Health Education for All Texas Students – Resources for School Districts

Texas School Health Advisory Committee

Originally published: September 2010

Revised: February 2023

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Introduction

In 2005, the 79th Legislature adopted Texas Health and Safety Code, Section 1001.0711, which established the Texas School Health Advisory Committee (TSHAC). The purpose of TSHAC is to provide a leadership role for the Department of State Health Services (DSHS) in the support for and delivery of coordinated school health programs and school health services. TSHAC's responsibilities were subsequently expanded to assess the effectiveness and develop recommendations for coordinated health programs provided by schools (see Texas Education Code (TEC), Section 38.104). 25 Texas Administrative Code (TAC), Rule §37.350, lists the rules and responsibilities of TSHAC.

Health education is a critical component of overall education. Health education is required in Grades kindergarten through eight, although, it is not a state graduation requirement for high school students. The TSHAC first published *Health Education for All Texas Students* in 2010 to emphasize the importance of health education and to support local school districts in making health education a graduation requirement for high school students. This newly updated document continues this goal by:

- Outlining the current health education requirements found in state law.
- Listing resources to help school districts implement evidence-based health education curricula.
- Providing updated Texas data on key school health issues.
- Summarizing the evidence supporting health education.

DSHS provided administrative support in the development of this resource.

Background

Health education is a critical component of overall education that is required in Grades kindergarten through eight. TSHAC highly recommends for students in Grades nine through 12 to receive health education.

The State Board of Education (SBOE) has adopted and mandated health education, as described in the Texas Essential Knowledge and Skills (TEKS). 19 TAC, Chapter 115, describes the adopted 2020 TEKS for Health Education for Grades kindergarten through 12. Though health education is not a statewide requirement for Grades nine through 12 graduation, local school districts have the authority to require health education as a graduation requirement. According to the 2018-2021 Texas Education Agency (TEA) School Health Survey, 41.46 percent of district/charter school respondents reported that health education is a graduation requirement for high school students in the 2020-2021 school year.[1]

[1] Texas Education Agency. 2022. *School health survey results 2018-2021*. TEA. tea.texas.gov/media/document/322106

State Laws on Health Education

Elementary

- 19 TAC, Chapter 115, Subchapter A, lists the adopted 2020 version of the TEKS for Health Education in Elementary Schools.
- 19 TAC §74.2 states that a school district that offers kindergarten through Grade five must provide instruction in the required curriculum as specified in 19 TAC §74.1 (relating to TEKS).
- TEC §28.002, and 19 TAC §74.1 require an enrichment curriculum that includes health education.

Middle School

- 19 TAC, Chapter 115, Subchapter B, lists the adopted 2020 version of the TEKS for Health Education in Middle Schools.
- 19 TAC §74.3 states a school district that offers Grades six through eight must provide instruction in the required curriculum as specified in 19 TAC §74.1 (relating to TEKS).
- TEC §28.002, and 19 TAC §74.1 require an enrichment curriculum that includes health education.
- Note: As stated in 19 TAC, Chapter 115, Subchapter B, the TEKS for Grade six is a stand-alone curriculum and must be taught in full during Grade six. The TEKS for Grades seven and eight are combined; it is a local decision as to when the health TEKS will be taught during Grades seven or eight.

High School

- 19 TAC Chapter 115, Subchapter C, lists the adopted 2020 version of the TEKS for Health Education in High Schools.
- There is no state requirement for a student to take a health education course to graduate. A local school district may make health education a local graduation requirement or choose to offer health education as a high school elective course.

Health Education Resources

The following organizations provide health education resources and tools to implement evidence-based health education curricula.

The National Health Education Standards (NHES)

Developed by the Joint Committee on National Health Education Standards, the NHES provide a framework for curriculum development and selection, instruction, and student assessment in health education. Though not required, the standards should be used in consideration with the Centers for Disease Control and Prevention's (CDC) *Characteristics of an Effective Health Education Curriculum*.

More information about the NHES, including and the standards, is available on the CDC Standards for Health Education webpage.

The Society of Health and Physical Educators (SHAPE America)

Previously known as the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD), SHAPE America sets the standards for health and physical education in the U.S. They believe in providing a comprehensive skills-based health education program to equip students with the skills and knowledge they need to take care of their own health and make choices that will help them throughout their lives as engaged community members.

One such offering from SHAPE America are the *National Standards for Initial Health Education Teacher Education*, which provide a framework for the preparation of health education teachers so they can develop the knowledge and skills necessary to be successful.

More information is available on the SHAPE America website.

