Health Education

Health Education, when taught by qualified teachers, provides students with the knowledge and skills they need to develop healthy behaviors for life. A comprehensive health education curriculum includes wide-ranging topic areas from nutrition and personal health to violence and bullying prevention.[1]

This analysis explores the extent to which a sample of local education agency (LEA) policies from the 2017-2018 school year, representative at the state level, addressed health education. The analysis explores both the content students learn and the professional development teachers receive to support successful classroom instruction. The LEAs studied are a sample of 432 agencies, spanning 19 states and the District of Columbia (hereafter "selected states"; see maps below and Methods Appendix for more details on the state selection), and include both public school districts ("districts"; n = 368) and charter LEAs (n = 64).[2]

Within the Health Education domain, we assessed 10 topics (see Coding Appendix). In this brief, we present data separately for public school districts and charter LEAs.

Although the coverage of health education topics in LEA policy varied, many LEAs incorporate health education as a bridge to educate students on other topics key to social and emotional health, such as bullying, violence, and suicide prevention.

Public School District Policies

The district sample included 368 LEAs in the 20 selected states, weighted to be representative of districts at the state level. For these data, we determined the percentage of the topics addressed, on average, across the districts within each state and across all districts studied. To support easy comparisons in the comprehensiveness of district policy across states, percentages were given one of four designations: none (0%), low (< 39%), moderate (39% to < 72%), or comprehensive (≥ 72%).

Notably, this assessment does not speak to the prescriptiveness of LEA policies: Policies that included firm mandates and policies that merely encouraged activity counted equally in this measure of comprehensiveness. (See Methods Appendix for more information on our coding process.)

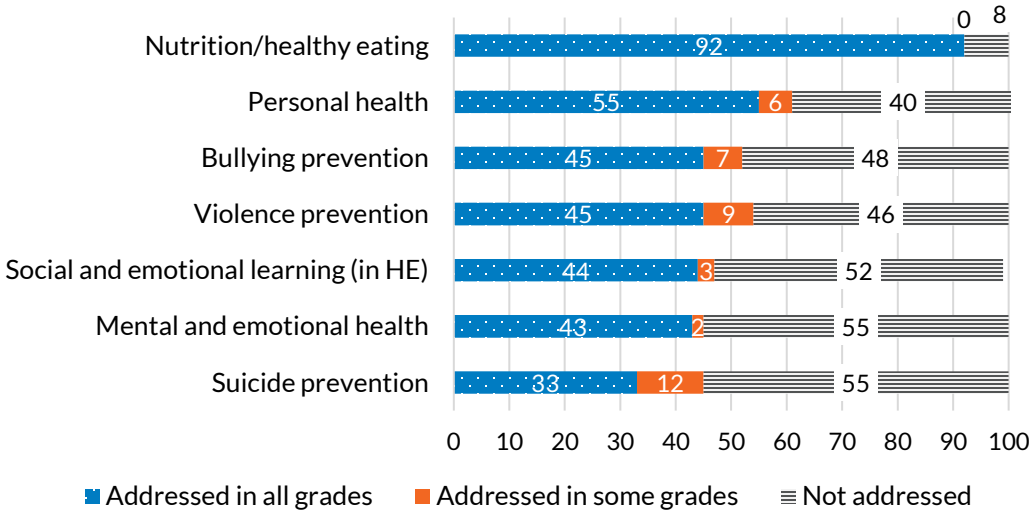
For each of the 20 states, we also present a comparison between district data and state statutes and regulations for the same 10 health education topics. The same categorizations of none, low, moderate, and comprehensive are used to present the state data. Note that the state data presented herein only represent a subset of the state law data compiled and presented in our companion state law report and the state law data included in the National Association of State Boards of Education (NASBE) State Policy Database on School Health.

District policies in most of the 20 states at least moderately addressed health education topics.

- **The extent to which districts covered health education varied greatly among states. In four states (CA, MI, NM, and WA) and the District of Columbia, districts, on average, comprehensively addressed health education in their policies (range: 77% to 100% of topics in the health education domain examined for this analysis; average: 88% of these topics).** In the remaining 15 states, districts, on average, addressed a moderate (range: 42% to 71%; average: 54%) or low (range: 27% to 35%; average: 31%) number of health education topics examined for this study.

- **Nearly all districts in the selected states (99%) either encouraged or required health education for all grades.** However, districts varied greatly in the topics covered within their health curriculum policies.
- **Most districts in the selected states (92%) addressed nutrition in health education, while only around half (45%) addressed mental and emotional health.** Figure 1 provides more detail on seven health education-related content areas.

