HEALTH EDUCATION FRAMEWORK

FOR CALIFORNIA PUBLIC SCHOOLS

Kindergarten Through Grade Twelve

Chapter 2
Supporting Health Education

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CHAPTER 2

Health education is necessary and essential for students. High-quality health education helps students achieve their highest academic potential, manage current health issues, and develop health-enhancing behaviors for optimal health and wellness. School health programs that include sexual health education have a cost benefit and return on investment of $2.65 saved in medical and social costs for every dollar invested (Wang et al. 2000). School-based tobacco and obesity-prevention programs share similar outcomes that include preventing unhealthy behaviors (Wang et al. 2000). It is critical that students learn the skills and knowledge in the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve* (health education standards) to become healthy individuals. To meet these goals for health education, local districts must emphasize the value of health education for students as individuals and as members of a community whose behaviors and decisions will impact social conditions and local environmental health issues—and districts must provide sufficient support and resources.

This chapter addresses the need for health education and the roles and responsibilities of stakeholders in supporting and sustaining an effective, high-quality, standards-based health education program. A high-quality health education program requires the support and collaboration of all stakeholders within a community. School boards and administrators must ensure a safe and inclusive school environment and secure the resources, knowledge, and skills to effectively promote the development and implementation of a curriculum based on the health education standards (see the "Access and Equity" chapter for

additional information regarding creating an inclusive school environment). Clear paths of communication must exist between school districts and school sites, the families that they serve, social and welfare agencies, health care providers, and law enforcement agencies. And all stakeholders must always remember that school staff, families, and community members are all teachers; their actions can have an impact on whether students feel healthy, safe, engaged, supported, and challenged (Cohen, Pickeral, and McCloskey 2008). Each individual and entity plays a critical role in developing and supporting a healthy student who is well-positioned for academic success and positive lifelong health practices.

Health Education for Every Student

Health is both a personal and societal concern, evidenced by increasing mental health concerns, a rise in multiple lifestyle-related chronic diseases, and the emergence and reemergence of infectious diseases. High-quality, standards-based, school health education has the power to improve health outcomes for individuals and communities for generations to come.

A Kids Health Survey found that an overwhelming majority of parent and teacher respondents want health to be included in the school's curriculum: 99 percent of parents and educators feel health should be a mandatory subject in middle and high school, and 93 percent of parents and teachers feel health should be a required subject in elementary school (KidsHealth.org 2013). Unfortunately, approximately 25 percent of the schools surveyed do not offer health classes underscoring the importance of expanding health education in schools.

To provide the comprehensive health education that students need and parents, guardians, and caretakers want, local school boards and district- and site-level administrators must demonstrate that they value health education by allocating appropriate time and resources for effective implementation of health education. Health education that supports the development of health literacy in all students should be a priority as administrators and district-level personnel develop policies, plans, and budgets. Administrators are responsible for ensuring that health education instruction is provided by appropriately credentialed teachers—in particular, teachers with credentials in health science or health education for middle and high school grade levels that require single-subject credentials. Health education instruction may also be delivered by credentialed

school nurses who hold a Special Teaching Authorization in Health and teachers holding multiple subject credentials (elementary school teachers) who have received appropriate professional development and training (California Commission on Teacher Credentialing 2016). Regarding elementary, multiple subject credential holders, and the California Healthy Youth Act, it is permissible to teach knowledge and skills related to comprehensive sexual health and HIV prevention education in kindergarten through grade level six, inclusive. All instruction and materials in grade levels K–6 must meet the instructional criteria or baseline requirements in *EC* Section 51933. Content that is required in grade levels 7–12 may be also be included in an age-appropriate way in earlier grade levels (*EC* sections 51933 and 51934[b]).

The competing demands of instruction in other subject areas cannot be a rationale for limiting health instruction. Careful planning and administrative leadership at the district- and school-site levels can make health education a vital part of the curriculum in every school and for every student. With this in mind, the following recommendations aim to maximize health instruction:

- Recognizing that there may be a shortage of credentialed health education teachers in some regions of the state, careful consideration of existing faculty resources to determine which faculty may have the most expertise in the area of health is recommended.
- Local school boards are encouraged to explore employer restricted permit, supplementary authorization, or local assignment options that may provide additional flexibility to the district as well as the health education credential candidate.
- Credentialing offices may wish to evaluate existing faculty's university coursework (transcripts) for course credit that may be applicable towards a health authorization; it is possible that some teachers may have already taken and passed courses that meet some portion(s) of the requirements.
- A careful review of the health education standards and framework with a team of educators to develop a strategy for providing high-quality health education that is integrated with other curricular areas when appropriate, including physical education, language arts, history and social science, and science is also recommended.
- Lastly, professional learning for all educators responsible for addressing and integrating the standards and framework is highly recommended.

What is High-Quality Health Education?

