SOCIETY FOR PUBLIC HEALTH EDUCATION
10 G Street, Suite 605 •Washington, DC 20002-4242 • Phone 202/408-9804 • Fax 202/408-9815 • Website www.sophe.org

INCREASING K-12 HEALTH EDUCATION TO IMPROVE HEALTH LITERACY

Addressing a National Health Care Problem by Exploring a Root Cause for Health Illiteracy

Approved by the Board of Trustees - 8/11/10

WHEREAS, Nine out of ten adults have problems finding and using health information[1] and the cost to our nation of poor health literacy is estimated to be between $100 and $200 billion a year[2]; and

WHEREAS, it is critical that students learn both basic literacy skills and health literacy skills as part of their schooling. Basic literacy skills are taught though language arts a core subject in the K-12 curriculum. Health literacy is the ability to "obtain, process, and understand basic health information and services needed to make appropriate health decisions" [3]. Nine out of ten adults have problems finding and using health information[3]; and

WHEREAS education is a function of our nation's schools and effective instruction K-12 can improve basic literacy and health literacy[4]. However, only 30% of 4th grade students and 29% of 8th grade students scored proficient on the 2005 National Assessment Educational Progress (NAEP) for language arts (Education Week 2007). This achievement gap ultimately contributes to the decision of 7,000 students to drop out of school each school day or 1 million each year[5]. High school graduates have better health and lower medical costs than high school dropouts and[5] college graduates have better health and lower medical costs than high school graduates.[6] Graduation from high school is associated with an increase in average lifespan of six to nine years [7]. Graduation from high school is also associated with increased literacy skills as an individual's health literacy level is influenced by language skills, cognitive abilities, age, socioeconomic status, cultural background, past experiences, and mental health[4]; and

WHEREAS, participation in quality, early childhood education programs particularly for low-income students reduces the achievement gap of students entering kindergarten, reduces the need for special education, reduces grade repetition; it also enhances educational achievement, as well as improving student behavior and motivation[8]; and

WHEREAS, health literacy requires knowledge about the body, healthy behaviors, and how to access and use the healthcare system, a sequential program in health education could provide this instruction to all students K-12. Evidence strongly suggests that children of all ages have the potential to understand the practices associated with health as well as how to access health information[9]; and

WHEREAS, National Health Education Standards, which have been in existence since 1995, were updated in 2007 and from two thirds to 80% of all schools, districts and states have adopted these standards as the basis for their K-12 instruction[10]; and

WHEREAS, instruction in health education can improve the health related knowledge of students[11]. Illustrative examples include increases in student knowledge about exercise[12, 13] and nutrition[14, 15, 16]; and

WHEREAS, quality health education can improve the health behaviors of students[11]. Illustrative examples of programs that have proven to be effective in reducing health risk behaviors include increasing physical activity[15], preventing tobacco use use[17, 18, 19, 20] preventing alcohol use[19]; reducing heavy drinking[21,22] preventing dating aggression[23] and violence[21, 24] decreasing risky sexual behavior[25]; and

WHEREAS, personal and social skills, a major focus of health education, has been shown to be effective in reducing health risk behaviors as well as promoting health enhancing behaviors and outcomes. Personal and social skills instructions includes skills in decision making, self-management, relationship management, communication, negotiation, conflict management, help seeking as well as competencies of self-awareness, social awareness[26]; and

WHEREAS, the teaching of age-appropriate, social and emotional skills as part of a health education curriculum, can improve significant academic behaviors of students such as increasing motivation and positive attitude toward school[27], reducing absenteeism[28,26, 29] , promoting more classroom participation as well as reducing conduct problems[26, 30, 31], and reducing suspensions[26]. A few studies that taught personal and social skills along with providing other strategies improved test scores[26]; grades[26, 32, 30, 21] and high school graduation rates[21]; and

WHEREAS, most students receive daily instruction in language arts K-12, which is a core subject in the curriculum not all schools nationwide require health instruction at each grade level. Health education is not regarded as a core subject because there is no nationwide testing of student's learning in the discipline. Less than 50% of schools require instruction in each grade K-3; 60% or less require instruction in each grade 4 to 8; and less than 35% require instruction in each grades 9-12[10], even though from two thirds to 80% of all schools, districts and states have subscribed to promoting the content of the *National Health Education Standards*[10]; and

WHEREAS, The Joint Committee on National Health Standards (2007)[33] recommends that students in Pre-K to 2 receive a minimum of 40 hours in health education and students in grades 3 to 12 should receive 80 hours of instruction in health education per academic year. However the actual percentage of elementary schools providing the recommended 360 hours or more (cumulative for grades K-5 of health education) was 7.5%; the actual percentage of middle schools providing the recommended 240 hours or more (cumulative for grades 6-8) was 10.3%; and the actual percentage of high schools providing the recommended 320 hours or more (cumulative for grades 9-12) was 6.5%[34]; and

THEREFORE, be it

RESOLVED, That the SOPHE will increase members' as well as health care, public health and education sector's awareness of the contribution of illiteracy to health and education disparities as well as the potential of school health education to improving health literacy; and be it further

RESOLVED, That the SOPHE will urge local health departments and health care professional associations to advocate with the local education agency for increases in the amount of K-12 school health education to at least the number of hours recommended in the *National Standards for Health Education*; and be it further

RESOLVED, That the SOPHE will urge local health departments and health care professional associations to advocate with the local and state education agency to require that the teachers of health education have a major or minor in health education in order to teach in middle school and/or high school; and be it further

RESOLVED, That the SOPHE will encourage health departments and education agencies to establish school health councils at the district level and school health teams at the school level that engage families and representatives from other community agencies, including faith based organizations, business, mental health and health care organizations to promote health education K-12 as a means to improve the current well-being of children as well as the health literacy levels of the adults that these children will become; and be it further

RESOLVED, That the SOPHE will promote and advocate for health instruction as a requirement of the early childhood curriculum in child care centers; and be it further

RESOLVED, That the SOPHE will advocate for funding for all vulnerable children to receive a high quality, early childhood Head Start program ensuring that all children have a equitable start on learning basic language arts as a step to generic literacy; and be it further

RESOLVED, That the SOPHE will encourage public health, health care and education professional associations to collaborate at the national, state, and local level in order to advocate for increases in the quantity and quality of health education K-12 so that children nationwide receive the time recommended in the *National Standards for Health Education* taught by qualified teachers; and be it further

RESOLVED, That the SOPHE will assist other professional public health, health care and education organizations will advocate for the implementation of a nationwide test of student health literacy in grades 4, 8, and 12 as a means to ensure an improvement in adult health literacy.

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