Figure 1 Percent of public school districts covering selected health education topics in written policy
*Due to rounding, numbers may not add to 100.

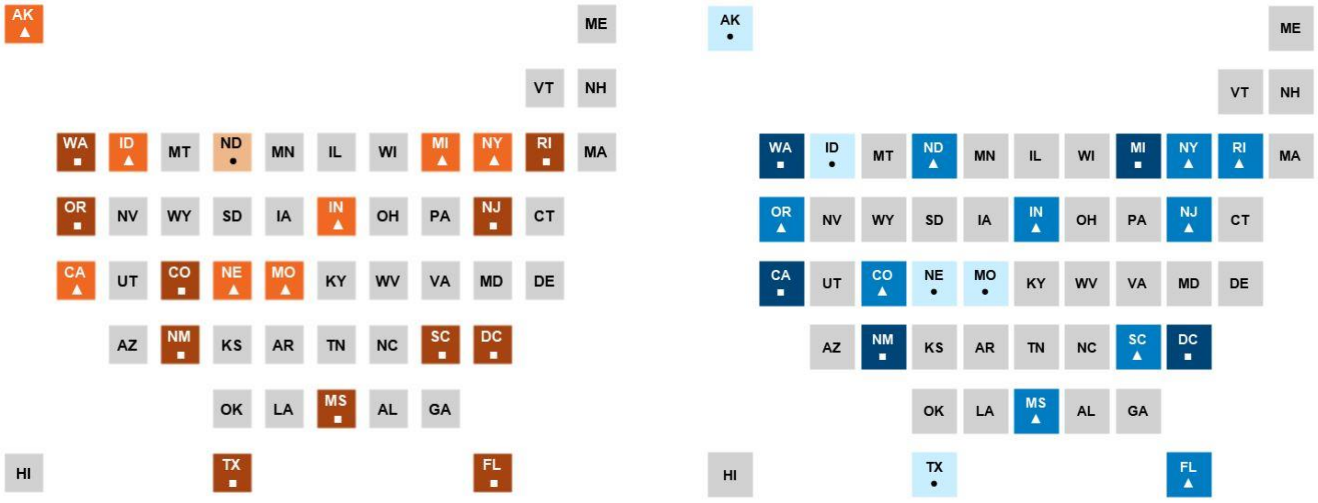


- **Some districts addressed social and emotional health education topics at select grade levels, rather than all grade levels**. For example, although suicide awareness education is addressed at all grade levels in 33 percent of districts, it is addressed at only selected grade levels in 12 percent of districts. Likewise, under 10 percent of districts had policies on health education that addressed violence (9%) and bullying prevention (7%) at selected grade levels rather than all grade levels.
- **Just over one-quarter (26%) of districts in the selected states referenced or included all elements of the National Health Education Standards as part of the health education curriculum**. The National Health Education Standards[3]—developed by leading health education experts, including the American Public Health Association, the American School Health Association, and SHAPE America—are a framework to promote health-enhancing behaviors for all students.
- **Less than half of districts (44%) explicitly addressed the provision of professional development for health education teachers**. The Centers for Disease Control and Prevention recognizes professional development as one characteristic of an effective health education curriculum.[4]

State laws addressed health education more comprehensively than district policies for the majority of the 20 states.

- **Twelve states' laws were more comprehensive than district policies, and five states' laws were similarly comprehensive compared to district policies (see Figures 2a and 2b)**. In the remaining three states, district policies were, on average, more comprehensive than state laws.
- **Across the 20 states, all states and districts addressed having a health education curriculum for at least some grades.** In most instances, district policies referred to or embedded the state health education standards instead of including new standards, and nearly all district policies required such standards. Some district policies provided more specificity than the state curricular framework regarding how the health education curriculum would be implemented.

Figure 2a and 2b. State law (left) and public school district (right) comprehensiveness of health education topics in policy



These maps show the proportion of states (left panel) and districts (right panel) in each of the 20 selected states that have ***[■] comprehensive*** *(state panel: 11; district panel: 5),* ***[▲] moderate*** *(state panel: 8; district panel: 10),* ***[●] low*** *(state panel: 1; district panel: 5), or* ***[-] no*** *(state panel: 0; district panel: 0) coverage of health education topics in state and district policies, respectively. For this report, only the 20 states represented with colored squares were studied (at the state and district levels); states shown in gray were excluded from this analysis.*

