SECTION 1 – COMPREHENSIVE SCHOOL HEALTH EDUCATION

Definition

Comprehensive school health education is a sequence of learning experiences that enable children and youth to become healthy, effective and productive citizens. A planned, sequential, PK-12 curriculum addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist children and youth to maintain and improve their health, prevent disease, and reduce health-related risk behaviors, helping them to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills and practices.

The curriculum for comprehensive school health education includes an array of topics such as personal, family, community, consumer and environmental health, comprehensive sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and alcohol, tobacco, and other drugs. Certified, highly qualified and effective teachers provide comprehensive school health education (CDC, 2006).

Rationale

Good health is the foundation for academic success. As the American Cancer Society (1992) points out, "Children who face violence, hunger, substance abuse, unintended pregnancy, and despair cannot possibly focus on academic excellence. There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind." Essential for improving the health and well-being of children, the intent of comprehensive school health education is to "motivate students to maintain and improve their health, prevent disease, and avoid or reduce health-related risk behaviors. It also provides students with the knowledge and skills they need to be healthy for a lifetime" (Lohrmann & Wooley, 1998).

Research shows that the health and well-being of students significantly influences learning and academic achievement. Several studies conclude that students who participate in a comprehensive health education program have significantly higher reading and math scores than those who do not. Comprehensive school health education also positively affects student achievement by increasing health knowledge, improving health skills and behaviors, and decreasing risky behaviors (Society of State Directors of Health, Physical Education and Recreation and the Association of State and Territorial Health Officials, nd).

1 Comprehensive School Health Education

Comprehensive school health education targets the six youth health risk behaviors identified by the Centers for Disease Control and Prevention's Division of Adolescent and School Health (CDC/DASH). These behaviors, which are the leading causes of morbidity and mortality among youth, are tobacco use, alcohol and other drug use, intentional and unintentional injuries, lack of physical activity, unhealthy eating patterns, and sexual behaviors that can lead to HIV infection, infection with other sexually transmitted diseases, and unwanted pregnancies (CDC, 2006). These behaviors, which are interrelated and preventable, are often established during childhood and adolescence and can extend into adulthood. They can have a significant impact on both the health status and the achievement of children and youth.

Key Elements of Effective Comprehensive School Health Education Programs

Nationally, the CDC/DASH has identified the following areas as key elements of an effective comprehensive school health education program as part of a coordinated approach to school health.

1. *A documented, planned and sequential program of health instruction for students in Grades K-12.*
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.*

Source: CDC, http://www.cdc.gov/HealthyYouth/CSHP/comprehensive_ed.htm

Prominent health concerns are contributing factors in loss of instruction time including absenteeism, drop out rates and chronic illness, which, in turn, lead to significant social and economic issues. According to national research, each $1 invested in school-based tobacco prevention, drug and alcohol education and family life education saves $14 in avoided health costs (Wang, L.Y. et.al. 2001). The 2007 Connecticut School Health Survey data also show that students are engaging in higher risk behavior. For example, by Grade 12, Connecticut's students report:

- ✧ 46 percent ever had sexual intercourse
- ✧ 45.3 percent drank alcohol during the past 30 days
- ✧ 12.1 percent attempted suicide during the past 12 months
- ✧ 16 percent were physically hurt by a boyfriend or girlfriend in the past year

These data are staggering. Similar data on the national level have captured the attention of both national, state and local health and education organizations and agencies. The Association of Supervision and Curriculum Development (ASCD), a national leader in educational issues has

embraced the importance of Educating the Whole Child. ASCD states that "All children deserve a 21st-century education that fully prepares them for college, work, and citizenship. That means the basics of reading, writing, and math, of course. But we should expect more from our schools and communities. We also want our children to be healthy, safe, engaged in their learning, supported by caring adults, and involved in courses such as art and music" (ASCD, 2007).

Comprehensive school health education addresses these behaviors, promotes the development of protective factors, and supports healthy outcomes through developmentally appropriate Grade PK-12 curriculum and instruction and is a vital component of the coordinated approach in addressing the well-being of children and youth. Access to culturally and developmentally appropriate learning experiences provided through comprehensive school health education and the implementation of these recommended policies is essential to providing the 21st century learner with the skills and functional knowledge needed to shape attitudes, influence behaviors and enhance lifetime learning outcomes.

1 Comprehensive School Health Education

This section presents policy recommendations, policy rationale, implementation strategies and resources for comprehensive school health education.

