

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. 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.
- Leadership at NYS Education Department to support schools and educators with best practice implementation of health education to positively affect health and education outcomes.
- 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 Problem

1. Students in NYS public schools 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 (and some might say more). Health education needs to be updated and re-written to match the research.
 2. The time requirement for health education in NYS in no way equals what the research tells us. In NYS there is NO time requirement for elementary health education and the secondary requirement is inadequate.
 3. Most health content is disease-based, arbitrary and not comprehensive or research-based. At the same time, well-meaning lawmakers mandate more and more health content—content that cannot be taught in the allotted time requirement. Overflowing with disease prevention, there is no time or requirement to provide students with adequate knowledge and skills to be physically, socially, emotionally, and mentally safe and healthy.
 4. The Learning Standards for Health Education in NYS were last updated over 20 years ago. 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.
 5. The position of Associate in Health Education at the NYS Education Department has been vacant for over eight years and is necessary for coordinating efforts regarding health and well-being of students.
 6. Today there is no NYS law or regulation requiring school districts to have a Coordinated School Health Policy. NYS has a requirement for a School District Wellness Policy (which includes only nutrition, physical activity and physical education, BUT does not include the other important school health education areas).
 7. Health Education is not a required part of NYS School Improvement Plans or newly required school ESSA plans. Including health education in the plans would insure that students receive quality health education, which would be monitored 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, others in Commissioners Regulations 100.2 and 100.5, some in Education Law 803-A and 804. 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, HIV/AIDS prevention, nutrition education. At the HS level only – instruction in some cancer prevention (testicular, breast and skin), CPR and AEDs, and parenting.
 - The health mandate also requires a school health coordinator with “approved preparation” who insures courses are conducted in a manner supportive of health education, and provides for cooperation with community



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agencies. 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 2017 Youth Risk Behavior Survey:
- over 21% were bullied on school property; 17% were electronically bullied.
 - over 14% used electronic vapor products.
 - About 27% currently drink alcohol, with over 11% drinking 5 or more drinks in a row
 - over 10% attempted suicide.
 - over 30% ever had sexual intercourse, with over 41% not using a condom during last sexual intercourse for protection from STD's, HIV or unplanned pregnancy.
 - About 10% experienced physical or sexual violence a dating partner.

The Solution

The New York State Council on Adolescent Pregnancy (NYSCAP) calls on New York 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.

- 1. Adopt the Whole School, Whole Community, Whole Child Model for Coordinated School Health** to improve educational outcomes and promote the healthy development of NYS children as a critical component of a quality educational program. Many leading health and education organizations support this **Coordinated School Health** model as a blue print for integrating and coordinating health policy, processes and practices in the school setting. It is a coordinated approach integrating education and services to support our students' health and academic achievement.
- 2. Ensure schools employ highly qualified and certified health educators** who receive annual, ongoing professional development. Health teachers must major in health education, with related student teaching experience in order to facilitate student health knowledge, skill and behavioral learnings through effective pedagogy and social learning. Through incidental teaching regulations, often physical education and other teachers, with NO health education training or classroom health education experience, teach health classes. Some schools teach health virtually though online learning with no in-person health teacher. Healthy skills and attitudes are not shaped by software programs or poorly trained health educators.
- 3. Change current health education regulations to allow for adequate instructional time so that students can master the standards, concepts, skills and healthy 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.** 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.
- 4. 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.**
- 5. Update laws, mandates, standards and requirements for School Health Education to align with best practices and research, including adequate instructional time, National Health Education Standards, National Sexuality Education Standards, and Guidance Document for Achieving the NYS Standards in Health Education to impact student health, safety and academic success. Fill the void at NYS Education Department with an Associate in Health Education.**
- 6. Require high quality health educator preparation and ongoing professional development in the knowledge, skills and strategies to effectively teach health education to achieve the standards.**