



FACTS

Learning for Life

Health Education in Schools

OVERVIEW

Health education is integral to the primary mission of schools. It provides young people with the knowledge and skills they need to become successful learners and healthy and productive adults. Increasing the number of schools that provide health education on key health problems facing young people is a critical health objective for improving our nation's health.¹ Most states and districts have adopted a policy stating that schools will teach at least 1 of the following 13 topics:

- Alcohol or other drug-use prevention
- Asthma awareness
- Emotional and mental health
- Foodborne illness prevention
- HIV prevention
- Injury prevention and safety
- Nutrition and dietary behavior
- Other STD prevention
- Physical activity and fitness
- Pregnancy prevention
- Suicide prevention
- Tobacco-use prevention
- Violence prevention

However, only 6.4% of elementary schools, 20.6% of middle schools, and 35.8% of high schools required instruction on all 13 topics.²

The American Cancer Society, the American Diabetes Association, and the American Heart Association believe that school health education programs can reduce health risk behaviors such as tobacco use, poor nutrition, lack of physical activity, drug and alcohol use, as well as actions that increase stress and risk of injury and violence. Because these behaviors are amenable to change, quality school health education taught by trained and certified health educators provides the best opportunity to promote positive health behavior among children and adolescents.

UNHEALTHY BEHAVIORS: SERIOUS HEALTH CONSEQUENCES

Recent statistics show that 1 in 5 high school students are current smokers; approximately 80 percent of students do not eat the recommended 5 servings of vegetables and fruits per day; more than 830,000 adolescents become pregnant each year; and approximately 15 million school days are missed due to uncontrolled asthma each year.³ Overweight and obesity is a crisis among children. The number of overweight children aged 6-11 has tripled over the past three decades.⁴ Approximately 17 percent of today's youth are overweight.⁵

Research studies provide evidence that promoting and establishing healthy behaviors for younger people is more effective, and often easier, than efforts to change unhealthy behaviors already established in adults. According to the U.S. Centers for Disease Control and Prevention's (CDC) *Healthy Youth* initiative and the Carnegie Council on Adolescent Development, schools can play a vital role in establishing healthy behavior patterns among young people that carry over into adulthood.⁶

HEALTH EDUCATION IN SCHOOLS

The goal of health education is to help students adopt and maintain healthy behaviors. Therefore, health education should contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.

Not only do schools provide critical outlets to reach millions of children and adolescents to promote lifelong healthy behaviors, they also provide a place for students to engage in these behaviors, such as eating healthy and participating in physical activity.³

WHAT IS QUALITY SCHOOL HEALTH EDUCATION?

A comprehensive, quality school health education program uses the National Health Education Standards to guide curriculum development.⁷ The Standards focus on increasing functional health knowledge and identifying key skills that are applicable to all aspects of healthy living. These skills include identifying the influence of family, peers, culture, media, and technology on health behavior; knowing how to access and use valid health information; and using communication, decision-making, goal-setting, and advocacy skills to engage in health-enhancing behaviors.

In the World Health Organization's Information Series on School Health, a decade of evaluation research indicates three important findings regarding quality school health education programs⁸:

- Health education that concentrates on developing health-related skills and imparting health-related knowledge and attitudes is more likely to help youth practice health enhancing behaviors.
- Skill development is more likely to result in the desired healthy behavior when practicing the skill is tied to the content of a specific health behavior or health decision.
- The most effective method of skill development is learning by doing – involving students in active, participatory experiences, rather than passive ones.

ADEQUATE INSTRUCTIONAL TIME

The effectiveness and quality of health education programs have been linked to adequate instructional time devoted to health education in the classroom⁷. The Joint Committee on National Health Education Standards recommends that students in Pre-K to grade 2 receive a minimum of 40 hours and students in grades 3 to 12 receive a minimum of 80 hours of instruction in health education per academic year.

ACTION PLAN FOR HEALTH EDUCATION

Strategies that support quality health education include:

- Develop and implement a planned Pre K-12 Health Education curriculum that adheres to national and state standards for health education.
- Employ highly qualified and effective health educators to teach health education.

- Ensure recommended health education instruction time at the elementary and secondary levels.
- Provide adequate time for skill-based instruction and learning every year kindergarten through high school.
- Assess student achievement in health education and report results.
- Advocate for a national plan and budget to support school health education.

References

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