



## Comprehensive School Health Education

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### A Position Statement of the American Association of Health Education (AAHE)

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#### Statement

Education performs an important role in promoting health and preventing illness, injury, and premature death among children and adolescents. A planned, sequential curriculum in health education from pre-primary through grade twelve is necessary to attain an educated populace whose health permits continued productivity throughout the lifespan. School health education is one component of the comprehensive school health education program that includes the development, delivery, and evaluation of a planned instructional program and other activities for students pre-school through grade 12, parents and school staff. It is designed to positively influence the health knowledge, attitudes and skills of individuals (1). Comprehensive school health education refers to the development, delivery, and evaluation of a planned curriculum, pre-school through grade 12, with goals, objectives, content scope and sequence, and specific classroom lessons. These lessons should include, but are not limited to, education in ten content areas: community health, consumer health, environmental health, family life, mental and emotional health, injury prevention and safety, nutrition, personal health, prevention and control of disease and substance use and abuse (1). Examples of logical subtopics under these content areas include: violence prevention, cultural diversity, global health, eating disorders, and HIV infection (2). Comprehensive health education should promote health literacy and include appropriate instructional strategies to enable students to achieve the following National Health Education Standards. Students should be able to:

1. Comprehend health promotion and disease prevention concepts
2. Access valid health information products and services
3. Demonstrate the ability to practice behaviors that enhance health and reduce risks
4. Analyze the influence of personal beliefs, culture, media, technology, and other factors of health
5. Use interpersonal communication skills to enhance health
6. Use goal-setting and decision-making skills to enhance health
7. Demonstrate the ability to advocate for personal, family and community health (3).

Additionally, provisions should be made for the reinforcement of health education with other subject matter areas. The curriculum should be developed by health educators,

school personnel, and curriculum directors who work in collaboration with parents, community health professionals, and state and national consultants.

The following factors shape school health education:

1. Instruction intended to motivate health maintenance and promote wellness, not simply to prevent disease.
2. A planned, sequential pre-school through 12 curriculum based upon students' needs and interests as well as emerging health concepts and community issues.
3. Activities designed to develop critical thinking and decision-making skills related to health behavior.
4. Opportunities for all students to demonstrate health-related knowledge and skills.
5. Clearly articulated goals and objectives that describe the nature and character of the curriculum.
6. Well-planned evaluation procedures built into the program.
7. Individuals charged with teaching health education at any grade level should be adequately prepared in health education.
8. An effective program management system similar to those found in other academic disciplines.
9. Sufficient resources to deliver and update the program (2).

Additionally, to be effective, school health education should specifically:

1. Be taught as one portion of the larger coordinated school health program.
2. Be taught by pre-serviced (4) and regularly in-serviced teachers at the elementary level who have been grounded in the instructional responsibilities and competencies of the health education profession (5) and by certified/licensed health education teachers at the middle and high school levels (6).
3. Be taught for a minimum of 50 hours per school year (7).
4. Be based upon curricula that have been formally evaluated and determined to be effective for improving health knowledge, attitudes and health literacy.
5. Be taught in classes of reasonable enrollment conducive to educational strategies that promote the development of health promoting skills. Twenty-five students per class is the maximum number suggested.
6. Be free of gender bias, sensitive to all cultures, and developmentally appropriate.
7. Conduct and report student achievement in the same manner as other core subject areas.

Further, successful participation in a school health education course of study should be a requirement for promotion into the next grade at the middle school level and a requirement for receiving a high school diploma.

## **Rationale**

A number of large-scale school health research studies suggest that educational experiences influence the development of health-related knowledge, attitudes, and skills . If national objectives that pertain to health of children and youth are met, health

education should start early and continue as a child grows and develops. In addition to integrating developmentally related health education subject matter, well-designed summative and formative program evaluations should be required to increase the likelihood of favorable effects for students.

The majority of premature deaths and disabilities of people of all ages is related to poor health decisions and unhealthy behaviors/practices. The ultimate goal of school health education is to prevent premature deaths and disabilities by empowering children and youth with health literacy. Health enhancing practices can be successfully learned in school health education programs (7). Health education for school age children and youth will enable them to begin to apply knowledge and practice skills to promote their health. Students who can use functional health related knowledge and apply personal and social skills have better health status and as adults will be better prepared to contribute to the nation's economic competitiveness (3).

## References

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