Policy Recommendations

Effective implementation of a high-quality comprehensive school health education curriculum for all children and youth requires the adoption of appropriate policies that provide for essential resources and supports. Administrative support and fiscal allocations should be at the same level as for other core curriculum subjects with appropriate and adequate time, space, instructional materials, teaching and support staff, and professional development. An effective support system for delivering the curriculum considers the varying needs and abilities of all children and youth to achieve instructional objectives that result in the attainment of the comprehensive school health education standards (State of Maine, 2002).

Comprehensive school health education should be medically accurate, based on current research and national and state guidelines. It should be standards-based using the national or state-developed standards such as the Connecticut State Department of Education's *Healthy and Balanced Living Curriculum Framework* and should be offered as part of a planned, ongoing and systematic program taught by certified, highly qualified and effective teachers.

Policy recommendations for comprehensive school health education address the following eight areas.

1. ***Certified teachers.*** Comprehensive school health education shall be taught by certified, highly qualified, effective teachers.
2. ***Curriculum guidelines.*** The district shall have guidelines for the development, review and adoption of curriculum.
3. ***Standards-based program.*** Comprehensive school health education shall be offered as part of a planned, ongoing, systematic, sequential, and standards-based program.
4. ***Sufficient time and resources.*** The district shall allocate sufficient time and resources for effective instruction
5. ***Attention to diverse learning needs.*** Comprehensive school health education shall offer multidisciplinary, multicultural perspectives and provide learning opportunities for multiple learning styles.
6. ***Ongoing professional development.*** The district shall provide ongoing, timely professional development related to school health issues for teachers, program administrators, and school health and mental health providers.
7. ***Alignment of curriculum, instruction and assessment.*** Comprehensive school health education curriculum, instruction and assessment shall be aligned.
8. ***Regular evaluation.*** The district shall conduct regular evaluation of the comprehensive school health education program.

Policy Rationale and Implementation Strategies

1. ***Certified teachers.*** **Comprehensive school health education shall be taught by certified, highly qualified, effective teachers.**

Certification to teach health and safety education at the primary or secondary level requires a PK-12 health education certificate or school nurse/teacher certificate. Section 10-145d-145(a) of the certification regulations authorizes elementary educators to teach all elementary subjects and art, health, music, physical education and technology, but does not authorize those teachers to be the sole providers of art, health, music, physical education or technology. Elementary school classroom teachers may provide a part of health and safety education instruction, but a certified teacher in health and safety education must also provide a portion. Health-certified teachers should play a significant role in providing comprehensive school health education, including direct instruction, collaboration with classroom teachers, and curriculum development. The local school district determines the amount of direct instruction that the certified teacher provides. In doing so, the district should consider the quality of instruction that students would receive.

School health and mental health providers can serve as (1) in-school resource persons for health and safety education, (2) providers of counseling for at-risk students, and (3) professionals to assist classroom teachers in developing and implementing developmentally appropriate lessons.

Implementation strategies include:

- ✧ Review Connecticut health education teaching certification regulations.
- ✧ Ensure that all teachers who teach health education are properly certified.
- ✧ Explore how school health and mental health providers might assist with comprehensive school health education.

2. ***Curriculum guidelines.*** **The district shall have guidelines for the development, review and adoption of curriculum.**

The Connecticut State Department of Education's *Healthy and Balanced Living Curriculum Framework* is a best practice document created to guide school districts' development of comprehensive school health education and comprehensive physical education curriculum. By linking the interrelated concepts and skills of comprehensive school health education and comprehensive physical education, the framework provides the basis for the development of curriculum that will challenge and motivate students and promote student well-being. The framework is grounded through four overarching lifetime learning curricular outcomes—(1) skills, (2) literacy, (3) concepts and plans and (4) advocacy—and are designed to equip students to live actively, energetically and fully in a state of optimal personal, interpersonal and environmental well-being. Connecticut's framework standards are based on the *National Health Education Standards* (American Cancer Society, 2007), *Moving Into the Future: The National Standards for Physical Education, 2nd Edition* (NASPE, 2002), and the Connecticut State Department of Education's *Preschool Curriculum Framework*. An overview of Connecticut's *Healthy and Balanced Living Curriculum Framework* can be found on page 33.

