Making the Case for Quality Comprehensive Health Education in NY State

Introduction/Summary

We all want New York State (NYS) students to be healthy and feel supported, challenged, engaged and safe. Unfortunately, students in most NYS public schools are not receiving the quality health education they need to be healthy, supported and safe - and to achieve success - now or in the future.

Well-meaning schools and teachers do their best to require that health education occurs in elementary, middle and high schools, but what is required by NYS law and the NYS Education Department and offered in schools is a far cry from "what works" and what our students need. Many health education requirements focus mainly on disease prevention versus what our students need to know, learn and do to be safe, healthy and fit. The amount of instructional time devoted to health education is inadequate. NYS laws and regulations are not consistent and they are not aligned with the research, the National Health Education Standards or the Center for Disease Control (CDC) recommendations.

This paper makes the case for:

- More required health education – Research tells us that a sufficient amount of time is required so that students develop the knowledge, skills and habits to be healthy, safe and successful.
- Certified and well-prepared health education teachers in grades Pre-K to 12 who receive ongoing annual health education professional development to keep them current and competent in the field.
- Comprehensive health education laws and mandates that align and focus on the most important health knowledge and skills to prepare our students to be healthy and safe, and yet flexible enough to address local health and education issues.
- Required, Coordinated School Health Policies that address the Whole Child in all school districts and that make school health education part of district and Every Student Succeeds Act (ESSA) school improvement plans and a "well rounded education."

The Background and Problem:

Students in NYS public schools grades pre-K through 12 are not receiving the quality Comprehensive Health Education they need to be safe, healthy, fit and successful. The subject of health education is as important as other school subjects (some might say more). It is past time for the current health education requirement to be updated and re-written to match the research and instructional time requirements so that students learn, practice, and demonstrate essential health knowledge and skills.

The time requirement for health education in NYS in no way equals what the research tells us is needed for our students to develop healthy knowledge, skills and habits. In NYS there is NO time requirement for elementary health education[1] (nor is there a requirement for certified health educators at the elementary school level). At the secondary level, middle school health education is required for ½ unit of study sometime during grades 7 and 8; at the high school level (grades 9 – 12) a ½ unit of health education is required in one grade only![2] A ½ unit of study is the equivalent of a class that meets every day for ½ of the school year. This is inadequate and unacceptable.

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Currently required health content in NYS is disease-based, arbitrary and not comprehensive, research-based or data driven. At the same time, well-meaning citizens, lawmakers, parents and agencies have mandated over the years more and more health content—content that cannot be taught in ½ year at the MS or HS level. Health Education is overflowing with disease prevention content requirements, and there is no time or requirement to provide students with adequate knowledge and skills to be physically, socially, emotionally, and mentally safe and healthy.

The Learning Standards for Health Education in NYS were last updated over 20 years ago in May 1996[3]. The Standards are old and outdated. There is no requirement for schools to implement the National Health Education Standards, the NYS Guidance Document for Achieving the NYS Standards in Health Education, or the National Sexuality Education Standards. These research-based, best practice documents are optional and are not required by law to be implemented in NY schools.

In addition, there are currently no NYS laws or regulations requiring school districts to have a Coordinated School Health Policy. NYS has a requirement for a School District Wellness Policy[4] (which includes nutrition, physical activity and physical education, BUT does not include the other important school health education areas). There is a requirement for a School District HIV/AIDS Policy[5] – but no policy requirement for all the other important health education knowledge and skills that enable our students to be safe, healthy and academically successful.

Health Education is also not a required part of NYS School Improvement Plans or newly required school ESSA plans. Inclusion of health education in the plans would insure that students receive quality health education, which would be monitored, as ELA and math are, for effectiveness to ensure our students are safe, healthy and achieving.

What health education is required in NYS? **It depends on where you look**. Several content areas are required in Commissioners Regulation 135.3,[6] others in Commissioners Regulations 100.2[7] and 100.5,[8] some in Education Law 803-A[9] and 804.[10] It is not easy for schools to even know all that is required. Some mandates based on the above include:

- Teaching about the misuse of alcohol, tobacco, opioids, heroin and other drugs and driving under the influence of alcohol and drugs, disease prevention and control, HIV/AIDS prevention, nutrition education; and at the HS level only – instruction in some cancer prevention (testicular, breast and skin), CPR and AEDs, and child development, parenting skills and responsibilities.

- A member of each school faculty with "approved preparation" shall be designated as health coordinator, who will insure courses are conducted in a manner supportive of health education, and provide for cooperation with community agencies and use of community resources.[11] Note that many schools do not have someone with approved preparation in this role. And, what is the approved preparation? Where is it outlined? How would schools know?

With so great a void in their health education and the inadequate time on task, it is no wonder that high school students reported the following on the NYS 2015 Youth Risk Behavior Survey:[12]

- about 29% texted or emailed while driving a car.

- over 76% were not physically active for at least 60 minutes per day during the 7 days prior to the survey (any physical activity that increased their heart rate)
- about 65% did not eat breakfast during the 7 days before the survey.
- about 78% did not have 8 or more hours of sleep on an average night.
- 13% carried a weapon on at least one day during the last 30 days.
- over 20% were bullied on school property; 15% were electronically bullied.
- over 21% used electronic vapor products.
- almost 30% currently drink alcohol, with over 15% drinking 5 or more drinks in a row
- almost 10% attempted suicide.
- over 30% ever had sexual intercourse, with over 40% not using a condom during last sexual intercourse for protection from STD's, HIV or unplanned pregnancy
- 11.5% experienced physical dating violence and 14.7% experienced sexual violence from a dating partner.

