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**A Call for Quality Health Education in All Vermont Schools**

**Society of Health and Physical Educators of Vermont (SHAPE VT) believes that a preK-12 comprehensive skills-based health education program is a critical component of a student’s well-rounded education in that it must be taught in order to support healthy and academically successful students.** The inclusion of a skills-based, comprehensive health education curriculum provides students with the skills and knowledge to make health-enhancing choices across the lifespan. When schools provide a high-quality health education program, based on the National Health Education Standards and including accurate and developmentally appropriate health information, they not only play a part in improving student health outcomes and improve school environment, they also prepare students to succeed in college and future careers as engaged community members.

**The Education Quality Standards adopted by the State Board of Education April 5, 2014, Section 2120.5, require all schools to enable students to engage annually in rigorous, relevant and comprehensive learning opportunities that allows them to demonstrate proficiency in (e) physical education and health education as defined in 16 V.S.A. §131, 906, 909. Additionally, as required in 16 V.S.A §1692, Section 2121.2 of EQS requires that all professional staff be licensed and properly endorsed for their assignment.**

In grades K-6 an elementary educator’s license allows him or her to teach health education within a class as part of the overall educational experience. In this case, the elementary educator is responsible for assessing health knowledge and skills, even if he or she occasionally partners with other experts from in or outside the school community to support instruction. If K-6 health education is provided on a regular basis by someone other than the elementary classroom teacher, that person must hold a K-6 health education endorsement to assess health knowledge and skills.

In order for students to achieve academic success, they need to be physically and emotionally safe and engaged. According to the Vermont 2017 YRBS, students report;

* One-third (33%) of high school students reported having drank alcohol in the past 30 days.
* Only 34% of middle school students were physically active every day for at least 60 minutes. Only a quarter of high school students met physical activity guidelines, participating in at least 60 minutes of physical activity every day during the past week.
* The percent of high school students who stopped doing usual activities during the past year because they felt so sad or hopeless has significantly increased over the past decade, from 21% in 2007 to 25% in 2017.

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**These statistics indicate behaviors that have a negative impact on a student’s ability to learn**. Health and physical education classes provide opportunities to address these risk factors.

The issue of student health is not one for public health agencies to address alone. Evidence suggests that educational and public health institutions have a shared interest in promoting student health. This is important because health outcomes and health behaviors can be improved by the inclusion of school-based health education (Centers for Disease Control and Prevention [CDC], 2015; Fisher, et al., 2003; Hale, Fitzgerald, Yau, & Vine, 2014; Michael, Merlo, Basch, Wentzel, & Wechsler, 2015; St. Leger, 2001).

When we include health education in our efforts to decrease absenteeism, reduce bullying, promote social and emotional health, and increase students’ ability to be college and career ready, we provide a platform for success. In fact, the U.S. Department of Education (2016, p. 19) includes health education as a key component of a well-rounded education. Well-designed health education, when delivered by trained and certified health educators, allows “students to acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, and adopting health-enhancing behaviors, and promoting the health of others” (Lewallen et al., 2015, p. 732).

CDC’s *Characteristics of an Effective Health Education Curriculum* emphasize a health education curriculum that teaches functional health information and develops the essential health skills required to adopt, practice, and maintain health-enhancing behaviors (CDC, 2018). During health education, students gain personal competency and self-efficacy by addressing health with a skills-based approach. Skills-based health education incorporates the use of participatory instructional methods that allow students to develop skill proficiency; address attitudes toward healthy decision-making; and build functional knowledge that will enable them to make decisions regarding their own health, wellness, and safety (SHAPE America, 2019).

For educators interested in pursuing an endorsement in health education, or seeking additional professional development, the Vermont Higher Education Collaborative (VTHEC) provides graduate level course work to help fulfill the necessary competencies. The Society of Health and Physical Educators of Vermont (SHAPE VT), SHAPE America, as well as The Vermont Agency of Education provide professional development opportunities which support individuals seeking the knowledge needed to deliver quality health education.