1 Comprehensive School Health Education

Connecticut schools serve children throughout a continuum of development from pre-kindergarten through Grade 12. The framework presents expectations appropriate for pre-kindergarten, Grade 4, Grade 8 and Grade 12, each building on the previous level. This continuum enables schools to use the standards to support and guide students' personal and academic achievement through the development of skills needed to:

- ✧ live a healthy and balanced lifestyle;
- ✧ access, evaluate, and use information from various sources to achieve overall health and well-being;
- ✧ comprehend concepts related to health and fitness; and
- ✧ make plans and take actions that lead to lifelong healthy and balanced living for themselves and for the world around them.

Implementation strategies include:

- ✧ Review the State Department of Education's *Healthy and Balanced Living Curriculum Framework* (http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf).
- ✧ In consultation with the school health team, invite stakeholders who know the community and its children and youth to gather and analyze relevant data to determine priorities for health instruction. Stakeholders might include administrators, teachers, parents, students, health and mental health providers, law enforcement officers and community and public health professionals. Relevant data might include teen birth rates, sexually transmitted disease rates, absenteeism, asthma, suspensions and expulsions and after-school activity attendance.
- ✧ In consultation with stakeholders, consider the unique aspects of your community that may influence the curriculum.
- ✧ Base district guidelines on research and state mandates that support positive health behaviors for students. The following questions can guide curriculum development, review and adoption.
  - Does the curriculum enhance students' health behaviors?
  - Does the curriculum incorporate the elements of effective comprehensive school health education practices?
  - Is the curriculum aligned with national and state comprehensive school health education standards?
  - Are strategies included that assess both concepts and skills?
  - Is the content medically accurate and based on current research?
  - Are there opportunities for students to practice essential health skills?
  - Does the curriculum promote positive health behaviors and norms?
  - What and where are the gaps and overlaps?
  - How do the objectives address cultural diversity?
  - How are the objectives delivered and assessed across the disciplines (e.g., language arts, math, science, family and consumer sciences, technology)?
- ✧ Provide for an ongoing, systematic curriculum review process, preferably every three to five years, to update medical and scientific accuracy and program effectiveness.
- ✧ Involve teachers in curriculum review to promote a sense of ownership for curriculum implementation and as a professional development opportunity to update their skills.

An Overview of Connecticut's *Healthy and Balanced Living Curriculum Framework*

Districts are encouraged to use the State Department of Education's *Healthy and Balanced Living Curriculum Framework* as a best practice document to develop their comprehensive school health education and comprehensive physical education curriculum. The framework's purpose is to guide the development of curriculum that will challenge and motivate students and contribute to student learning and achievement. The framework provides a vision for healthy and balanced living by connecting the interrelated concepts and skills of comprehensive school health education and physical education to move instruction toward promoting student well-being. The framework provides the blueprint for districts to address the health and energy balance (relationship to calories consumed to calories expended) of students and to guide them toward becoming well-informed, healthy individuals, as well as confident, competent and joyful movers. Framework standards are based on the *National Health Education Standards* and *Moving Into the Future: The National Standards for Physical Education, 2nd Edition* and are designed to provide students with guidance on how to live actively, energetically, and fully in a state of optimal well-being.

The framework contains benchmark performance indicators developed by Connecticut educators for Connecticut learners, addresses comprehensive school health and physical education content standards, and incorporates the expectations outlined in the *Connecticut Preschool Curriculum Frameworks*. The framework supports students in making connections and applying skills for a lifetime of health and well-being. Four overarching curricular outcomes equip students to live actively and fully in a state of optimal personal, interpersonal and environmental well-being: skills, literacy, concepts and plans, and advocacy. According to health and fitness standards, a health literate person is a critical thinker and problem solver; responsible, productive citizen; self-directed learner; and effective communicator.

Schools serve children from the pre-kindergarten level through Grade 12, representing a continuum of development. The framework reflects appropriate expectations at pre-kindergarten, Grade 4, Grade 8 and Grade 12 levels, each building on the other. This continuum allows schools to use the comprehensive school health and comprehensive physical education standards appropriately to support and guide students' personal and academic achievement through development of skills needed to:

- ✧ live a healthy and balanced lifestyle;
- ✧ access, evaluate, and use information from various sources to achieve overall health and well-being;
- ✧ comprehend concepts related to health and fitness and implement realistic plans for lifelong healthy and balanced living; and
- ✧ make plans and take actions that lead to healthy and balanced living for themselves and for the world around them.