Effective, high-quality health education curricula are reflective of the current body of research. The CDC provides the following list of attributes of effective health education curriculum (2019a):

- Research-based and theory-driven
- Addresses individual values, attitudes, and beliefs
- Addresses individual and group norms that support health-enhancing behavior
- Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness in engaging in specific unhealthy practices and behaviors
- Addresses social pressures and influences
- Builds personal competence, social competence, and self-efficacy by addressing skills
- Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors
- Uses strategies designed to personalize information and engage students
- Provides age-appropriate and developmentally-appropriate information, learning strategies, teaching methods, and materials
- Incorporates learning strategies, teaching methods, and materials that are culturally inclusive
- Provides adequate time for instruction and learning
- Provides opportunities to reinforce skills and positive health behaviors
- Provides opportunities to make positive connections with influential others
- Includes teacher information and plans for professional learning and training that enhance effectiveness of instruction and student learning

Visit the CDC's Characteristics of an Effective Health Education Curriculum web page for a complete reference list that supported this list.

The successful implementation of health education is based on a comprehensive and coordinated approach. A comprehensive, coordinated school health education program includes appropriately credentialed elementary and health education teachers, administrators, credentialed school nurses, school counselors, other educators, local school boards, a wide range of support staff and volunteers, families and community members, and community agencies. Each component plays a critical role in the successful design, implementation, and assessment of instruction to best serve California students. When all of these groups work collaboratively, students are supported to engage in high-quality standards-based health education that promotes academic success and lifelong positive health behaviors.

The American Cancer Society identified the following four components of a high-quality school health program in their Elements of Excellence initiative (as cited by American School Health Association 2014):

- Active leadership from school administrators, a school and community health council, and a school employee with responsibility for coordination
- A coordinated and collaborative approach overseen by a school health council that sets priorities based on community needs and values and that links with community resources
- A safe and nurturing learning environment with supportive policies and practices, facilities that are hazard-free, and consistent health-enhancing messages
- A commitment of time, personnel, and resources

In support of the Elements of Excellence for school health, instructional strategies and applied teaching methods found in this framework provide tangible ways teachers can implement the health education standards in the classroom, campuswide in school, in the community, and by partnering with families.

The World Health Organization advises that school health education instructional strategies must be multifaceted in addressing the complex issues facing today's children and adolescents (2003, 20). Issues such as sexual health; use of alcohol, tobacco and other drugs; and mental health are some of the health challenges students are likely to experience at some point in their lives. These issues are addressed in the health education standards and are included in this framework.

Findings from the School Health Policies and Practices Study support comprehensive school health education programs that are standards-based and address multiple health topics. Quality school health education programs encourage student-led research; assessment of personal and community health knowledge, attitudes, and beliefs; and opportunities for students to apply what they have learned in the classroom to form beneficial skills and practices related to health (CDC 2015b; Telljohann et al. 2019).

The Role of School Boards and Administrators

Leading national education organizations recognize the close relationship between health and academic achievement, as well as the need to foster health and well-being within the educational environment for all students (ASCD 2012; CDC 2019c; National School Boards Association 2019). School boards are advised to evaluate the effectiveness of their school health program, including the extent to which education codes and other state and federal statues are being followed. While health education currently (at the time of this *Health Education Framework* adoption) does not fulfill an A–G college requirement, school boards of education do have the authority to use their local control to include health education classes as a high school graduation requirement. Several districts have exercised this authority to ensure health education goals and legal mandates are met.

A paramount responsibility of local district and school site administrators is to hire qualified teachers with the appropriate health education credentials and current knowledge of the content areas and skills in the full range of the health education standards. In 2004, the California Department of Education and the California Commission for Teacher Credentialing assembled an expert panel of health educators to develop recommendations to address teacher preparation requirements and school health credential program reviewer guidelines. The recommendations are outlined in the handbook, *Health Science Teacher Preparation in California: Standards of Quality and Effectiveness for Subject Matter Programs*, which includes a comprehensive set of recommendations such as the competencies health science credentialed teachers should have (California Commission on Teacher Credentialing 2010). Administrators may reference the handbook for detailed criteria for credentialed school health/health science/

health education candidates when hiring faculty. The handbook states that the primary document guiding health science subject matter requirements should be the health education framework.

Because school board members and administrators are leaders in their schools and communities, their impact can be powerful in the promotion of a high-quality health education program. They must regularly monitor and assess the effectiveness of the health education curricula and make improvements to meet current student and community needs and statutory requirements. They are responsible for ensuring a healthful, safe, and inclusive school environment that maximizes learning potential for all students. This is accomplished through their (1) knowledge and implementation of applicable federal and state mandates, (2) knowledge of California health education standards, (3) application of evidence-based instructional and assessment practices, (4) modeling of positive health behaviors, (5) providing developmentally-appropriate and up-to-date resources for teachers and instructional materials for students, (6) monitoring instruction to provide meaningful feedback and opportunities for targeted professional learning, and (7) maintaining community outreach through regular and engaging contacts with parents, guardians, caretakers, and community members.

In addition, because many health education topics—particularly those related to sexuality and alcohol, tobacco and other drugs—have the potential to create controversy, all stakeholders must agree prior to instruction so that classroom teachers are given the support needed to effectively deliver the required curriculum. For sensitive topics, school board members and district administrators must also ensure that educators and school-site administrators have the appropriate guidance and support to provide intervention and resources to students as necessary. Administrators should stay abreast of timely, medically accurate health information, pertinent education codes, and community health issues. Schools where educators openly communicate with one another, feel supported by their peers and administration, and establish strong student-educator relationships tend to have better student academic and behavioral outcomes (Brown and Medway 2007; CDC 2019c).