The National Academy of Medicine (NAM)

The NAM stated in a 2020 *NAM Perspectives* paper, *Health Literacy and Health Education in Schools: Collaboration for Action,* that the organization encourages

enacting evidence-based health education, timely policy-related opportunities for strengthening school health education curricula, and agrees with and encourages the national health education standards. The authors encourage a broad approach to kindergarten through 12 education that focuses on both health education and health literacy, with a specific call to action to identify upstream, system-level changes to do so.

More information is available on the NAM website.

The Society of State Leaders of Health and Physical Education (the Society)

The Society is a national organization comprised of individuals employed in state and territorial departments of education who have program responsibilities in health education, physical education, and related areas. As part of their mission, the Society builds the capacity of school health leaders in support for comprehensive kindergarten through 12 health education. They assert that by adhering to the National Health Education Standards, health literacy could be increased and improve outcomes.

More information is available on the Society's website.

The CDC's Whole School, Whole Community, Whole Child Model (WSCC)

The WSCC is the CDC's framework for approaching health in schools. It is a comprehensive framework that focuses its attention on the child, emphasizing a school-wide approach, and acknowledges learning, health, and the school as being a part of the reflection of the local community.

The WSCC model highlights the importance of health education provided by qualified, trained teachers, which helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions.

More information is available on the CDC WSCC webpage.

The American School Health Association (ASHA)

ASHA's mission is to transform all schools into places where every student learns and thrives. Additionally, ASHA supports the WSCC model. According to ASHA, the WSCC model makes visible the commitment of education and health to collaboratively prepare today's students to become successful and healthy citizens.

In 2022, ASHA, in collaboration with a number of other organizations, developed a paper titled *Using school health education to build health literacy among youth*, which describes the role of family, teachers, and stakeholders in the promotion of health through education and literacy.

More information is available on the ASHA website.

The CDC's School Health Guidelines to Promote Healthy Eating and Physical Activity

The *School Health Guidelines to Promote Healthy Eating and Physical Activity*, updated by the CDC in 2011, contains best practices and research for promoting healthy eating and physical activity in schools. The nine guidelines help schools establish, implement, and assess policies and practices that support healthy behaviors.

The CDC's Health Education Curriculum Analysis Tool (HECAT)

The HECAT allows schools to examine different health curricula and develop an appropriate scope and sequence for health education. This optional tool, developed by the CDC, is designed to be used by those who select, develop, or use school health education curricula and those who are interested in improving school health education curricula.

More information is available on the CDC HECAT webpage.

Data on School Health Issues

The Youth Risk Behavior Survey (YRBS) is a federally funded, classroom-based survey conducted to monitor health-risk behaviors in students Grades nine through 12 that contribute to the leading causes of death, disability, and social problems among youth and adults in the U.S. The YRBS is used nationwide under the direction of the CDC so survey methods and much of the questionnaire are standardized.

Texas YRBS data are available on the DSHS Texas Health Data webpage. More information on the Texas YRBS is available on the DSHS YRBS webpage.

The TSHAC notes the following data points for priority school health issues.

Teen Alcohol Use

- From 2011[2]-2021[3], the percentage of students who had their **first drink of alcohol before age 13 years** (other than a few sips) decreased from 22.8 percent to 17.6 percent.
- From 2011-2019[4], the percentage of students who **currently drank alcohol** (at least one drink of alcohol on at least one day during the 30 days before the survey) decreased from 39.7 percent to 27.8 percent.
- From 2011-2021, the percentage of students who **currently were binge drinking** (had four or more drinks of alcohol in a row if they were female or five or more drinks of alcohol in a row if they were male, within a couple of hours, on at least one day during the 30 days before the survey) decreased from 23.5 percent to 13.2 percent.

Though the above data trends are moving in the right direction, there is still more work to do to further lower the incidence of teen alcohol use.

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[2] Texas DSHS Center for Health Statistics. 2011. *2011 Youth Risk Behavior Survey results*. Texas DSHS
[3] Texas DSHS Center for Health Statistics. 2021. *2021 Youth Risk Behavior Survey results*. Texas DSHS
[4] Texas DSHS Center for Health Statistics. 2019. *2019 Youth Risk Behavior Survey results*. Texas DSHS

Teen Obesity/Overweight

From 2011-2021, the percentage of students who **had obesity** (≥ 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts) increased from 15.6 percent to 22.1 percent.

Teen Screen Time

- From 2011-2019, the percentage of students who **played video or computer games or used a computer three or more hours per day** (for something that was not schoolwork on an average school day) increased 32.2 percent to 74.5 percent.
- From 2011-2019, the percentage of students who **watched television three or more hours per day** (on an average school day) decreased from 37.2 percent to 20.98 percent.

Teen Physical Activity

From 2011-2021, the percentage of students who **were physically active for a total of at least 60 minutes per day on five or more days** (any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the seven days before the survey) increased from 44.5 percent to 47.6 percent.