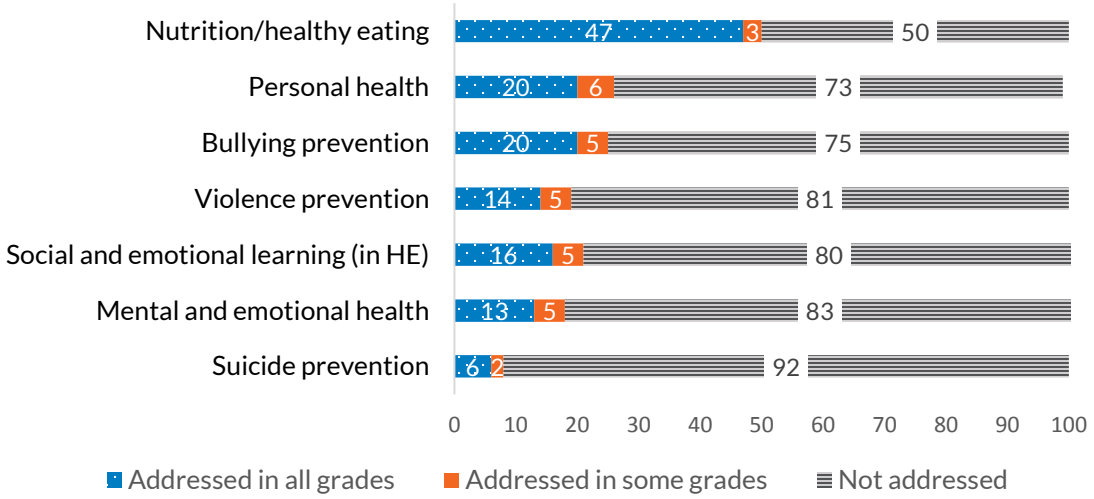
Charter LEA Policies

We also collected policies for a sample of 64 charter LEAs across the 20 selected states. Depending on the structure of charter LEAs in a given state, such policies may be applicable for a single school or for multiple schools run by the same charter provider. Charter policies often addressed different aspects of health education when compared to public school district policies. Because the number of charter policies collected in a single state was often small (proportionate to their representation across all LEAs in the state), we chose to look across the full sample of charter schools rather than make generalizations at the state level.

Generally, fewer charter LEAs addressed specific health education topics in their policies than public school districts across the 20 states.

- **Across the 20 selected states, charter LEAs most often addressed health education at the high school level (79%), and slightly less often at the elementary (66%) and middle school (64%) levels (see Figure 3).** In many instances, at the high school level, charter LEAs listed health education as a required credit for graduation.
- **Similar to districts, charter LEAs most often addressed nutrition education (50%).** The remaining content areas noted in Figure 3 were addressed less often, ranging from 26 percent for personal health to 8 percent for suicide prevention.
- **Charter LEAs were limited in how often they addressed some tools for health education curricula improvement.** For example, only 13 percent of charter LEAs in this sample referenced or otherwise listed the National Health Education Standards, and only 13 percent addressed providing professional development to health educators.

Figure 3. Percent of charter LEAs covering selected health education topics in written policy
*Due to rounding, numbers may not add to 100.



The Institute for Health Research and Policy at the University of Illinois at Chicago, in partnership with Child Trends, examined the extent to which 11 healthy schools domains are addressed in local education policies across 20 strategically selected states (including 19 states and the District of Columbia; see Methods section for details on the sampling methodology). These domains include the 10 components of the Whole School, Whole Community, Whole Child (WSCC) model: Health Education; Physical Education and Physical Activity; Nutrition Environment and Services; Health Services; Counseling, Psychological, and Social Services; Social and Emotional Climate; Physical Environment; Employee Wellness; Family Engagement; and Community Involvement. An additional domain, WSCC References, addresses the extent to which district policies include explicit references to the WSCC model, or similar language such as the Centers for Disease Control and Preventions' Coordinated School Health model. Sub-briefs covering the other domains can be found at https://www.childtrends.org/publications/the-current-landscape-of-school-district-and-charter-policies-that-support-healthy-schools.

[1] Centers for Disease Control and Prevention. *Components of the Whole School, Whole Community, Whole Child: Health Education.* Retrieved from: https://www.cdc.gov/healthyschools/wscc/components.htm.
[2] For purposes of this work, a charter LEA is an LEA listed in the U.S. Department of Education's Common Core of Data (SY 2014-15) as an "Independent Charter District."
[3] Centers for Disease Control and Prevention. *National Health Education Standards*. Retrieved from: https://www.cdc.gov/healthyschools/sher/standards/index.htm.
[4] Centers for Disease Control and Prevention. *Characteristics of an Effective Curriculum*. Retrieved from: https://www.cdc.gov/healthyschools/sher/characteristics/index.htm.