# Recommendation and Research on Health Education for all

# Texas students, Kindergarten through 12th grade

*“The following recommendation is made to the State Health Services Council by the Texas School Health Advisory Committee in order to provide assistance in establishing a leadership role for the Department of State Health Services in the support for and delivery of coordinated school health programs and school health services.”*

## Recommendation:

Health Education is a critical component of overall education that is required in grades Kindergarten through eighth grade. It is highly recommended for students in grades ninth through twelfth grade. The Texas Board of Education has adopted and mandated health education as described in the current Texas Essential Knowledge and Skills (TEKS).

## Background:

The Texas Administrative Code (TAC), Title 19, Part II, Chapter 115 describes the current Texas Essential Knowledge and Skills (TEKS) for Health Education for grades Kindergarten through 12th grade. The provisions for subchapter C (High School) which became effective on September 1, 1988 suggest a half credit of health for grades 9-10 and a half credit of health for grades 11-12. On January 15, 2010, the State Board of Education approved an amendment to 19 Texas Administrative Code (TAC) Chapter 74, Curriculum Requirements, Subchapter E, Graduation Requirements to eliminate the current one-semester health class as a graduation requirement for high school students in Texas.[[1]](#endnote-1)2 This amendment was the result of adding additional courses for mathematics and science as approved by the State Legislature. The amendment also reads that school districts retain the authority to add requirements beyond what is required in state law and rule for graduation, meaning that local school districts have the authority to require health education as a graduation requirement.

## Health Education TEKS

**Chapter 115. Texas Essential Knowledge and Skills for Health Education**

### Subchapter A. Elementary

115.1 Implementation of Texas Essential Knowledge and Skills for Health Education, Elementary (See link below to view specific Elementary TEKS)

[Link Subchapter A. Elementary](http://ritter.tea.state.tx.us/rules/tac/chapter115/ch115a.pdf)

### Subchapter B. Middle School

115.21 Implementation of Texas Essential Knowledge and Skills for Health Education, Middle School. (See link below to view specific Middle School TEKS)

[Link Subchapter B. Middle School](http://ritter.tea.state.tx.us/rules/tac/chapter115/ch115b.pdf)

### Subchapter C.

115.31 Implementation of Texas Essential Knowledge and Skills for Health Education, High School (See link below to view specific High School TEKS)

[Link Subchapter C. High School](http://ritter.tea.state.tx.us/rules/tac/chapter115/ch115c.pdf)

## Support for Health Education:

1. **The National Health Education Standards** (NHES), revised in 2007, are written expectations for what students should know and be able to do by grades 2, 5, 8 and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education.3

Standard 1**:** Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 2**:** Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Standard 3**:** Students will demonstrate the ability to access valid information, products, and services to enhance health.

Standard 4**:** Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Standard 5**:** Students will demonstrate the ability to use decision-making skills to enhance health.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Standard 7**:** Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Standard 8**:** Students will demonstrate the ability to advocate for personal, family, and community health.

Joint Committee on National Health Education Standards. (2007). *National Health Education Standards, Second Edition: Achieving Excellence*. Washington, D.C.: The American Cancer Society.

**Teacher Education National Standards**SHAPE America serves as the Specialty Professional Association (SPA) to the Council for the Accreditation of Educator Preparation (CAEP). In this capacity SHAPE America convenes teacher education experts who periodically revise the standards for the professional preparation of health education teachers.

1. The **Society of State Leaders of Health, Physical Education and Recreation** is a national organization comprised of individuals employed in state and territorial departments of education who have program responsibilities in health education, physical education and related areas. They state their Vision for a nation of healthy, fit, and successful students.

Mission Statement: The Society utilizes advocacy, partnerships, professional development and resources to build the capacity of school health leaders to implement effective health education and physical education policies and practices that support success in school, work and life.

<http://thesociety.org/About/Mission>

1. The **American School Health Association** (ASHA) believes that a multidisciplinary, coordinated school health (CSH) approach is the most effective and efficient means of promoting healthy citizens. To this end, ASHA supports the Whole School, Whole Community, Whole Child (WSCC) model which combines and builds on elements of the traditional coordinated school health approach and ASCD’s Whole Child Framework. ASHA believes that the WSCC model makes visible the commitment of education and health to collaboratively prepare today’s students to become successful and healthy citizens.

<http://www/ascd.org/oprograms/learning-and-health/wscc-model.aspx>

1. The **American Association for Health Education** (AAHE) advances the profession while serving health educators and other professionals who strive to promote the health of all people. The leaders and members of the organization attain the organizational mission through a comprehensive approach which encourages, supports, and assists health professionals concerned with health promotion through education and other systematic strategies. In fulfilling the mission, AAHE serves professionals in the following settings: health care, community agency, business, school(K-12) and higher education.

