

Subject: Health Education Program

School Approval Standard:

Ed 306.40

*This is the fifth in a series of Technical Advisories issued by the Department to clarify the new School Approval Standards*

## I. Actual Text:

Ed 306.40 Health Education Program.

(a) Pursuant to Ed 306.26 and Ed 306.27, the local school board shall require that a school health education program for grades K-12 provides:

- (1) Health education;
- (2) School health services;
- (3) Food and nutrition services;
- (4) A comprehensive guidance and counseling program;
- (5) Healthy school facilities; and
- (6) Family and community partnerships.

(b) The local school board shall require that each school health education program provides:

- (1) Systematic instruction in grades K-12, designed to enable students to:
  - a. Comprehend concepts related to health promotion and disease prevention, linking to all content areas;
  - b. Demonstrate functional knowledge of the most important and enduring ideas, issues, and concepts related to achieving good health;
  - c. Demonstrate the ability to access valid health information and health-promoting products and services;
  - d. Demonstrate the ability to practice health enhancing behaviors and reduce health risks;

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- e. Analyze the effect of culture, media, technology, and other influences on health;
  - f. Demonstrate the ability to use interpersonal communications skills to enhance health;
  - g. Demonstrate the ability to use goal-setting and decision making skills to enhance health; and
  - h. Demonstrate the ability to advocate for personal, family, and community health.
- (2) A planned K-12 curriculum in health education designed to teach the skills listed in (b)(1) above across the following content areas of health education:
- a. Alcohol and other drug use prevention, effect of alcohol and other drugs, in accordance with RSA 189:10;
  - b. Injury prevention;
  - c. Nutrition;
  - d. Physical activity; and
  - e. Family life and comprehensive sexuality education, including instruction relative to abstinence and sexually transmitted infections in accordance with RSA 189:10 and (SB359), Chapter 251 of the 2008 session laws and also including but not limited to:
    - (a) *Impact of child abuse;*
    - (b) *Effects of human immunodeficiency virus (HIV/acquired immunodeficiency syndrome (AIDS));*
    - (c) *Effects of sexually transmitted diseases on the human system. (SB 359:2008)*
  - f. Tobacco use prevention;
  - g. Mental health;
  - h. Personal and consumer health; and

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i. Community and environmental health;

(3) Sound assessment practices in health education that:

a. Match goals and objectives;

b. Require evaluation and synthesis of knowledge and skills;

c. Emphasize higher order thinking skills;

d. Clearly indicate what the student is asked to do but not how to do it;

e. Are at the appropriate reading level;

f. Have criteria that are clear to students and teachers;

g. Are engaging and relevant to students;

h. Link to ongoing instruction;

i. Provide feedback to students;

j. Provide cost-effective benefits to students;

k. Reflect real world situations; and

l. Emphasize use of available knowledge and skills in relevant problem contexts.

*(4) Establishment of policy allowing an exception to a particular unit of health or sex education instruction based on religious objections without penalty provided such policy includes a provision for alternative learning sufficient to enable the child to meet state requirements for health education. (SB 359:2008 session)*

## II. Department Comment:

*[The text in italics was added to reflect the updated requirements of SB 359:2008 session]. The 2008 revised law also requires the establishment of policy allowing an exception to a particular unit of health or sex education instruction based on religious objections without penalty, provided such policy includes a provision for alternative learning sufficient to enable the child to*

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meet state requirements for health education. Therefore, **districts must establish** a policy that provides direction for parents, under the narrow conditions outlined above, to temporarily withdraw a child from classroom instruction while providing assurances to the district that the child will meet state requirements for health education. The Department recommends that a collaborative effort be made to develop alternative learning options sufficient to meet the state requirement for health education.

There are *pedagogical* instructions for approaching teaching and learning in health curriculum on the NH DOE web site at [www.education.nh.gov/instruction/school\\_health/curr\\_guidelines.htm](http://www.education.nh.gov/instruction/school_health/curr_guidelines.htm).

Standards for School Approval are designed to address the requirements of RSA 186:11, [Title 15, Education Chapter 186, Section 186:11, Section 189:10,] and *RSA 189:10*. The ultimate goal of health education is to develop health-literate citizens with the capacity to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that are health enhancing. Healthy students perform better in schools and can be expected to live a longer, higher quality of life.