3. ***Standards-based program.*** **Comprehensive school health education shall be offered as part of a planned, ongoing, systematic, sequential, and standards-based program.**

In recent years, health instruction has evolved from information-based to skills-based curriculum and instruction that promotes behavior change and health literacy. According to the National Health Education Standards, a health literate person is a critical thinker and problem solver; responsible, productive citizen; self-directed learner; and effective communicator. The standards guide children and youth to becoming well-informed, healthy individuals, as well as confident, competent and joyful movers.

Standards represent an articulation of what a student should know and be able to do (Connecticut State Department of Education, 2006). Differentiating between cognitive learning and functional knowledge, or skills-based learning that is likely to change behavior is key to promoting behavior change.

Implementation strategies include:

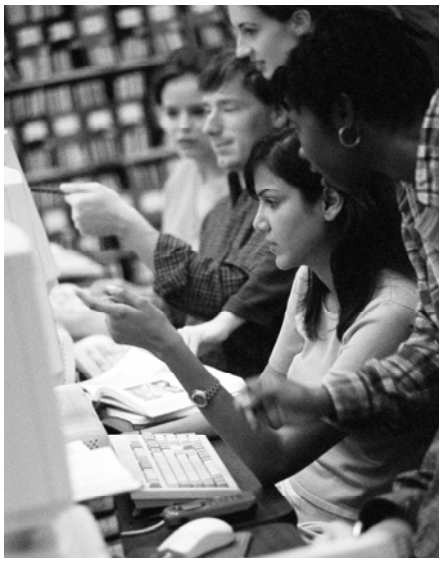
- ✧ Apply district-developed guidelines based on Connecticut's *Health and Balanced Living Curriculum Framework* and the *National Health Education Standards*.
- ✧ Use written goals and objectives for comprehensive school health education, with objectives evolving from one grade level to the next.
- ✧ Ensure that comprehensive school health education focuses on functional knowledge and what is essential to know. The curriculum should be designed to motivate and assist children and youth to maintain and improve their health, prevent disease, and reduce health-related risk behaviors, helping them to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices.
- ✧ Use a well-planned, sequential PK-12 curriculum that addresses the physical, mental, emotional and social dimensions of health.
- ✧ Include, at a minimum, human growth and development; nutrition; first aid; disease prevention; community and consumer health; physical, mental and emotional health including youth suicide prevention; substance abuse prevention; comprehensive sexuality education; HIV/AIDS; sexually transmitted diseases; safety, which may include the dangers of gang membership; and accident prevention.
- ✧ Teach comprehensive school health education as a separate subject with reinforcement by a multidisciplinary approach such as inclusion of health-related instruction in math, science, language arts, social sciences, family and consumer sciences, and elective subjects.
- ✧ Require one or more health education credits for graduation.

4. ***Sufficient time and resources.*** **The district shall allocate sufficient time and resources for effective instruction.**

According to Connecticut General Statutes (CGS) 10-16b, Health and Safety Education and 10-19(b) HIV/AIDS must be offered in a planned, ongoing and systematic fashion. Alcohol, Tobacco, Nicotine and Other Drugs CGS 10-19(a), must be taught every year to every student. At a minimum, a planned program should have written goals and learning objectives. To ensure continuity, the learning objectives should evolve from one grade level to the next. A systematic planned program ensures that implementation is equitable for each specific grade or course, e.g., all third-grade students receive instruction for the same agreed-upon learning objectives in every third-grade classroom. This does not, however, mean that each third-grade teacher must use the same materials or activities.

Findings from the School Health Education Evaluation indicate that, although a few hours of instruction significantly affect health knowledge, influencing attitude and practice requires more time. Researchers found that a minimum of 50 classroom hours per year are required to affect health knowledge, attitudes, and practices at the elementary level (Connell, Turner, & Mason, 1985). The revised 2007 National Health Education Standards (NHES), recommend that students in middle and high school grades receive 80 hours of instruction in health education per academic year.

Therefore, based on research and best practice, the CSDE highly recommends that at a minimum, students in grades PK through grade 4 receive a minimum of 50 classroom hours in comprehensive school health education per academic year and students in grades 5 through grade 12 receive a minimum of 80 hours in comprehensive school health education per academic year. Students need sufficient classroom time at each grade level to acquire functional knowledge and develop skills appropriate for each grade level that are needed for developing life long learning outcomes and healthy behaviors. These recommendations are vital to prepare students to negotiate the risk behaviors that increase during adolescence such as cigarette smoking, sexual intercourse and alcohol use (2005 Connecticut School Health Survey). Although not mandated, it is recommended that districts require a one-credit minimum of comprehensive school health education for high school graduation. (See Table 1 for CSDE instructional time recommendations).