Though the increase in teen physical activity is positive, there is more that can be done to further improve the proportion of students who engage in physical activity.

Teen Suicidal Ideation

- From 2011-2021, the percentage of students who **seriously considered attempting suicide** (during the 12 months before the survey) increased from 15.8 percent to 21.7 percent.
- From 2011-2021, the percentage of students who **made a plan about how they would attempt suicide** (during the 12 months before the survey) increased from 13.2 percent to 19.8 percent.
- From 2011-2021, the percentage of students who **actually attempted suicide** (one or more times during the 12 months before the survey) increased 10.8 percent to 12.3 percent.

Teen Tobacco Use

- From 2017-2021, the percentage of students who **currently use an electronic vapor product** (on at least one day during the 30 days before the survey) increased 10.3 percent to 18.7 percent.
- From 2011-2021, the percentage of students who **currently smoked cigarettes** (on at least one day during the 30 days before the survey) decreased from 17.4 percent to 3.7 percent.

In addition to YRBS data, national school health data is collected and analyzed by the CDC through their Adolescent Behaviors and Experiences Survey (ABES), an online survey of a probability-based, nationally representative sample of public- and private-school students in Grades nine through 12.

ABES data is available on the CDC's ABES webpage.

Evidence Supporting Health Education

The CDC states that schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors. More than 95 percent of students spend an average of six hours per day at school. This equates to up to 13 years of their social, psychological, physical, and intellectual development. With such an influence, schools are an ideal setting to promote the health and safety of students simply by helping them establish lifelong health patterns.[5]

Evidence of Academic Impact

Data from leading national education organizations, such as The Cooper Institute, recognize the relationship between health and education. Research shows benefits for students who are physically fit, including performing better in school, having higher test scores, less behavioral problems and are absent less often.[6, 7]

How School-Based Interventions Promote Health

Research shows that multicomponent school-based interventions are effective in promoting good health behaviors and/or preventing negative health behaviors. Health education tied to healthy school policies improve the outcomes of the desired behaviors.[8] Health education leads to health literacy, which is the ability of someone to access and understand information in ways that promote and maintain good health.[8] Characteristics of an effective health education curriculum includes teaching functional health information that supports healthy behaviors and lifestyle, and develops the health skills necessary to adopt, practice and maintain health-enhancing behaviors.[5] Factors that create an effective health education curriculum include a focus on clear health goals and related behavioral outcomes, information

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[5] Centers for Disease Control and Prevention. 2019. *Characteristics of an effective health education curriculum.* CDC. cdc.gov/healthyschools/sher/characteristics/index.htm
[6] The Cooper Institute. (n.d.). *FitnessGram*. https://fitnessgram.net/
[7] Texas Education Agency. (n.d.). *Fitness data.* TEA. tea.texas.gov/texas-schools/health-safety-discipline/physical-fitness-assessment-initiative/fitness-data
[8] Shackleton, N., Jamal, F., Viner, R., Dickson, K., Patton, G., and Bonell, C. 2016. School-based interventions going beyond health education to promote adolescent health: systemic review of reviews. *Journal of Adolescent Health. 58*, 4. 382-396.

that is research based and theory driven, fosters attitudes, values and beliefs that support positive health behaviors, and addresses individual and group norms that support health-enhancing behaviors.

Conclusion

Health education is a critical component of overall education. With students spending an average of six hours per day at school, schools are an ideal setting to promote health and safety of students simply by helping them establish lifelong health patterns. This can be accomplished by teaching them to improve their dietary and physical activity behaviors and manage their chronic health conditions. There is no state requirement for a high school student to take a health education course to graduate. A little less than half of district/charter school respondents in the TEA School Health Survey reported that it is a graduation requirement for high school students in the 2020-2021 school year. School districts are encouraged to supplement health education with evidence-based programming and best practices that promote healthy behaviors and healthy environments at all grade levels.

List of Acronyms

Acronym	Full Name
AAHPERD	American Alliance for Health, Physical Education, Recreation and Dance
ABES	Adolescent Behaviors and Experiences Survey
ASHA	American School Health Association
CDC	Centers for Disease Control and Prevention
DSHS	Texas Department of State Health Services
HECAT	Health Education Curriculum Analysis Tool
NAM	National Academy of Medicine
NHES	National Health Education Standards
SHAPE	Society of Health and Physical Educators
TAC	Texas Administrative Code
TEA	Texas Education Agency
TEC	Texas Education Code
TEKS	Texas Essential Knowledge and Skills
TSHAC	Texas School Health Advisory Committee
WSCC	Whole School, Whole Community, Whole Child

Acronym	Full Name
YRBS	Youth Risk Behavior Survey