MICHIGAN
STATE BOARD OF EDUCATION

POLICY ON
COMPREHENSIVE SCHOOL HEALTH EDUCATION

The Michigan State Board of Education promotes school success through coordinated school health programs.[1] Schools cannot achieve their primary mission of educating students for lifelong learning and success if students and staff are not physically, mentally and socially healthy. Comprehensive school health education is a critical component of coordinated school health programs.

Health education helps students attain health knowledge and skills that are vital to success in school and the workplace, such as setting personal health goals, resolving conflicts, solving complex problems, and communicating effectively. Research shows that effective health education also helps students do better in their other studies.[2] The American public agrees that health skills should make up nearly half of the most important skills students should have mastered to graduate from high school.[3]

The Board is convinced that all students should be taught the essential knowledge and skills they need to become "health literate," making the healthiest choices available, and avoiding those behaviors that can cause damage to their health and well-being. The Board urges all schools to further their goals for educational reform by complying with existing state law to implement comprehensive health education programs and makes the following recommendations to strengthen those programs. (See Appendix A for Comprehensive School Health Education in Michigan—Background and Research for additional information.)

I. **The Board recommends that each school district adopt, implement, and evaluate a research-based, theory-driven comprehensive health education program, such as the nationally recognized Michigan Model for Comprehensive School Health Education.**

The program should:

- Provide at least 50 hours of health education instruction at every grade, Pre-kindergarten through Grade 12, to give all students sufficient time to learn health skills and habits for a lifetime; [4] [5] [6]

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[1] State Board Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools, September 2003.
[2] Schoener, J., Guerrero, F., and Whitney, B. (1988). The effects of the Growing Healthy program upon children's academic performance and attendance in New York City. Report from the Office of Research, Evaluation and Assessment to the New York City Board of Education.
[3] Mid-Continent Research for Education and Learning. (1988). What Americans believe students should know: a survey of U.S. adults, 39-45. www.mcrel.org/products/standards/survey.asp.
[4] American Association of School Administrators. (1991). Healthy kids for the year 2000: An action plan for schools. Arlington, VA: Author.

- Help students master the Michigan Health Education Content Standards and Benchmarks;

- Focus on helping young people develop and practice personal and social skills, such as communication and decision making, in order to deal effectively with health-risk situations;

- Use active, participatory instructional strategies to engage all students;

- Address social and media influences on student behaviors and help students identify healthy alternatives to specific high-risk behaviors;

- Emphasize critical knowledge and skills that students need in order to obtain, understand, and use basic health information and services in ways that enhance healthy living;

- Focus on behaviors that have the greatest effect on health, especially those related to nutrition; physical activity; violence and injury; alcohol and other drug use; tobacco use; and sexual behaviors that lead to HIV, sexually transmitted disease, or unintended pregnancy, emphasizing their short-term and long-term consequences;[7]

- Build functional knowledge and skills, from year to year, that are developmentally appropriate;

- Include accurate and up-to-date information, and be appropriate to students' developmental levels, personal behaviors, and cultural backgrounds.

II. **The Board further recommends that student work in health education courses be regularly assessed and graded using only performance-based items that are aligned with the health education content standards, curriculum, and instruction.** Course grades should be determined in the same manner as other subject areas, and should be included in calculations of grade point average, class rank, and academic recognition programs such as honor roll.

III. The Board further recommends that collaborative and integrative approaches be used in the teaching of health education.

- The health education program should be one component of a Coordinated School Health Program and should be coordinated with other school health initiatives by a Coordinated School Health Team, which includes the health education teacher.

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[5] Connell, D., Turner, R., and Mason, E. (1985). Summary of findings of the school health education evaluation: health promotion effectiveness, implementation, and costs. *Journal of School Health,* 55(8), 316-321.
[6] National School Boards Association. (1991). School health: Helping children learn. Alexandria, VA: Author.
[7] Centers for Disease Control, Division of Adolescent and School Health. www.cdc.gov/nccdphp/dash/

- Health topics should be integrated into the instruction of other subjects to the greatest extent possible, with the assistance of school health education professionals. Such cross-teaching is intended to complement, not substitute for, the health education program.

- School districts should collaborate with community organizations to provide student learning opportunities in the classroom and in the community, including community opportunities for service learning related to health and presentations by community agencies that are in keeping with local board policies and relevant to the course objectives.

IV. The **Board further recommends that schools partner with parents/guardians and families, who are the first and primary health educators of their children, in order to provide consistent messages regarding healthy behavior.** Local school districts should adopt health education programs that are consistent with school and community standards and that support positive parent/child communication and guidance.

V. **The Board further recommends that districts employ highly qualified teachers of health education.** All health education teachers should possess the necessary qualifications, skills, and training essential to perform their duties well, and should serve as positive role models by demonstrating healthy behaviors.

- In order to teach health in elementary classrooms, or secondary courses other than health, a teacher should have received quality professional development in health education through their pre-service preparation or through in-service training such as that provided by Michigan's Comprehensive School Health Coordinators.

- In order to teach health in secondary health courses, a teacher must have an endorsement in health or family and consumer sciences on their secondary level teaching certificate.

- All health education teachers, regardless of years of service, should receive administrative support to participate in ongoing professional development activities specifically related to health education.

- Professional development activities should provide teachers with opportunities to practice using strategies designed to influence students' health behaviors and attitudes.

VI. **The State Board further recommends that local school boards promote school success through policies and funding for comprehensive school health education**. This can be accomplished by:

- Developing, implementing, and evaluating the local school district policies that promote health literacy and healthy behaviors among all students;

- Using all available funds most effectively by collaborating with other school districts and/or intermediate school districts to provide health education services; and

- Working with local partners to provide additional funding for comprehensive school health education programming, professional development, and classroom materials.