Implementation strategies include:

- ✧ Every academic year provide a minimum of 50 classroom hours of comprehensive school health education in PK through grade 4 and 80 hours of classroom instruction in grades 5 through 12.
- ✧ Within the recommended number of hours for comprehensive school health education, the following hours of instruction should be devoted to alcohol, tobacco, nicotine and other drugs: in Grades PK-4, five to 10 hours of classroom instruction per year and in Grades 5-12, 10-15 hours of classroom instruction per year.

- ✧ Within the recommended number of hours for comprehensive school health education, the following hours of instruction should be devoted to Acquired Immune Deficiency Syndrome (HIV/AIDS): three to five hours of instruction be offered during the PK through Grade 2 sequence, Grades 3 through 4 sequence, Grades 5 through 6 sequence, Grades 7 through 8 sequence, Grades 9 through 10 sequence, and Grades 11 through 12 sequence. For example, AIDS/HIV education does not have to be offered every year, it may be offered in a three to five hour block during each of the identified grade sequences.
- ✧ Designate fiscal allocations at the same level as other core curriculum subjects.
- ✧ Provide adequate and appropriate space, instructional materials, teaching and support staff, and professional development.
- ✧ Encourage all PK-12 instructional staff to reinforce and support health messages by incorporating themes from the Connecticut State Department of Education's *Healthy and Balanced Living Curriculum Framework* into daily lessons, when appropriate.

Table 1

Recommended Instructional Time for Health and Safety; Alcohol, Tobacco, Nicotine and other Drugs; and HIV/AIDS Education by Grade Level

	Grade Sequence					
Content Area	**PK-2**	**3-4**	**5-6**	**7-8**	**9-10**	**11-12**
CGS 10-16b Health and Safety (Inclusive of alcohol, tobacco and other drugs and HIV/AIDS education)	Minimum of 50 hours per academic year	Minimum of 50 hours per academic year	Minimum of 80 hours per academic year	Minimum of 80 hours per academic year	Minimum of 80 hour per academic year	Minimum of 80 hours per academic year
CGS 10-19(a) Alcohol, Nicotine or Tobacco and Other Drugs (taught within the health and safety block)	5-10 hours per academic year	5-10 hours per academic year	10-15 hours per academic year	10-15 hours per academic year	10-15 hours per academic year	10-15 hours per academic year
CGS 10-19(b) HIV/AIDS (taught within the health and safety block)	3-5 hours per grade sequence	3-5 hours per grade sequence	3-5 hours per grade sequence	3-5 hours per grade sequence	3-5 hours per grade sequence	3-5 hours per grade sequence

5. ***Attention to diverse learning needs.*** **Comprehensive school health education shall offer multidisciplinary, multicultural perspectives and provide learning opportunities for multiple learning styles.**

Effective comprehensive school health education instruction and classroom materials must address the needs and characteristics of all children and youth. Consideration of the physical, mental, emotional and social status of children and youth enhances learning (State of Maine, 2002).

Implementation strategies include:

- ✧ Provide culturally and developmentally appropriate instruction and classroom materials.
- ✧ Consider unique community factors and consult with stakeholders who know the community to identify cultural factors that affect the health and well-being of students. These stakeholders can include teachers, administrators, health and mental health providers, community and public health professionals, medical professionals, faith-based organizations, students and parents who represent a broad cross-section of community cultures.
- ✧ Deliver health instruction that incorporates differentiated instructional strategies.

6. ***Ongoing professional development.*** **The district shall provide ongoing, timely professional development related to school health issues for teachers, program administrators, and school health and mental health providers.**

Ongoing research and continually evolving teaching practices require the provision of continuing education for those who teach comprehensive school health education.

Implementation strategies include:

- ✧ Assess and address teachers' needs for professional development related to the delivery of comprehensive school health education.
- ✧ Provide a variety of health-related professional development activities, including in-service and mentoring programs to individuals who provide comprehensive school health education instruction and to others in the school community to encourage interdisciplinary connections.
- ✧ Give particular attention to the professional development needs of elementary teachers who may not have received adequate pre-service preparation for teaching comprehensive school health education.
- ✧ Encourage those who provide comprehensive school health education to join relevant state and national professional associations such as the American School Health Association; the Connecticut Alliance for Health, Physical Education, Recreation and Dance; and the National Association for School Nurses; and the American Association for Health Education. The Association for Supervision and Curriculum Development is a national educational organization that supports the development of the whole child, including health and wellness.
- ✧ Ensure that comprehensive school health education teachers participate in relevant continuing education required to maintain their teaching certificates.
- ✧ Include in professional development offerings information (as required by CGS Sec. 10-220a) about (1) the nature and relationship of drugs and alcohol to health and personality development, and procedures for discouraging their abuse; and (2) health and mental health

risk-reduction education that includes the prevention of risk-taking behavior by children and the relationship of such behavior to substance abuse, pregnancy, sexually transmitted diseases, including HIV-infection and AIDS, violence, child abuse and youth suicide prevention.

