Health Education

Health Education, when taught by qualified teachers, provides students with the knowledge and skills they need to develop healthy behaviors. This analysis explores the extent to which state policy addresses what students are learning as part of the health education curriculum, including ensuring that teachers have the professional development they need to be successful. State laws vary in the content required, but many states are using health education as a bridge to educate students on other topics key to social and emotional health, such as bullying, violence, and suicide prevention.

How is health education addressed in state law?

- **Health education is either encouraged or required for all grades in all states’ laws.** Forty-six states require health education for all grade levels.

- **Nutrition (40 states) and personal health (44 states) are the most prominent topics in state health education curricular standards.** Figure 2 below provides more detail on seven health education content areas. Topics less likely to be addressed in state laws as part of the health education curriculum include bullying prevention (29 states) and suicide prevention (24 states). In some cases when these topics are addressed, bullying prevention (7 states) and suicide prevention (12 states) are not addressed at all levels (elementary, middle, and high school).

- **In 25 states, laws address or otherwise incorporate the National Health Education Standards** as part of the state health education curriculum. The National Health Education Standards, which were 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.

- **Only 15 states’ laws explicitly address providing professional development for health education teachers.** Such training opportunities are critical to ensure teachers are sharing the most up-to-date knowledge on health behaviors.
How comprehensively do state laws cover health education?

- Thirty-one states laws have high comprehensiveness (72 percent to 100 percent of topics covered in health education topics examined for this analysis). The remaining 20 states address a moderate (range: 39 percent to 67 percent; 13 states) or low (range: 5 percent to 34 percent; 7 states) amount of health education topics examined for this study.
- Six of the seven least comprehensive states, (AZ, HI, KS, MN, ND, SD) do not address teacher qualifications or professional development for health educators.

Figure 2. Number of States Covering Selected Health Education Topics

Child Trends, in partnership with The Institute of Health Research and Policy, University of Illinois at Chicago and EMT Associates, Inc., examined the extent to which 11 healthy schools domains are addressed in state policy. 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, the WSCC References domain, addresses the extent to which state laws include explicit references to the WSCC model or similar language, such as the Center for Disease Control and Preventions' Coordinated School Health model.

This sub-brief provides an overview of how state policies cover the Health Education domain. Sub-briefs covering the other domains as well as the compiled report can be found on the Child Trends website. Definitions of each of the 18 topics are provided in the Appendix of the compiled report. Data from all topics are available through the National Association of State Boards of Education (NASBE) State Policy Database on School Health.

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