These Health Standards are based on national standards for Health Education and emphasize the importance of students demonstrating Health Skills to show their understanding of Health Content. They reflect research and recommendations from many national sources and are comparable to Health Education Standards in many states throughout the United States.

Much of this is new and reflects significant changes in health education. It is expected that schools will plan a clearly delineated, developmentally appropriate sequence to address the skill and content area competencies identified in Ed. 306.40, reflecting the *NH Health Education Curriculum Guidelines* which outline content for elementary, middle, and high schools and explain how to assess health skill competencies. It is the district's responsibility to create and use competency rubrics or adopt appropriate rubrics from other sources. There are additional resources regarding this available in the *NH Health Education Curriculum Guidelines* on our website at: [www.education.nh.gov/instruction/school\\_health/curr\\_guidelines.htm](http://www.education.nh.gov/instruction/school_health/curr_guidelines.htm).

### Part a: (1 – 6)

There is a growing body of research that indicates synergistic improvement in student achievement and health when schools intentionally follow a coordinated school health model.

### Part b 1: (a – h)

Skill competencies in health will help students manage their own health over their lifetime, as health information and recommendations evolve. It is expected that schools will be able to

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show students' use of health skills to demonstrate competence in health literacy by exhibiting artifacts, portfolios, projects, or other materials.

## Part b 2: (a - i)

These Health Education content areas are designed to reflect the major causes of morbidity and mortality among youth, the major health habits that can impact lifetime health, and behaviors that can have serious health consequences. They are derived from the Center for Disease Control and Prevention models and traditional health instruction content.

### Frequently Asked Questions:

Question: *What is a Coordinated School Health Model?*

A coordinated school health model consists of eight interactive components\* to encourage collaboration in the school, involving the community, parents, and students to enhance the well-being of young people.

\*See the following link for the eight components and more information:

<http://www.cdc.gov/healthyyouth/CSHP/>

Question: *Do we need to follow a Coordinated School Health Model?*

No. Coordination is not mandated, but it is recommended and has been shown throughout the country to enhance student health, achievement, and learning. This standard asks that these programs and services are provided for students.

Question: *How do elementary and middle schools address meeting these requirements?*

It is expected that elementary and middle schools will address these standards by creating and implementing a clearly delineated, developmentally appropriate sequence to address the skills and content areas competencies and establish assessment practices as identified in Ed. 306.40. These should reflect the *NH Health Education Curriculum Guidelines*. The guidelines are available on our website at [www.education.nh.gov/instruction/school\\_health/curr\\_guidelines.htm](http://www.education.nh.gov/instruction/school_health/curr_guidelines.htm). Trainings on the *NH Health Education Curriculum Guidelines* are scheduled periodically throughout the year by the Department of Education and will be available through distance learning soon.

Question: *What is meant by "provide cost-effective benefits to students?"*

This means health courses should be cost effective, that the knowledge and skills

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students gain will help them lead healthier lives, and that the students and society will realize savings by avoiding the enormous cost generated by illness and disease.

Question: *Are the skills and competencies cumulative?*

Documentation for student health competencies should track with the student to ensure that the student can make progress toward demonstrating evidence in applying health skills and understanding health content.

Question: *Would the end of 8<sup>th</sup> grade documentation of competencies attained thus far qualify for high school credit?*

No. Health instruction in elementary and middle school helps prepare the student to be able to demonstrate proficiency in health concepts in high school. Since only ½ credit of health is the minimum required in high school, it is important that students have a solid background and understanding of major health concepts prior to attending high school and that sequential, developmentally appropriate topics are covered throughout their educational experience.

Question: *What courses are high schools required to offer?*

All high schools must provide an opportunity for students to demonstrate competence in the skills and content of Ed. 306.40 in order to earn their ½ credit required for graduation. At the very least, high schools should offer basic health courses which address the skill and content areas in 306.40. Additionally, advanced health courses can be offered to provide greater depth of skill and content acquisition. These advanced courses could be tied to various other disciplines; for example, health careers, advanced health for athletes, health across the lifespan, and economics of health, wellness, or other health-related courses.

Question: *Do the new standards impact this year's classes?*

Yes. Since the rules took effect in July 1, 2005, schools should be helping students to develop health skills that will help them demonstrate health content competency. All the requirements in Ed.306.40 must be met by 2009.

Question: *What are the consequences for districts that do not comply with the standards?*

Non-compliance with these standards will impact future reviews during the school approval process, as well as result in students who are unable to manage their own health over their lifetime.

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