention [CDC], 2015; Fisher, et al., 2003; Hale, Fitzgerald-Yau, & Vine, 2014; Michael, Merlo, Basch, Wentzel, & Wechsler, 2015; St. Leger, 2001) and that collaborative efforts have the potential to improve the health and academic achievement of youth (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015; Valois, Slade & Ashford, 2011). In order for students to learn and be academically successful, we must have structures in place to support students' ability to be mentally and physically present while at school and beyond our walls. One model developed by ASCD and the CDC, the *Whole School, Whole Community, Whole Child* (WSCC) model focuses on the connections needed to provide environments and educational components to develop healthy children. Health education, as a component of

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WSSC, is one way to address student needs. When we include health education in our efforts to decrease absenteeism, reduce bullying, promote social and emotional health, and increase students' ability to be college and career ready, we provide a platform for success. In fact, the U.S. Department of Education (2016, p. 19) includes health education as a key component of a well-rounded education. Well-designed health education, when delivered by trained and certified health educators, allows “students to acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, and adopting health-enhancing behaviors, and promoting the health of others” (Lewallen et al., 2015, p. 732).

In a skills-based health education program, students acquire the ability to proficiently demonstrate and apply the National Health Education Standards (Joint Committee, 2007):

- **Standard 1:** Students will comprehend concepts related to health promotion and disease prevention to enhance health.
- **Standard 2:** Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- **Standard 3:** Students will demonstrate the ability to access valid information and products and services to enhance health.
- **Standard 4:** Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- **Standard 5:** Students will demonstrate the ability to use decision-making skills to enhance health.
- **Standard 6:** Students will demonstrate the ability to use goal-setting skills to enhance health.
- **Standard 7:** Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
- **Standard 8:** Students will demonstrate the ability to advocate for personal, family, and community health.

The skills of the National Health Education Standards provide the framework for increasing positive health behaviors by teaching skills that are relevant and applicable to daily life. These, paired with accurate and developmentally appropriate information, based on student need and derived from local data, provide the context for skill development and the foundation for a comprehensive health education program. The Centers for Disease Control and Prevention (2018) has identified the following areas as the most relevant for adolescents today:

- Behaviors that contribute to unintentional injuries and violence.
- Sexual behaviors related to unintended pregnancy and sexually transmitted infections, including HIV infection.
- Alcohol and other drug use.
- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.

In a well-designed health education program, these two components are combined with classroom instruction that fosters a learning environment promoting critical thinking, allows all students to feel physically, emotionally, and socially safe, and is designed to challenge students to examine their personal role in how their health and health behaviors have an impact on their current and future success.

### **Evidence Supporting Skills-Based Health Education in Schools**

From the work of the first School Health Education Study (1961-1965) to the National Health Education Standards of today, the conceptual framework that health education must involve qualified educators who are grounded in skills-based pedagogy remains the same (Nobiling & Lyde, 2015, p. 316). A comprehensive, quality school health education program implements the National Health Education Standards and the *Characteristics of Effective Health Education Curriculum* to guide program development and design (CDC, 2002). In addition, evidence supports the need for skill practice that focuses on specific health behaviors or decisions and employs active, participatory teaching and learning experiences for students, rather than passive ones (World Health Organization, 2003). It is not enough for students to be introduced to information and the skills of the National Health Education Standards, they must take time in a classroom setting to practice applying those skills to the variety of experiences they will and currently encounter in their life. Through this practice, they are then able to receive feedback and be assessed on their level of skill proficiency and application in authentic real-world settings.

Providing effective preK-12 health education, as a part of a well-rounded educational experience, throughout the formative years can change students' life course and health trajectory by preparing them to implement important skills to guide healthy decisions and practices into adulthood. One way in which health education does this for students is by teaching them the skills they need to increase their levels of health literacy. Health literacy is defined as "the ability to access, understand, appraise, apply and advocate for health information and services in order to maintain or enhance one's own health and the health of others" (SHAPE America, n.d.). According to the American Medical Association (1999), poor health literacy is a strong predictor of a person's health — more so than education level, income, age or race. Additionally, in a 2010 report, the U.S. Department of Health and Human Services (USDHHS) noted a strong link between low levels of health literacy and the lack of use of preventative services, management of chronic conditions, and overall self-reported health (p.9). This was further supported by a 2011 systematic review of existing literature that concluded that low health literacy was associated with poorer health outcomes and poorer use of health care services (Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011). The inclusion of early educational interventions with well-funded, mandated, evidence-based approaches can improve health literacy (Winkleman, Caldwell, Bertram, & Davis, 2016, p. 3.; Manganello, 2008). The development of health literacy is essential for students to adopt and maintain healthy behaviors. Health education should be one way that we provide an opportunity for students to acquire the knowledge and learn the skills that will support their ability to be healthy and productive citizens.