Employee Wellness

Teaching is one of the most rewarding professions, but it can also be a stressful one. Fostering school employees' mental and physical health supports students' health and academic success and retention (Hunt et al. 2015). Healthy school employees serve as role models for students. Therefore, a comprehensive school employee wellness approach addresses multiple risk factors, such as lack of physical activity, malnutrition, and preventable chronic health conditions (e.g., type 2 diabetes). Partnerships between school districts and insurance providers can provide resources, which in turn decrease health insurance premiums, reduce employee turnover, and cut costs of substitute teachers when absenteeism arises. One resource for district administrators and school board members is the online document *School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools* (Directors of Health Promotion and Education n.d.).

Tools for Health Education Program Improvement

Comprehensive and regular assessment of the school or school district's health education program is essential for quality assurance and improvement. Local school board members, administrators, instructional leaders, school health personnel, community stakeholders, parents/guardians/caretakers working with their LEAs, and student support groups have the additional responsibility of periodically evaluating the effectiveness of the health education program to ensure that it is meeting the needs of a diverse student population, including LGBTQ+ students, English learners, and students with disabilities, as well as the needs of the community.

The usage of LGBTQ+ throughout this document is intended to represent an inclusive and ever-changing spectrum and understanding of identities. Historically, the acronym included lesbian, gay, bisexual, and transgender, but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding concepts that may fall under this umbrella term in the future.

The curriculum should be planned, sequential, and developmentally appropriate to ensure that all health instruction outcomes are met. The Health Education Curriculum Analysis Tool (HECAT) can help school districts and schools conduct an analysis of their health education program based on the CDC's Characteristics of Effective Health Education Curricula (CDC 2012; CDC 2019a). The HECAT provides an overview of school health education and background information for reviewing and selecting health education curricula. It also provides guidance for conducting a curriculum review and tools to analyze a variety of health education curricula. Based on national health education standards, the HECAT can be customized to conform to state or school district curriculum requirements to support the California health education standards.

The Whole School, Whole Community, Whole Child (WSCC) Model, developed in 2013, resulted from the collaboration of the ASCD and the CDC. It promotes alignment between health and educational outcomes. School districts can use the model as a framework for school improvement plans and for supporting English learners and students with diverse needs (Lewallen et al. 2015). The ASCD School Improvement Tool also offers educators a comprehensive, online needs assessment that generates professional learning resources based on the result (ASCD 2019).

The California Healthy Kids Survey (also known as CHKS) is the largest statewide survey of resiliency, protective factors, and risk factors in the nation. Administered every two years to students at grade levels five, seven, nine, and eleven, the California Healthy Kids Survey is an anonymous survey of self-reported health behaviors of youth. State law requires that parents, legal guardians, and caretakers be notified of the California Healthy Kids Survey; active consent is required by the California Department of Education for grade level five with a district option for the use of active or passive consent in grade levels seven, nine, and eleven. It is the responsibility of local school boards to formally adopt, in consultation with parents, guardians, and caretakers, a consent policy for the administration of the California Healthy Kids Survey (WestEd 2019). Additional information on risk and protective factors as they relate to youth violence and health outcomes can be found at the CDC's Preventing Youth Violence web page (2019b).

For the purpose of implementing quality programs that address specific age groups, the California Healthy Kids Survey targets these transitional, developmental years of adolescents; fifth grade provides baseline data. A core

module provides valid indicators of student engagement and achievement, safety, positive development, health, and overall well-being. Supplementary modules available at the secondary level include more detailed questions on such issues as social–emotional health, school climate, alcohol and other drug use, violence, and sexual behavior. School districts may also locally design the survey by selecting optional module(s) and items(s). Administrators should broadly disseminate their school results report at board, faculty, and parent, guardian, and caretaker meetings. The Youth Risk Behavior Surveillance Survey (also known as YRBSS) is a CDC survey and data system used to monitor health-related behaviors. Both national and California state data are available from the CDC and can be used to provide supplemental information on a wide variety of health indicators including sexual health (CDC 2019d).

Survey results can identify strengths as well as challenges to guide districts in the development of a more effective health education program that is designed to meet local needs. Survey data help local school districts prepare their Local Control and Accountability Plan, which is required under California's school Local Control Funding Formula. Helpful data includes information on school connectedness; student motivation; school safety and violence; and student alcohol, tobacco, and other drug use. Based on the California Healthy Kids Survey and locally-designed survey results, districts can more effectively allocate Local Control Funding Formula funds to support health education courses and schoolwide health initiatives in addition to providing the resources necessary (professional learning opportunities, health education supplies, CPR certifications, guest speaker honorariums or fees, or media and library resources for health) to provide health education. Schools and school districts are encouraged to collaborate with professors or researchers at their local university when conducting school health-related research or evaluation surveys to assess the effectiveness of their health education programs.

