



ALPHA Resolution

2009-06 Supporting Adoption and Implementation of Statewide Comprehensive School Health Education

Whereas health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance¹; health-risk behaviors such as substance use, violence, and physical inactivity are consistently linked to academic failure and often affect students' school attendance, grades, test scores, and ability to pay attention in class^{2, 3, 4, 5, 6, 7, 8}; and

Whereas schools have more influence on the lives of young people than any other social institution except for the family;⁹ and

Whereas academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes^{10, 11, 12, 13, 14}; and

Whereas students who receive health education that includes the use of effective curricula improve their health-related knowledge and skills increase their involvement in healthy behaviors,¹⁵ and decrease their involvement in risky behaviors;^{16, 17} and

Whereas promoting academic achievement is one of the four fundamental outcomes of modern school health programs; scientific reviews have documented that school health programs can have positive impacts on educational outcomes, as well as health-risk behaviors and health outcomes;^{18, 19, 20, 21, 22, 23, 24, 25, 26} and

Whereas 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;^{27, 28, 29, 30, 31, 32} and

Whereas the Institute of Medicine defines coordinated school health programs as "...an integrated set of planned, sequential school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social and educational development of students";³³ and

Whereas in 1987, Lloyd Kolbe and Diane Allensworth first described an "expanded concept" of school health, now called the Coordinated School Health Program Model;³⁴ and

Whereas comprehensive health education is an essential component of the Coordinated School Health Program Model; and

Whereas the following are key elements of comprehensive health education, making up part of an overall coordinated school health program:

1. A documented, planned, and sequential program of health instruction for students in grades kindergarten through twelve.
2. A curriculum that addresses and integrates education about a range of categorical health problems and issues at developmentally appropriate ages.
3. Activities that help young people develop the skills they need to avoid: tobacco use; dietary patterns that contribute to disease; sedentary lifestyle; sexual behaviors that result in HIV infection, other STDs and unintended pregnancy; alcohol and other drug use; and behaviors that result in unintentional and intentional injuries.
4. Instruction provided for a prescribed amount of time at each grade level.
5. Management and coordination by an education professional trained to implement the program.
6. Instruction from teachers who are trained to teach the subject.
7. Involvement of parents, health professionals, and other concerned community members.
8. Periodic evaluation, updating, and improvement;³⁵ and

Whereas, comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse; and. (CDC)

Whereas, comprehensive health education should promote health literacy and include appropriate instructional strategies to enable students to achieve the following National Health Education Standards so that students will be able to:

- 1) Comprehend concepts related to health promotion and disease prevention to enhance health
- 2) Analyze the influence of family, peers, culture, media, technology and other factors on health behavior
- 3) Demonstrate the ability to access valid information and products and services to enhance health
- 4) Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks
- 5) Demonstrate the ability to use decision making skills to enhance health
- 6) Demonstrate the ability to use goal setting skills to enhance health
- 7) Demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks
- 8) Demonstrate the ability to advocate for personal, family and community health ³⁶ and
- 9) Acknowledge that certain behaviors result in consequences, including incarceration.

Whereas, secondary schools in Alaska have the lowest percentage (16.2%) of lead health education teachers with professional preparation in health and physical education (combined)³⁷; and

Whereas approximately 128,762 Alaskan students K-12 in public schools are impacted by Alaska lack of consistent comprehensive school health standards³⁸;

Therefore, be it resolved that the Alaska Public Health Association supports:

1. The development and adoption of new state health education standards based on national health education standards
2. Dedicate resources to support a full-time health education specialist within the Department of Education and Early Development
3. Require at least one credit of health education for graduation from Alaska high schools
4. Provide professional development for teachers responsible for teaching health topics
5. The development of comprehensive school health guidelines that incorporate all eight elements of a coordinated school health model
6. Calls upon the legislature and administration to make coordinated school health a priority for Alaskan schools; and
7. Encourages ALPHA members to support schools in their efforts to implement coordinated school health programs and practices in all K-12 schools.

Fiscal Impact: This action will result in minor costs associated with sending this resolution and accompanying cover letter to the Governor and key political leaders.

Public Health Impact: This action will improve the health of students by enabling them to make responsible decisions; use negotiation, communication, and decision-making skills; develop positive self-esteem; express feelings; and practice conflict resolution skills. Studies demonstrate that students who receive comprehensive health education are more likely to form healthful and responsible friendships, accept physical appearance, recognize that all people are different and have different needs, volunteer, use healthcare providers, and work to keep the air and environment clean. Well-prepared students: care for their bodies; follow a dental health plan; recognize the importance of sleep, rest, and exercise; reduce their risk of violence; and follow safety guidelines.

Students who receive comprehensive health education have health knowledge and life skills that can help them know the difference between wellness behaviors and health-related risk behaviors. They know the difference between healthful relationships and destructive relationships. They have decision-making skills and can evaluate options before deciding what course of action to take. They have resistance skills and can say "No" when pressured to participate in risky behaviors. Students feel empowered and are critical thinkers, problem solvers, responsible, self-directed learners, and effective communicators.³⁹

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