From an education perspective, there is a well-documented link between the increased connection of protective factors or health assets (those factors that support learning and improved health outcomes while helping a person to avoid or reduce their health risk) and achievement on standardized tests. When the health assets of students are considered in an educational setting, there is an increase in students' ability to achieve at higher levels. For example, students with nine or more health assets were 2.2 times more likely to achieve at standard or above on standardized tests for mathematics, reading and writing (Ickovics, Carroll-Scott, Peters, Schwartz, Gilstad-Hayden, & McCaslin, 2014, p. 46). Analysis of the nationwide 2015 Youth Risk Behavior Survey data reveal that high school students who received mostly As, mostly Bs, or mostly Cs had a significantly higher likelihood of engaging with most protective health-related behaviors and significantly lower likelihood for engaging in most health-related risk behaviors compared with students with mostly Ds or Fs. Specifically, students who have access to school health interventions demonstrate positive health behaviors and improvement in health and academic outcomes (Rasberry et al., 2017). This may be especially important because 2017 Youth Risk Behavior Survey data reveal that while many health behaviors are improving, one area of concern is students' mental health. In fact, since 2007, CDC (2018) reports that "students who experienced persistent feelings of sadness or hopelessness increased significantly from 2007 (28.5%) through 2017 (31.5%)." CDC also reports that "the percentage of students who seriously considered attempting suicide in the past year increased significantly from 2007 (14.5%) through 2017 (17.2%)." Because this is true across multiple demographics we must consider educational approaches in our health education classrooms that teach students how to manage their mental health and the tools necessary to find valid and reliable resources within their community.

In general, health risk behaviors do not occur in silos and students are often likely to engage in multiple behaviors that could negatively impact their health. Unhealthy behaviors result from a complex interaction of social and environmental factors and situations. Those that occur in childhood and adolescence can have a lasting effect on a person's health and well-being. (Felitti et al., 1998; Metzler et al., 2017; Solar & Irwin, 2010; Koball et al., 2011). School-based health education curricula must consider this and be designed to address the intersections students are navigating and empower them with the tools to select healthier alternatives. The US Department of Health and Human Services (2007) suggests that health education can provide students with the skills to prevent and delay the onset of the leading causes of death and illness in our country.

Addressing multiple behaviors through skills-based approaches is more efficient and effective (Hale, Fitzgerald-Yau, & Vine, 2014, p. e19) and comprehensive skills-based health education serves that purpose. In schools, it is likely that only within a health education course will students receive targeted instruction for addressing risk behaviors through protective factors that affect academics (Michael et al., 2015, p. 751-754). School health education is a vehicle to promote positive health behaviors and improve both health and academic outcomes for students. Both of these can positively contribute to long-term academic and career success.

## **Impact on the Profession**

The impact of a well-designed health education program goes far beyond the classroom. In a well-developed health education curriculum, students learn functional information and skills that empower them to live a healthy lifestyle. The acquired knowledge comes as a result of developing proficiency in skills and functional information and helps students to become successful learners and healthy adults (CDC, 2017).

Through a skills-based health education program, students foster the development of self-efficacy, personal and social competence, healthy communication, an ability to analyze influences on their health, and steps for setting following through on a goal that can benefit their health and future outcomes. In order for students to develop health literacy and become better able to make health-enhancing choices across their lifespan, we must offer health education courses that allow for this to happen. The development of health education skills can provide the foundation for safe and positive learning environments, and enhances students' ability to succeed in schools and classrooms. Health education can be a core to broader school wide efforts to support a safe caring environment, social emotional learning, bully prevention, or positive behavioral intervention supports.

SHAPE America's focus on skills-based health education empowers health educators to review curricula in order to ensure that it is relevant, meaningful and focused on long-term outcomes. Health educators and school administrators must work together in order to ensure that students receive a relevant and meaningful course of study that develops skill proficiency, is aligned with community needs and recognizes the importance of empowering students with the tools and information to lead healthy lives. Doing so promotes an increase in protective factors while also reducing risk factors.

## **Policy Recommendations**

SHAPE America encourages state education agencies and local school districts to consider the factors necessary to ensure that a comprehensive skills-based health education program meets the needs of their students. This includes the following policy recommendations:

1. Include comprehensive skills-based health education as a part of the required curriculum.
2. Ensure that health education is taught by educators licensed in the field of health education.
3. Hire health educators with training and preparation in teaching health education at the identified level.
4. Review the scope and sequence for health education to ensure that it is medically accurate and developmentally appropriate while allowing students to have multiple opportunities to learn and reinforce their ability to apply their learning beyond the classroom.
5. Provide health education courses at regular intervals, similar to other "special" courses within your district, to ensure learning progression and to increase students' depth of knowledge related to health.

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6. Review and integrate guidance on a high-quality health education curriculum from the CDC and SHAPE America.
7. Review scheduling to ensure that health education is afforded the same considerations for class size, time and classroom space as other school subjects.
8. Ensure that health teachers have access to professional development that advances their practice in the health education classroom.

### Suggested Citation

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## **Acknowledgments**

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