It is the LEA's responsibility to ensure that instructional materials comply with state laws and regulations. This responsibility includes addressing content and skills mandated by such laws as the California Healthy Youth Act (*EC* sections 51930–51939) and the regulations regarding social content. Instructional materials must meet *EC* sections 60040–60045 as well as the State Board of Education guidelines in the *Standards for Evaluating Instructional Materials for Social Content* (2013). State laws and the State Board of Education guidelines require that instructional materials used in California public schools reflect

California's multicultural society, avoid stereotyping, and contribute to a positive, safe, and inclusive learning environment. *EC* Section 240 requires that "Governing boards of school districts shall adopt instructional materials in accordance with the provisions of Section 60040" (Section 60040 relates to social content standards). *EC* Section 60002 states the following: "Each district board shall provide for substantial teacher involvement in the selection of instructional materials and shall promote the involvement of parents and other members of the community in the selection of instructional materials." The State Board of Education has adopted a policy document, entitled, *Guidelines for Piloting Textbooks and Instructional Materials* and can be accessed at https://www.cde.ca.gov/ci/he/cf/ch2.asp#link1 (2015).

Additional guidance on parental notification and instructional materials previews is included in the Management of Topics That May Cause Controversy section in this chapter.

Professional Learning

One of the most impactful ways for administrators to ensure student achievement is to promote teacher effectiveness. To this end, an important resource for school boards and site administrators is The *Superintendent's Quality Professional Learning Standards* (referred to as "the QPLS"; California Department of Education 2015). This document, which is appropriate for California's needs, makes recommendations for professional learning practices that positively influence teaching effectiveness and student learning. It includes the QPLS and policies and activities that span an educator's career (California Department of Education 2015).

Administrators must allocate both time and funds that provide opportunities for professional learning. Time can be allocated through a combination of several different structures, for example: regular time set aside during faculty meetings, paid time outside of the school day, release time to attend professional conferences, banking time within your school to allow for regular collaboration periods, and professional learning days within the school district. Professional learning should (1) be targeted to meet the needs of students, the school, and the community; (2) be individualized based on teachers' strengths and needs; (3) include principles of adult learning theory; (4) include coaching and follow-up; and (5) be monitored, assessed, and adjusted to impact student learning (Moir 2013).

There are numerous topics that should be included in professional learning for teachers of health education. The necessity of providing up-to-date and medically accurate health information may require teachers to attend specific meetings or presentations. Sometimes this information can be provided in periodic updates published by the health services and/or the curriculum department within a school district. According to the California Healthy Youth Act, comprehensive sexual health and HIV prevention must be taught by instructors trained in the appropriate course. Instructors must have knowledge of the most recent medically accurate research on human sexuality, healthy relationships, pregnancy, and HIV and other sexually transmitted infections (STIs).

School districts must also provide professional learning to all district personnel who provide HIV prevention education to enable them to learn new research related to HIV. Teachers with a demonstrated expertise in the field or who have received training from the California Department of Education, its affiliates, or Centers for Disease Control and Prevention need not be additionally trained by the district. Districts may expand the training to include the topic of comprehensive sexual health education.

Teachers also need to learn strategies for teaching and assessing students' performance in health education, and those who teach controversial or sensitive but required topics need more specific guidelines on instructional strategies and how to manage potentially difficult issues that can arise. This applies to the required topics under the California Healthy Youth Act in support of comprehensive sexual health, such as sexual orientation, gender, healthy relationships, birth control and abortion, and sexually transmitted infection prevention and treatment. Given the diversity of California's students, teachers must receive training on supporting students with diverse needs, including students who are impacted by violence and students with disabilities. They must also develop an awareness of cultural differences and their impact on health education (see the "Access and Equity" chapter for additional information). Strategies for involving all parents, guardians, caretakers, and families in student learning are critical to the success of health promotion within the community. Additionally, teachers need time to collaborate with those who are teaching the same content on-site and within the district and with those colleagues across grade levels and disciplines who together develop cross-curricular opportunities that maximize real-world applications for students (Telljohann et al. 2019).

Teachers may also need additional support related to sensitive topics required under the California Health Youth Act, including relationship violence, child sexual abuse, sexual assault, and human trafficking (which includes sex trafficking). It is important to practice self-care to enhance personal health and manage difficulties that may arise. Teachers who have personal experience with trauma may be triggered and find that emotions or memories are evoked by the content, which may cause additional apprehension. Regardless of personal experience, discussing these sensitive topics can be difficult for teachers as well as for students.

Districts should ensure that teachers are informed about and have access to support from internal or external resources, such as the district student support office for their students in addition to seeking support for themselves. Districts and administrators are strongly encouraged to provide support for teachers. Although it may be challenging, these sensitive topics must still be addressed. A teacher's ability to appropriately handle student disclosures and provide support and resources is critical to protecting the child and promoting health and safety.

It is important to note that teachers are mandated reporters, and as such, must first report incidences to Child Protective Services and/or law enforcement in accordance with mandated reporter laws and then refer to their school policies for next steps (see the Mandated Reporting section in the "Introduction" chapter). Community-based organizations, such as the local rape crisis center or domestic violence agency, may be able to offer related professional learning opportunities and emotional support for teachers and school administrators. Credentialed school nurses and social workers may have training in the delivery of health education and wellness promotion in schools, and may be able to provide expertise in both content and delivery of health education programs.