- ✧ Use the curriculum review process as an opportunity to update teachers' skills and knowledge.
- ✧ Contact the Connecticut State Department of Education for assistance with professional development.

7. *Alignment of curriculum, instruction and assessment.* Comprehensive school health education curriculum, instruction and assessment shall be aligned.

The alignment of curriculum, instruction and assessment ensures that classroom implementation and student assessment are consistent and that student assessment strategies measure whether students have attained curriculum objectives. The Health Education Assessment Project (HEAP) is a national and state initiative designed to increase the capacity of school districts to deliver a research- and performance-based assessment approach to building the health literacy of students by applying accountability to comprehensive school health education. HEAP aligns curriculum, instruction and assessment to improve student learning using the *Connecticut Curriculum Assessment Framework* and HEAP student assessment items. HEAP's objectives are to:

- ✧ Provide strategies for scoring student work to assess comprehensive school health education curriculum.
- ✧ Develop capacity for school communities to provide effective, assessment-based comprehensive school health education for all students.
- ✧ Support consistency in the application of the state standards to assessment-based comprehensive school health education.
- ✧ Increase connections between comprehensive school health education and other components of coordinated school health.
- ✧ Improve coordination with assessment strategies of other core subjects within the school community.

The comprehensive school health education assessment promoted by HEAP encourages classroom instruction that stimulates higher-order thinking and practical application of knowledge and skills. Educators set goals for students to think critically, solve complex problems and communicate effectively. HEAP moves beyond standardized multiple-choice testing, using student work to assess the curriculum and instructional methods. This performance-based assessment shifts the emphasis from knowing health facts to developing health skills, thus providing a more complete picture of student achievement. Using multiple assessment strategies allows students to demonstrate mastery of essential functional health knowledge and skills in ways that are meaningful to both teacher and student.

Implementation strategies include:

- ✧ Support teachers' use of performance-based assessment and student portfolios.
- ✧ Encourage teams of teachers responsible for the delivery of comprehensive school health education instruction to share samples of assessments, performance tasks, student work, lessons and instructional practices related to the curriculum.

- ✧ Convene grade-level and multi-grade level meetings designed to share materials, activities, units, assessments and student work.
- ✧ Contact the Connecticut State Department of Education to learn more about the Health Education Assessment Project and how it might enhance comprehensive school health education in your district.

8. ***Regular evaluation.*** **The district shall conduct regular evaluation of the comprehensive school health education program.**

The curriculum development cycle begins, ends and then begins again with a careful evaluation of the effectiveness and impact of the program. Comprehensive school health education programs should be evaluated systematically to determine how much of the curriculum is being delivered and whether instruction is consistent with the planned curriculum. A well-developed comprehensive school health education program can have a positive and measurable impact on the behavior and performance of children and youth.

Implementation strategies include:

- ✧ Schedule an ongoing, systematic curriculum review process, preferably every three to five years, to update medical and scientific accuracy and program effectiveness.
- ✧ Determine whether new curriculum goals have emerged.
- ✧ Use surveys, focused discussions and meetings to gather data on perceptions of program strengths, weaknesses and needs; preferences for textbooks and other materials; and the effectiveness of topics or objectives.
- ✧ Analyze data linking student performance to daily instruction.
- ✧ Conduct ongoing grade-level formative and summative assessments.
- ✧ Analyze course enrollment, especially by level in middle and high schools.
- ✧ Review teacher-developed assessments, performance assessments and student portfolios.
- ✧ Ask the following questions:
  - Was comprehensive school health education consistently offered across the grade levels and districtwide? What are the gaps or overlaps?
  - Was professional development offered to teachers, administrators, and health and mental health professionals and other appropriate staff?
  - Are adequate time, materials and supplies provided for the delivery of instruction?
  - Are certified, effective, and highly qualified teachers delivering comprehensive school health education?
  - Are materials up-to-date and medically and scientifically accurate?
  - Do the data support the effectiveness of the program?
  - Does the program involve parents/guardians and community members?
- ✧ Analyze quantitative and qualitative data and apply findings to the next round of curriculum development and improvement.