Adopted June 8, 2004

Comprehensive School Health Education in Michigan
Background and Research

Even though the Michigan Youth Risk Behavior Survey and other national data show a trend in reduced numbers of risky behaviors among adolescents, there are still too many young people engaging in sexual activity that results in HIV, sexually transmitted infection, or unintended pregnancy, alcohol use, physical inactivity, inadequate nutrition, tobacco use, and violence. The health problems associated with these risky behaviors can result in lower performance in school, work, sports, and other recreational activities. Comprehensive health education can help these students gain the knowledge, attitudes, and skills needed to make healthy choices.

Health Education and the Coordinated School Health Programs Model

Comprehensive school health education is one important component of the Coordinated School Health Programs Model, helping all students learn how to get and remain fit, healthy, and ready to learn. By collaborating with school administrators, school boards, families, and other teachers and support personnel such as physical educators, school nurses, food service personnel, counselors, psychologists and social workers, the wellness team, community agencies, and those responsible for school environment, health education teachers can have an impact on their students' lives that extends far past the health education classroom.

Health Education Content Standards and Benchmarks

The educational goal of health education is health literacy, "the capacity to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health enhancing," (Joint Committee on National Health Education Standards). In July 1998, the State Board approved new Content Standards and Benchmarks for Health Education that promote health literacy. The standards state that all students will:

1. Apply health promotion and disease prevention concepts and principles to personal, family, and community health issues;

2. Access valid health information and appropriate health promoting products and services;

3. Practice health enhancing behaviors and reduce health risks;

4. Analyze the influence of cultural beliefs, media, and technology on health;

5. Use goal setting and decision-making skills to enhance health;

6. Demonstrate effective interpersonal communication and other social skills that enhance health; and

7. Demonstrate advocacy skills for enhanced personal, family, and community health.

Michigan Model for Comprehensive School Health Education

The *Michigan Model for Comprehensive School Health Education* (*Michigan Model*), our state's model health curriculum, was developed with State Board support in 1983 and continues to be supported and updated through a broad-based collaboration that includes the Michigan Departments of Education, Community Health, State Police, and the Family Independence Agency, as well as over 200 professional organizations, institutions, and voluntary agencies. The *Michigan Model* provides lessons for kindergarten through high school that impact knowledge and behavior and builds upon the knowledge and skills developed at the previous grade levels. The *Michigan Model* has been honored by several national organizations. It was named a "Select Program" by the Collaborative for Academic, Social and Emotional Learning; a "promising program" by the U.S. Department of Education's Panel on Safe and Drug-Free Schools; and received a grade of "A" from Drug Strategies, Inc.

Health Education Research

Research shows that effective health education does help students increase their health knowledge and improve their health skills and behaviors (Connell, Turner, Mason 1985). Students who actively participated in an effective health education program also engaged in fewer of the risky behaviors targeted by the program (Botvin et al 2001; Dent et al 1995). Middle school students who received the *Michigan Model* developed a stronger resistance to using alcohol and other drugs (Shope, et al, 1996). Students who received a two-year social decision-making and problem-solving program in elementary school showed more pro-social behavior and less antisocial and self-destructive behaviors when followed up in high school four to six years later (Elias et al, 1991).

Research also shows that effective health education even helps students do better in their other studies. In one study, the reading and math scores of third and fourth grade students who received comprehensive health education were significantly higher than those who did not receive health education (Schoener, Guerrero and Whitney, 1988). The American public agrees that health education is critical. Adults in a nationally representative survey identified performance standards they thought were critical for high school graduation. Ten (40 percent) of the 25 critical standards identified by this representative group were health-related (Mid-Continent Research for Education and Learning Survey, 1998).

Critical Priorities for Health Education

The Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH), has identified the risk behavior areas that contribute most to the leading causes of death and disability among adults and youth, encouraging school health programs to prioritize these areas. Because these behaviors involve all the dimensions of health, including the physical, mental, emotional and social dimensions, comprehensive health education should also address these factors. The risk behavior areas, with some of the national statistics, are:

- Nutrition, Physical Activity, and Tobacco Use
  Unhealthy diet, physical inactivity patterns, and tobacco use are by far the leading causes of death among adults. Together these risk factors account for at least 700,000 deaths in the United States each year. Almost 9 million children and adolescents in the U.S. aged 6–19 years are overweight and each day more than 4,000 Americans younger than age 18 try their first cigarette (Substance Abuse and Mental Health Services Administration, 2001). In Michigan, only 28 percent of high school students attend physical education class daily (Michigan Department of Education, 2003).

- Injury and Violence (including suicide)
  Injury and violence are the leading causes of death among youth aged 5-19: motor vehicle crashes (31 percent of all deaths), all other unintentional injuries (12 percent), homicide (15 percent), and suicide (12 percent) (CDC/DASH). Every four hours a child in America commits suicide (Children's Defense Fund). In Michigan, 30 percent of high school students report feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing their usual activities (Michigan Department of Education, 2003).

- Sexual Behaviors
  Each year approximately three million cases of sexually transmitted diseases occur among teenagers and approximately 860,000 teenagers become pregnant (CDC/DASH).

- Alcohol and Drug Use
  One in three high school students reports having consumed five or more drinks in a row in the last 30 days (CDC, Surveillance Summaries). Alcohol and other drug use is a factor in approximately half of all deaths from motor vehicle crashes (CDC/DASH).

These behaviors are usually established during childhood, persist into adulthood, are inter-related, and are preventable. In addition to causing serious health problems, these behaviors also contribute to the educational and social problems that confront the nation, including failure to complete high school, unemployment, and crime. Comprehensive health education, as part of a Coordinated School Health Program, can have a positive impact on the academic and life success of Michigan students.

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