Management of Topics That May Cause Controversy

Health education is subject to two forms of controversy: disagreement about (1) the particular content and (2) the policies that will be put into place for curriculum implementation. Some topics, such as comprehensive sexual health education, are more susceptible to conflict than others. Educators, parents, guardians, caretakers, and community members who express concern about curricular or policy matters may be motivated by various factors. While controversy cannot always be avoided, it is important for school boards; district and site administrators; teachers; parents, guardians, or caretakers; and community leaders to be proactive in anticipating differences in values between various stakeholders.

Sowers offers the following recommendations, which have been adapted, to guide the development of proactive, district-wide plans (2009):

1. **Do your homework.** School administrators must be informed of community demographics and have information about local health agencies, counseling services, medical facilities, and law enforcement agencies. Develop relationships with the local health jurisdiction to learn about the local data landscape in your area and the health issues impacting young people in the community. Data can be a compelling tool to describe the learning landscape in an area.
2. **Engage a broad base of planners.** Involve representatives from all stakeholder groups.
3. **State goals clearly.** Provide state-adopted standards to help reach
4. **consensus on goals.**
5. **Cultivate support networks.** Seek out school health professionals such as credentialed health education teachers and school nurses and district or school social workers in addition to community health providers such as public health professionals and youth counselors who have experience working with at-risk youth.
6. **Identify articulate spokespersons.** Seek support from respected individuals who are advocates including student advocates who can speak to the importance of specific topics. These students can be powerful voices in the midst of controversy that is generally driven by adults.

7. **Create awareness within the community.** Administrators should hold open forums and give presentations to civic and religious organizations to provide information on health issues in the community affecting youth. Provide opportunities for the community to review curricular materials.
8. **Be positive.** Manage each confrontation as it arises and assume the best intention of all groups.

If controversy should arise, school leaders must be able to communicate their goals in a positive, objective, and effective manner without becoming defensive. Administrators have a responsibility to create a bias-free space for learning. When confronted with bias, it is critical to reassert these values which are inherent in California public schools. Differences of opinions should be treated with respect, but not at the expense of other students. Using "medically accurate"[1] and reliable data to support program goals will help keep the focus on the health education content and curriculum in an "age-appropriate"[2] manner, as explained in California's *Health Education Content Standards*.

School leaders also have a responsibility to be aware of current state laws that mandate or support instruction of potentially controversial topics. Increased efforts should be implemented to provide information to parents, guardians, caretakers, and all stakeholders and encourage their involvement with their child's education. The following section summarizes current state statute on notice and parental excuse regarding comprehensive sexual health education and HIV prevention education as mandated in the California Healthy Youth Act (California *EC* Chapter 5.6).

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1 "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists (*EC* Section 51931[f]).

2 "Age appropriate" refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group (*EC* Section 51931[a]).

The California Healthy Youth Act: Notice and Parental Excuse (California *Education Code* Sections 51938–51939)

Parents, guardians, and caretakers have the right to excuse their child from all or part of comprehensive sexual health education,[3] HIV prevention education,[4] and assessments related to that education through a passive consent ("opt-out") process. A school district shall not require active parental consent ("opt-in") for comprehensive sexual health education and HIV prevention education (*EC* Section 51938[a]). However, LGBTQ+ content is not considered comprehensive sexual health education, nor HIV prevention education, and thus may not be opted out of as a stand-alone topic. For further guidance, please see the California Department of Education web page at https://www.cde.ca.gov/ci/he/cf/ch2.asp#link2.

Districts are required to notify parents, legal guardians, and caretakers of each pupil about instruction in comprehensive sexual health education and HIV prevention education and research on pupil health behaviors and risks planned for the coming year at the beginning of each school year, or, for a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil's enrollment (*EC* Section 51938[b]). The notice shall do the following:

1. Advise the parent or guardian that written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education are available for inspection (*EC* Section 51938[b(1)]).

3 "Comprehensive sexual health education" means education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections (*EC* Section 51931[b]).

4 "HIV prevention education" means instruction on the nature of human immunodeficiency virus (HIV) and AIDS, methods of transmission, strategies to reduce the risk of HIV infection, and social and public health issues related to HIV and AIDS (*EC* Section 51931[d]).

2. Advise the parent or guardian whether the comprehensive sexual health education and HIV prevention education will be taught by school district personnel or by outside consultants (*EC* Section 51938[b][2]).[5]
3. Include information explaining the parent's or guardian's right to request a copy of this chapter (*EC* Section 51938[b(3)]).
4. Advise the parent or guardian that the parent or guardian has the right to excuse their child from comprehensive sexual health education and HIV prevention education and that in order to excuse their child they must state their request in writing to the school district (*EC* Section 51938[b(4)]).

Many of California's parents, legal guardians, and caretakers may speak a single primary language other than English. As per California *EC* Section 48985, districts are required to monitor their annual census data submitted to the Department of Education (pursuant to *EC* Section 52164) to determine how many and which languages, other than English, into which they must translate all written notifications. Additionally, districts must provide parents and legal guardians options to respond in their primary language. Additional support for districts and teachers regarding parent notification, curriculum guidance, instructional resources, teachers training, and frequently asked questions on teaching comprehensive sexual health education and HIV prevention education can be found on California Department of Education's web page located at https://www.cde.ca.gov/ci/he/cf/ch2.asp#link3.