Legislation Pertaining to Comprehensive School Health Education

The Connecticut General Statutes (CGS) relating to comprehensive school health education are:

- Health and safety education (CGS 10-16b)
- Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome [CGS 10-19(a)]
- Acquired Immune Deficiency Syndrome [CGS 10-19(b)]
- In-service training—professional development, institutes for educators, cooperating and beginning teacher programs, regulations (CGS 10-220a)

Connecticut General Statutes Section 10-16b. Prescribed courses of study. (a) In the public schools the program of instruction offered shall include at least the following subject matter, as taught by legally qualified teachers, the arts; career education; consumer education; health and safety, including, but not limited to, human growth and development, nutrition, first aid, disease prevention, community and consumer health, physical, mental and emotional health, including youth suicide prevention, substance abuse prevention, safety, which may include the dangers of gang membership, and accident prevention; language arts, including reading, writing, grammar, speaking and spelling; mathematics; physical education; science; social studies, including, but not limited to, citizenship, economics, geography, government and history; and in addition, on at least the secondary level, one or more foreign languages and vocational education. For purposes of this subsection, language arts may include American sign language or signed English, provided such subject matter is taught by a qualified instructor under the supervision of a teacher who holds a certificate issued by the State Board of Education.

(c) Each local and regional board of education shall on September 1, 1982, and annually thereafter at such time and in such manner as the Commissioner of Education shall request, attest to the State Board of Education that such local or regional board of education offers at least the program of instruction required pursuant to this section, and that such program of instruction is planned, ongoing and systematic. http://www.cga.ct.gov/2005/pub/Chap164.htm#Sec10-16b.htm.

Connecticut General Statutes Section 10-19. Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome. Training of personnel. (a) The knowledge, skills and attitudes required to understand and avoid the effects of alcohol, of nicotine or tobacco and of drugs, as defined in subdivision (17) of section 21a-240, on health, character, citizenship and personality development shall be taught every academic year to pupils in all grades in the public schools; and, in teaching such subjects, textbooks and such other materials as are necessary shall be used. Annually, at such time and in such manner as the Commissioner of Education shall request, each local and regional board of education shall attest to the State Board of Education that all pupils enrolled in its schools have been taught such subjects pursuant to this subsection and in accordance with a planned, ongoing and systematic program of instruction. The content and scheduling of instruction shall be within the discretion of the local or regional board of education. Institutions of higher education approved by the State Board of Education to train teachers shall give instruction on the subjects prescribed in this section and concerning the best methods of teaching the same. The State Board of Education and the Board of Governors of Higher Education in consultation with the Commissioner of Mental Health and Addiction Services and the Commissioner of Public Health shall develop health education or other programs for elementary and secondary schools and for the training of teachers,

administrators and guidance personnel with reference to understanding and avoiding the effects of nicotine or tobacco, alcohol and drugs.

(b) Commencing July 1, 1989, each local and regional board of education shall offer during the regular school day planned, ongoing and systematic instruction on acquired immune deficiency syndrome, as taught by legally qualified teachers. The content and scheduling of the instruction shall be within the discretion of the local or regional board of education. Not later than July 1, 1989, each local and regional board of education shall adopt a policy, as the board deems appropriate, concerning the exemption of pupils from such instruction upon written request of the parent or guardian. The State Board of Education shall make materials available to assist local and regional boards of education in developing instruction pursuant to this subsection. http://www.cga.ct.gov/2007/pub/Chap164.htm#Sec10-19.htm

Connecticut General Statutes Section 10-220a. In-service training. Professional development. Institutes for educators. Cooperating and beginning teacher programs, regulations. (a) Each local or regional board of education shall provide an in-service training program for its teachers, administrators and pupil personnel who hold the initial educator, provisional educator or professional educator certificate. Such program shall provide such teachers, administrators and pupil personnel with information on (1) the nature and the relationship of drugs, as defined in subdivision (17) of section 21a-240, and alcohol to health and personality development, and procedures for discouraging their abuse, (2) health and mental health risk reduction education which includes, but need not be limited to, the prevention of risk-taking behavior by children and the relationship of such behavior to substance abuse, pregnancy, sexually transmitted diseases, including HIV-infection and AIDS, as defined in section 19a-581, violence, child abuse and youth suicide, (3) the growth and development of exceptional children, including handicapped and gifted and talented children and children who may require special education, including, but not limited to, children with attention-deficit hyperactivity disorder or learning disabilities, and methods for identifying, planning for and working effectively with special needs children in a regular classroom, (4) school violence prevention and conflict resolution, (5) cardiopulmonary resuscitation and other emergency life saving procedures, (6) computer and other information technology as applied to student learning and classroom instruction, communications and data management.