The Solution

The mission of the NYS Education Department is to raise the knowledge, skill, and opportunity of all the people in New York. Its vision is to provide leadership for a system that yields the best educated people in the world.[13] The New York State Council on Adolescent Pregnancy (NYSCAP) calls on NY State to honor the vision and mission of the NYS Education Department to educate all the people of NYS and to support youth health and development.

The Centers for Disease Control and Prevention, National Association of State Boards of Education (NASBE), the Association for Supervision and Curriculum Development (ASCD), and many other leading health and education organizations support **Coordinated School Health** as a critical component of a quality educational program.[14] The Coordinated School Health model is a blue print for integrating and coordinating health policy, processes and practices in the school setting. Many schools have disjointed health components (similar to the state laws and requirements) that drain resources and make related education and services less effective. What is needed is a coordinated approach that integrates services to support our student's health and academic achievement. The **Whole School, Whole Community, Whole Child Model for Coordinated School Health** improves educational outcomes and promotes the healthy development of children.[15] The whole child approach puts health education, community engagement and student success at its core. This image below illustrates the proposed Whole Child Model.

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The second critical component for quality school health and education is highly **qualified and certified health educators** who receive annual, ongoing professional development. Health educators facilitate student health knowledge, skill and behavioral learnings through effective pedagogy and social and normative learning. These are health teachers who major in health education, including the successful completion of health education methods courses and health education student teaching experiences in grades Pre-K to 12. Changes over the last decade in certification laws enable physical education and other teachers, often with no classroom health education experience, to teach health classes. Also, some schools are teaching health virtually through online learning with no in-person health teacher to facilitate the skill and normative learning. Health teachers play an important role in health education and the Whole Child approach to health and education. Health teachers are facilitators, leaders, mentors, and coaches shaping healthy attitudes, skills and habit development. These healthy skills and attitudes are not shaped by software programs or poorly trained health educators.

The National Health Education Standards state that **adequate instructional time** is essential for students to master health education concepts, skills and habits. **The National Health Education Standards recommend that students Pre-K to grade 2 receive a minimum of 40 hours of health education per academic year; and students in grades 3 to 12 receive 80 hours of instruction in health education each academic year.**[16] NYS's requirement is a far cry from this recommendation – there is no time requirement at the elementary level and only ½ unit (1/2 year) of health education at either 7th or 8th grade and ½ credit (1/2 year) of health education – ONCE during grades 9 – 12. The National Health Education Standards also focus on essential concepts and skills students' need.[17] NYS requirements focus on content, usually put in place due to a community outcry because of a crisis, rather than a comprehensive program that provides our students with the foundational health knowledge and skills that are needed to be healthy, safe and fit and academically successful.

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NYSCAP calls on the NYS Education Department, Board of Regents, and state legislators to:

- **completely align and update the NYS school health laws and regulations to include a Whole School, Whole Community, Whole Child school district policy requirement with required inclusion and connections to the school ESSA and School Improvement Plan;**

- **updated laws, mandates, standards and requirements for School Health Education that align with best practices and research, including the National Health Education Standards, National Sexuality Education Standards, and Guidance Document for Achieving the NYS Standards in Health Education. Updated health education needs to include knowledge, skills and the research-proven amount of time needed for health education instruction (40 hours per year Pre-K – grade 2; 80 hours per year grades 3-12) in order to impact student health, safety and academic success.**

The new requirements should include required high quality health educator preparation and ongoing professional development in the knowledge, skills and strategies to effectively teach health education to achieve the standards.

There are significant benefits of Coordinated School Health and research-based Health Education:

- Healthy students do better in school, get better grades and are less likely to drop out than their less healthy peers.[18]
- The CDC has repeatedly found that student health behaviors and good grades are linked. "Students with higher grades are less likely to engage in health-risk behaviors….. and students who do not engage in health-risk behaviors receive higher grades than their classmates who do engage in health-risk behaviors".[19]

- The new reauthorization of the Elementary and Secondary Education (ESEA) Act, Every Student Succeeds Act (ESSA) (replacing No Child Left Behind) eliminated "core subjects" and instead focuses on students receiving a "well rounded education" that promotes a broader education, including health education, and allows the use of funds for health education by states and school districts for Title 1 (low income schools) and Title II (professional development for teachers and principals). School health may now have access to significant funding under Title IV that will be distributed to states under the Safe and Healthy Students program as a part ESSA.[20] To date, NYS the Education Department has made no acknowledgement of the use of these funds for the health education of our students or quality professional development of our teachers to teach health.

- "A safe and healthy school environment promotes students engagement and protects against risky behaviors and dropping out….Conversely…health-risk behaviors are linked to poor grades and lower educational attainment."[21]

- "When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others."[22]

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- School health education programs can reduce tobacco, alcohol and substance abuse, can discourage risky behaviors that may lead to injury, and can promote physical exercise and good nutrition.[23]

- Comprehensive health and sex education delivered in schools promotes social and emotional competencies, supports the prevention of child sexual abuse, and reduces the risk of sexual assault and intimate partner violence. If the sex education is inclusive of LGBTQ people and issues, it can improve the health and academic achievement of LBGTQ youth.[24]

- Parents have a powerful role in supporting children's health and learning. It coincides with the Whole Child Model for parent engagement and the Healthy People 2020 objectives from the CDC to increase the proportion of parents who use positive communication with their child.[25]

- Schools need to provide cumulative instruction in health education that meets the US National Health Education Standards for elementary, middle, and senior high schools.[26]

Through Whole Child Coordinated School Health and adequate, annual, quality Health Education we can expect to:

- Improve academic achievement and student success
- Increase and/or maintain healthy student behaviors
- Increase abstinence from unsafe, unhealthy and/or high risk student behaviors
- Delay the onset of first involvement with unsafe, unhealthy or high risk student behaviors
- Decrease unsafe, unhealthy and/or high risk student behaviors

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