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5 A school district may provide comprehensive sexual health education or HIV prevention education, to be taught by outside consultants, and may hold an assembly to deliver comprehensive sexual health education or HIV prevention education by guest speakers, but if it elects to provide comprehensive sexual health education or HIV prevention education in either of these manners, the notice shall include the date of the instruction, the name of the organization or affiliation of each guest speaker, and information stating the right of the parent or guardian to request a copy of this section, Section 51933, and Section 51934. If arrangements for this instruction are made after the beginning of the school year, notice shall be made by mail or another commonly used method of notification, no fewer than 14 days before the instruction is delivered (*EC* section 51938[b][2]).The use of outside consultants or guest speakers is within the discretion of the school district (*EC* section 51938[d]).

Specific Recommendations for Teachers

Teachers must have up-to-date and medically accurate information and reliable data to teach the health education standards. This is especially important for those topics mandated by state requirements. During instruction, teachers should affirm and clarify questions as needed, ensure objectivity in their responses, and maintain open lines of communication and inclusivity. Guidelines and expectations should be clearly articulated prior to instruction.

Some students may ask questions for the effect of shocking the teacher and classmates. The use of inappropriate vocabulary, for example, should be reworded; and teachers must remain calm and not act embarrassed. They may need to remind students when questions are inappropriate and/or require private conversations. If there is a district policy regarding how to address questions regarding certain topics, the teacher should be familiar with it and apply that policy as needed. Teachers can also suggest that students talk to parents, guardians, or caregivers; the school nurse, social workers, or school counselors; or community agencies if they need additional information (Telljohann et al. 2019).

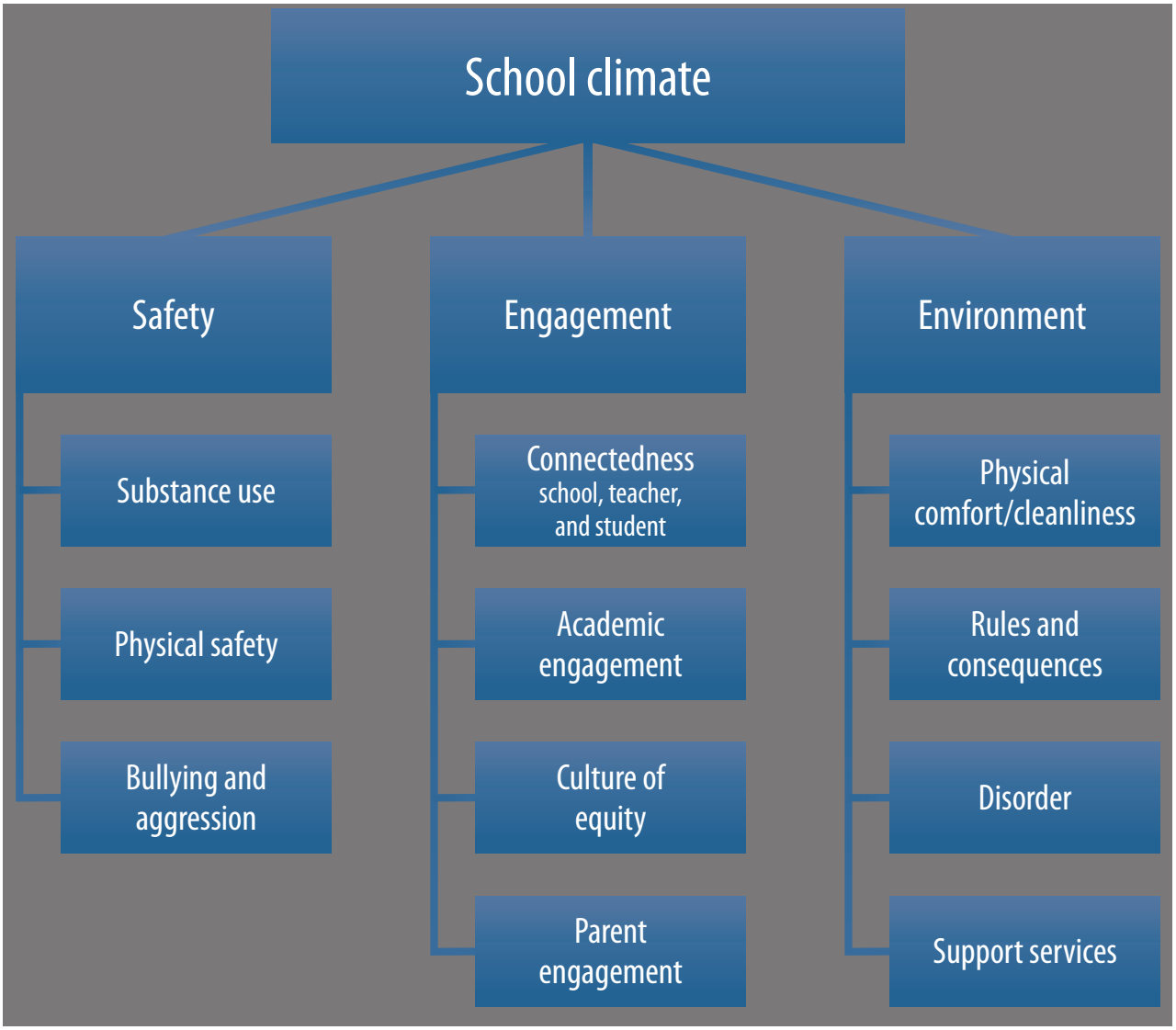
District administrators in curriculum and student services/health services personnel can also play an important role in ensuring that teachers have access to community agencies to assist in health education instruction. District staff can develop and disseminate a list of local community agencies that teachers can contact to invite guest speakers to address students on specific health topics. Bringing in guest speakers is also an opportunity to bring in partners that can assist students in accessing health services on campus or in the community. Such partners include, but are not limited to, school-based health centers, federally qualified health centers, community mental health agencies, youth development agencies, and local health departments. In addition, the guest speakers may also be asked to present information to parent, guardian, and caretaker groups such as the Parent Teachers Association, broadening the scope of health knowledge within the community. Guest speakers should be vetted prior to their presentation and deemed appropriate for both students and parents, guardians, and caretakers. If a guest speaker is invited to present on topics required under the California Healthy Youth Act, they must have expertise in comprehensive sexual health and HIV prevention education.