(b) Not later than a date prescribed by the commissioner, each local and regional board of education shall develop, with the advice and assistance of the teachers and administrators employed by such boards, including representatives of the exclusive bargaining representative of such teachers and administrators chosen pursuant to section 10-153b, and such other resources as the board deems appropriate, a comprehensive professional development plan, to be implemented not later than the school year 1994-1995. Such plan shall be directly related to the educational goals prepared by the local or regional board of education pursuant to subsection (b) of section 10-220, and shall provide for the ongoing and systematic assessment and improvement of both teacher evaluation and professional development of the professional staff members of each such board, including personnel management and evaluation training or experience for administrators, shall be related to regular and special student needs and may include provisions concerning career incentives and parent involvement. The State Board of Education shall develop guidelines to assist local and regional boards of education in determining the objectives of the plans and in coordinating staff development activities with student needs and school programs. http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220a.htm

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Resources

A Guide to Curriculum Development: Purposes, Practices, Procedures, Connecticut State Department of Education: http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=321162

American Academy of Pediatrics: Health, Mental Health and Safety Guidelines for Schools: http://www.nationalguidelines.org/chapter_full.cfm?chapter=health

American Alliance for Health, Physical Education, Recreation and Dance: http://www.aahperd.org/index.cfm

American Association for Health Education: http://www.aahperd.org/aahe

American Psychological Association. Healthy Lesbian, Gay, Bisexual Students Project: http://www.apa.org/pi/lgbc/hlgbsp/

American School Health Association: http://www.ashaweb.org

Association for Supervision and Curriculum Development: http://www.wholechildeducation.org/

Centers for Disease Control and Prevention Division of Adolescent and School Health: http://www.cdc.gov/HealthyYouth/index.htm

Centers for Disease Control and Prevention, Compendium of Effective Programs: http://www.cdc.gov/hiv/resources/reports/hiv_compedium/index.htm https://cdc.gov/healthyyouth/adolescenthealth/registries

Centers for Disease Control and Prevention: http://www.cdc.gov/hiv/

Children's Picture Book Database at Miami University: http://www.lib.muohio.edu/pictbks/

Connecticut Association for Health, Physical Education, Recreation and Dance: http://www.ctahperd.org/

Connecticut School Health Survey, Connecticut Departments of Education and Public Health, 2005: http://www.dph.state.ct.us/PB/HISR/cshs.htm

Connecticut State Department of Education Comprehensive School Health Education: http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=320800

Connecticut State Department of Education Coordinated School Health Partnerships: http://www.ct.gov/sde/healthyconneCTions

Connecticut State Department of Public Health: http://www.dph.state.ct.us/Agency_Service/agencyservice.htm http://www.dph.state.ct.us/BCH/infectiousdise/sexually.htm

Health Education Assessment Project (HEAP) – Aligning Health and Reading with a HEAP of Books: http://www.ccsso.org/Projects/SCASS/Projects/Health_Education_Assessment_Project/1540.cfm

Health Education Assessment Project (HEAP): http://www.ccsso.org/Projects/SCASS/Projects/Health_Education_Assessment_Project/1540.cfm

Healthy and Balanced Living Curriculum Framework, Connecticut State Department of Education, 2006: http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf

National Campaign to Prevent Teen Pregnancy: http://www.Teenpregnancy.org

National Health Education Standards: http://www.cancer.org/NHES.

Rocky Mountain Center for Health Promotion and Education: http://www.rmc.org

Sample Comprehensive School Health Education lessons and materials:

- Health Teacher http://www.healthteacher.com

Sex and HIV education programs for youth: Their impact and important characteristics. Kirby, D., Laris, B.A., Rolleri, L., 2006: http://www.etr.org/recapp/programs/effectiveprograms.htm

Sexuality Information and Education Council of the United States: http://www.siecus.org

Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs, Healthy Teen Network, 2007: http://www.etr.org/recapp/programs/effectiveprograms.htm