

Comprehensive Health Education in Schools

Position Statement

NASN POSITION

It is the position of the National Association of School Nurses (NASN) that a comprehensive, developmentally appropriate, and evidence-based health education program be implemented for all students. NASN recognizes the vital role of parents and families as an integral source of health education. The registered school nurse (hereinafter referred to as the school nurse) is a valuable resource to parents and educators. NASN supports the implementation of comprehensive health education that promotes healthy development for all students.

BACKGROUND AND RATIONALE

Comprehensive health education should begin upon entry into school, continue through grade 12, and be inclusive and equitable. National Health Education standards provide a framework for schools to use to facilitate the mastery of knowledge and skills regarding health topics and promote healthy behaviors and outcomes for school-age youth (CDC, 2018).

The Global School-Based Student Health Survey indicates priorities for health education as follows: alcohol, drug and tobacco use, dietary behaviors, hygiene, mental health, physical activity, protective factors, sexual behaviors, violence, and unintentional injury (WHO, 2016). An ideal curriculum supports the Whole School, Whole Community, Whole Child model (CDC, 2014). It provides students with education about their physical bodies, their emotions, their behaviors, and their relationships within their social and cultural environment, stressing the importance of personal responsibility and community standards for emerging adult responsibilities (CDC, 2014).

Social and health risk-taking behaviors by adolescents account for 6% of the world's disease and injury (WHO, 2017). Preventable health risk behaviors established in adolescence may persist into adulthood and can lead to serious social, emotional, and physical health problems that are costly burdens on individuals, families, and the world. At the same time, the School Health Policy and Practices Study of K-12 schools found that there has been a decrease in the amount of instructional time allotted for health topics such as alcohol and other drug use prevention, HIV prevention, infectious disease prevention, and tobacco use prevention (CDC, 2017).

According to the 2019 Youth Risk Behavior Surveillance System Report of 9th-12th grade students in the United States (CDC, 2019):

- 46% played video or computer games 3 hours or more a day
- 40% had engaged in sexual intercourse
- 39% texted or emailed while driving
- 37 % had experienced persistent feelings of sadness or hopelessness
- 32% used an electronic vapor product
- 30% used alcohol

- 21% used marijuana
- 16% did not eat breakfast
- 15% had obesity
- 15% inappropriately used prescription pain medicine
- 9% had attempted suicide
- 8% experienced dating violence
- 7% smoked cigarettes

Special consideration must be given to the 14% of students who receive special education services under the Individuals with Disabilities Education Act (IDEA, 2016; DeBrey et al., 2021). Schools often fail to deliver comprehensive health education to special education students, who experience a higher incidence of sexual abuse and exploitation, innate impairments to learning, and social vulnerability (Treacy et al., 2018). Health education for students with disabilities should be tailored to their ability, learning style, and maturity, in addition to parent values and beliefs (Nelson et al., 2020).

School nurses advocate for evidence-based health curriculums while accounting for existing laws and regulations that provide guidelines for the planning and implementation of health education (SIECUS, 2020). They use the principles of Community/Public Health from the Framework for 21st Century School Nursing Practice™ to guide teaching about health and safety in the health office, in the classroom, and with the entire school population (NASN, 2016). Parents and other family members play a crucial role in nurturing the education and health of their children. Research indicates that when parents are engaged in school health education efforts, students exhibit better behavior, better social skills, fewer health risk behaviors, and higher academic achievement (Kolbe, 2019).

Comprehensive health education empowers students to make appropriate decisions that may improve attendance and academic outcomes and ultimately contribute to their overall quality of life (Kolbe, 2019). School nurses are qualified and uniquely positioned in schools to advocate for and implement comprehensive health education that is available, inclusive, developmentally, and culturally appropriate, and evidenced to result in healthy behaviors.

REFERENCES

Americans with Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328. (1990). Title II Regulations. (2016). Part 35 Nondiscrimination on the Basis of Disability in State and Local Government Services. Retrieved from https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm

Centers for Disease Control and Prevention. (2017). School Health Policies and Practices Study (SHPPS), Trends over time: 2000-2016. Retrieved from <https://www.cdc.gov/healthyyouth/data/shpps/pdf/2016factsheets/Trends-SHPPS2016.pdf>

Centers for Disease Control and Prevention. (2018). HECAT FAQs. Retrieved from <https://www.cdc.gov/healthyyouth/hecat/faq.htm#basic>

Centers for Disease Control and Prevention. (2019). Youth Risk Behavior Surveillance System (YRBSS).

Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Centers for Disease Control and Prevention. (2014). *Whole school, whole community, whole child: A collaborative approach to learning and health*. Retrieved from https://www.cdc.gov/healthyschools/wsc/wscmodel_update_508tagged.pdf

De Brey, C., Snyder, T. D., Zhang, A., & Dillow, S. A. (2021). Digest of Education Statistics 2019 (NCES 2021-009). U.S. Department of Education. Washington, DC.

Kolbe L. J. (2019). School health as a strategy to improve both public health and education. *Annual Review of Public Health, 40*, 443–463. <https://doi.org/10.1146/annurev-publhealth-040218-043727>

National Association of School Nurses [NASN]. (2016). Framework for 21st century school nursing practice. *NASN School Nurse, 31*(1), 45-53. doi: 10.1177/1942602X15618644

Nelson, B., Odberg Pettersson, K., & Emmelin, M. (2020). Experiences of teaching sexual and reproductive health to students with intellectual disabilities. *Sex Education, 20*(4), 398–412. <https://doi.org/10.1080/14681811.2019.1707652>

SIECUS. (2020). Sex Ed State Law and Policy Chart. Retrieved from https://siecus.org/wp-content/uploads/2020/05/SIECUS-2020-Sex-Ed-State-Law-and-Policy-Chart_May-2020-3.pdf

Treacy, A., Taylor, S., & Abernathy, T. (2018). Sexual health education for individuals with disabilities: A call to action. *American Journal of Sexuality Education, 13* (1)65–93. <https://doi.org/10.1080/15546128.2017.1399492>

World Health Organization. (2016). Global school-based student health survey (GSHS). Retrieved from <http://www.who.int/chp/gshs/en/>.

World Health Organization. (2017). Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation. Retrieved from <http://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf;jsessionid=290F7E0575D15DCF65AE033A13100024?sequence=1>.

Acknowledgment of Authors

Karen Graf MSN, RN-BC, APHN

Anupama Gowda BSN, RN

Julie Hudson MSN, RN, NCSN

Breana Taylor MSN, BSN, RN

Cathy Yonkaitis, DNP, RN, NCSN, PHNA-BC

Adopted: January 2022

This position statement incorporates the retired position statement *Sexual health education in schools*.

Suggested citation: National Association of School Nurses. (2022). *Comprehensive health education in schools* [Position statement]. Author.

“To optimize student health, safety, and learning, it is the position of the National Association of School Nurses that a professional registered school nurse is present in every school all day, every day.”

All position statements from the National Association of School Nurses will automatically expire five years after publication unless renewed, revised, or retired at or before that time.

www.nasn.org

National Association of School Nurses
1100 Wayne Avenue, Suite 925
Silver Spring, MD 20910
1-240-821-1130