In middle school and high school, it is required that teachers provide resources for students on sexual health services and referrals for LGBTQ+ services. Districts can support teachers by keeping referral lists updated and establishing positive contacts with appropriate agencies. Additional guidance on contracting with guest speakers to provide comprehensive sexual health education and HIV prevention education can be found in chapter one and at the CDE web page https://www.cde.ca.gov/ci/he/cf/ch2.asp#link4.

Positive and Safe School Environment

The importance of a positive and safe school environment cannot be overstated. "School climate has a real and lasting effect on a student's ability to learn. Nothing is more important than our students' safety, and preparation is one of the first and most important steps a school can take in creating a more positive school climate" (California Department of Education 2014). The National Center on Safe Supportive Learning Environments' *Safe and Supportive Schools Model* of school climate (image below) demonstrates the importance of the three interrelated constructs of school climate: safety, engagement, and environment (2019).

Safe and Supportive Schools Model of School Climate



Long Description of Safe and Supportive Schools Model of School Climate is available at https://www.cde.ca.gov/ci/he/cf/ch2longdescriptions.asp#chapter2link1.

Source: *National Center on Safe Supportive Learning Environments (2019).*

Since 2000, the *EC* Section 32286 has required each school site to develop a comprehensive school safety plan that must be reviewed and updated by March 1 of each year. School site councils or school safety committees composed of representation from all stakeholders have responsibility for monitoring the plan and making necessary changes that will have a positive impact on the school environment. The plan must include information on such topics as child abuse reporting procedures, disaster procedures including earthquake preparedness,

discrimination and harassment policies, schoolwide dress codes, and school discipline rules with a recommendation to include the prevention of bullying. Schools can implement a violence-free campus policy specifically relating to harassment, bullying, and relationship violence. The campus policy should address students who are more likely to be bullied, in particular LGBTQ+ students. Some helpful resources for policy-change models include the California Coalition Against Sexual Assault, California Partnership to End Domestic Violence, and Futures Without Violence. In addition, school site councils or school safety committees are encouraged to work together with on-site providers and local mental health agencies to develop policies to refer children who may have mental health issues to the appropriate services as a strategy in school safety planning.

School nurses, social workers, and other student services personnel can also be instrumental in guiding school sites on appropriate procedures for referring children to either on-site or community mental health services and developing programs for addressing students' mental health needs. District policy should include a process for ensuring that teachers, school nurses, site administrators, and other school personnel and students are aware of state laws that give minors the right to consent to reproductive health services, mental health services, and treatment related to drug and alcohol problems without parental notification or consent and that allow them to leave campus without parental notification or consent in order to obtain these services (*EC* Section 46010.1 and *EC* Section 48205). For specific information on minor consent services, the National Center for Youth Law's Teen Health Law Initiative is an easily accessible resource, specifically the document entitled, *Confidential Medical Release: Frequently Asked Questions from School Districts* (2015).

Teachers play a critical role in cultivating safety, engagement, and inclusivity by creating positive learning environments in their classrooms. Professional learning and collaboration can help teachers apply appropriate classroom management strategies. Classroom policies, procedures, and communication strategies must be in place to ensure that students engage appropriately within the classroom as well as on the school campus. Teachers and students may work collaboratively to create expectations and norms for student discourse. Examples of strategies teachers can use to establish a safe, confidential, inclusive, and engaging classroom include:

- Sending a welcoming postcard to each student before the school year begins
- Greeting each student at the door as they enter the classroom

- Communicating through positive letters, emails, and phone calls to parents, guardians, and caretakers
- Asking students to reflect upon and write down a success that they achieved at the end of the day
- Allowing students to participate in the process of establishing classroom rules

Though health is a personal subject matter and can be subjective, every effort should be made to refrain from asking students to share personal information or their own individual experiences for sensitive subject matter. If there is the potential to share sensitive or confidential information in the course of classroom discussion, teachers should advise students in advance that they are not required to share this information. Teachers should inform their students that as mandated reporters they are required report suspected abuse or neglect. Teachers are also obligated to get help if a student reveals that they or anyone is in danger (Telljohann et al. 2019).