The AAHE seeks to:

* Develop and promulgate standards, resources and services regarding health education to professionals and non-professionals.
* Provide technical assistance to legislative and professional bodies engaged in drafting pertinent legislation and related guidelines
* Provide leadership in promoting policies and evaluative procedures that will result in effective health education programs.

[info@ashaweb.org](mailto:info@ashaweb.org)

1. **The Whole School, Whole Community, Whole Child** Model (WSCC) is an expansion and update of the Coordinated School Health (CSH) approach. The WSCC incorporates the components of CSH and the tenets of the ASCD’s whole child approach to strengthen a unified and collaborative approach to learning health. The WSSCC model focuses its attention on the child, emphasizing a school-wide approach, and acknowledges learning, health, and the school as being a part of the reflection of the local community.

The components include:

* Health Education
* Nutrition Environment and Services
* Employee Wellness
* Social and Emotional School Climate
* Physical Environment
* Health Services
* Counseling, Psychological, and Social Services
* Community Involvement
* Family Engagement
* Physical Education and Physical Activity

<http://www.cdc.gov/healthyschools/wscc/components.htm>

1. **Schools have a responsibility** to educate students about health and prevention. According to Dr. Steven H. Kelder of the University Of Texas School Of Public Health, “To keep the body in good health is a personal duty, for otherwise we cannot keep our body strong and mind clear. Until a child comes of age, schools accept the responsibility from parents to educate children and develop their skills for making personal health decisions. In a world saturated with unhealthy messages, school may be the only place children receive the necessary instruction to keep their bodies in good health.”

## Health Issues:

1. According to the 2013 National Youth Risk Behavior survey (YRBS), the following gains have been made:

* The smoking rate among high school students has dropped to the lowest recorded level since the student survey began in 1991.
* Physical fighting has been significantly reduced among adolescents. The percentage of high school students who had been in a physical fight at least once during the past 12 months decreased from 42% to 25%.
* The use of technology while driving is putting youth at risk. Among high school student who had driven a car during the past 30 days ranged from 32% to 61% across 37 states and from 19% to 43% across 15 large urban school districts.
* Regarding youth sexual risk behaviors, the percentage of high school students who are currently sexually active (had sexual intercourse during the past three months) has declined from 38% in 1991 to 34% in 2013. However, among the high school students who are currently sexually active, condom use also has declined from 63% use 2003 to 59% in 2013. This decline follows a period of increased condom used through the 1990’s and early 2000’s.
* Regarding obesity-related behaviors, during the past 10 years, the percentage of high school students using a computer 3 or more hours per day (for non-school related work) nearly doubled – from 22% in 2003 to 41% in 2013. The percentage of high school students who watch 3 or more hours of TV per day on an average school day decreased from 43% in 1999 to 32% in 2013.
* There was a significant decline from 2007 to 2013 in the percentage of high school students drinking soda 1 or more time per day – from 34% TO 27%.

<http://www.cdc.gov/mmwr/>

1. **Diabetes Among Youth**

About one in every 400-600 children and adolescents has type 1 diabetes. It is an autoimmune disorder that destroys insulin-producing cells, requiring multiple daily insulin injections or a pump.

Type 2 diabetes in children and adolescents, although still considered rare, is being diagnosed more frequently, particularly in American Indians, African Americans, and Hispanic Americans. There is some genetic basis for Type 2 diabetes; however, it is also related to obesity and sedentary lifestyle. Studies show that, regardless of ethnicity, more than 20 percent of severely overweight children and adolescents have pre-diabetes. Maintaining a diet balanced in fat calories and nutrients, increasing moderate to vigorous physical activity to at least 30 minutes a day, and limiting sedentary activities are essential lifestyle changes that need reinforcement.

<http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?PageID=34556&id=4808&terms>

## Academic Issues:

Leading national education organizations recognize the close relationship between health and education, as well as the need to embed health into the educational environment for all students. Student health is a strong predictor of academic performance. Healthy, happy, active and well-nourished youth are more likely to attend school, be engaged and be ready to learn. Just as higher levels of fitness are associated with better academic performance (as shown by the correlation found when comparing Texas Fitnessgram® and TAKS scores) students who do not engage in health-risk behaviors receive higher grades than classmates who do engage in health-risk behaviors. Students receiving health education in high school will learn why these behaviors and others can be life-altering as well as affect academic performance. The Centers for Disease Control and Prevention states that schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors. This can be accomplished by teaching them to learn about the dangers of unhealthy behaviors and encouraging them to practice the skills that promote a healthy lifestyle.8

[www.cooperinstitute.org/pub/news.cfm?id=47](http://www.cooperinstitute.org/pub/news.cfm?id=47)

## Conclusion:

Ensuring high school students receive a ½ credit of health education as a graduation requirement is a primary recommendation for all school districts in Texas. Beyond that, school districts are encouraged to supplement health education with programming using evidence-based and best practices that promote healthy behaviors and healthy environments at all grade levels.

1. [↑](#endnote-ref-1)