Aside from classroom connectivity, students must have opportunities that give them a sense of purpose and belonging to their school and their community. Examples include special interest clubs, LGBTQ+ and ally groups, sports programs, opportunities for student leadership on councils both with other students and as student members of stakeholder groups, peer education, participation in service learning programs, and school-sponsored activities that include parents, guardians, caretakers, families, and community members. All students and staff should feel comfortable and safe in the school environment without fear of retribution.

While ensuring that students, staff, and teachers maintain confidentiality around sexual orientation and gender identity, administrators can support creating a safe school environment for LGBTQ+ students by ensuring that teachers and staff feel safe to be openly LGBTQ+ at school. All school personnel should be informed that the California Fair Employment and Housing Act (*Government Code* sections 12900–12996) prohibits workplace discrimination and harassment. This includes protection from discrimination and harassment based on sexual orientation, gender identity, and gender expression.

An equally important aspect of a safe and inclusive school environment involves the physical well-being of students and employees. Administrators must address not only the physical condition of a school site; they must also protect students and employees from physical harm. School administrators must regularly monitor the physical condition of campus facilities and be responsive to concerns raised

by staff or students regarding potential safety hazards. Administrators should be aware of any toxic environmental accidents or incidents that occur near the school's campus. Schoolwide discipline policies outlined in the Safe School Plan must be communicated to all stakeholders and must be uniformly and equitably enforced. The school's safety climate can be evaluated using campus mapping with students, teachers, and administrators working together to identify safe and unsafe zones on their school campuses and then addressing concerns appropriately.

Children are significantly more attentive and engaged with schoolwork following environmental learning experiences in their local communities (Lieberman 2013). Lessons based on local environmental topics improve student engagement and help them to more effectively learn health-related content. First aid and acute emergency care for students must also be administered according to established guidelines. Menstrual products should also be made available at no cost to students as required by law (*EC* Section 35292.6).

The student services department/school health services personnel within a school district should assist school site personnel with health promotion activities and managing chronic health conditions such as diabetes or asthma. Credentialed school nurses are an important resource for information on managing students' health needs and providing medically accurate information. School nurses can also conduct state-mandated vision and hearing screenings and related referrals in kindergarten and first grade, and every three years until eighth grade.

Teachers are encouraged to use grade-level health screenings as an opportunity to integrate the importance of personal health into classroom instruction. Administrative responsibilities also include the wellness of the school community through such actions as verifying vaccines, encouraging healthy lifestyles to include mental and emotional health and well-being (further Collaborative for Academic, Social, and Emotional Learning [CASEL] information is provided in each grade span chapter in the *Health Education Framework*), promoting a healthy and safe school environment, and helping students and their families connect to appropriate community agencies that can offer assistance with specific concerns.

Schools can play an important role in linking students and families to community-based services and can also reduce barriers to access by providing health services directly on campus, through partnerships with community providers and implementing school-based health centers. Student services staff must assist in providing and overseeing the support for students of all abilities and students

from marginalized groups. This should include integrated and inclusive activities. District personnel should collaborate with teachers and parents, guardians, and caretakers in developing appropriate strategies and plans to ensure each child who has a disability or special needs that can interfere with learning is properly supported and individualized education program (IEP) goals are being met. In addition, administrators must ensure that a protocol is in place to ensure that substitute teachers and others who may be in substitute positions working directly with students have access to student information that will prepare them in the event of a health emergency.

Schools have become more aware of the need to be proactive in managing students with food allergies. Food allergies affect 1 in 25 school-aged children, and 1 in 4 students who have a potentially life-threatening reaction have no known food allergy (CDC 2013, 9). Students with food allergies may be subject to anaphylaxis, a severe allergic reaction that has rapid onset and may cause death (CDC 2013, 9). It is, therefore, incumbent upon school boards to adopt a comprehensive policy that describes food allergy management and prevention plans. School administrators must take the lead at their school sites to ensure the safety of individual students; this must be a coordinated effort that may result in the development of a 504 Plan if a student's food allergy is determined to be a disability. Training for staff members as well as students should be included in district and site management plans. The school nurse can assist with obtaining specific medical orders for allergy management. School staff training ensures the students' safety and compliance with IEPs or 504 plans.

School staff should be aware of the EpiPens for School Law (*EC* Section 49414) that requires school districts to stock epinephrine auto-injectors at every K–12 school site. The school nurse can provide staff training to ensure that epinephrine auto injectors are available on school sites to be used for unplanned anaphylactic emergencies. School nurses and trained school personnel who have volunteered to do so may administer epinephrine auto-injectors to students experiencing anaphylaxis, per *EC* Section 49414. The CDC resource, *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, can also assist district and site administrators in developing their plans (2013). The guidelines provide practical information and strategies for reducing allergic reactions and responding to life-threatening reactions. Teachers should be aware of their district's policy regarding the availability and administration of epinephrine auto-injectors requirement.

Parent and Community Engagement in Health Education Programs

The school, which is part of a larger community, cannot function in isolation. Schools that actively engage parents, guardians, and caretakers and their community resources through such avenues as school site councils, safety committees, and health curriculum committees respond more effectively to health-related needs of students (McKenzie, Pinger, and Seabert 2018). The CDC has developed a set of resources, called *Parents for Healthy Schools*, which contain a framework for engaging parents, guardians, and caretakers in school health. The three aspects of the parent engagement framework are (1) connecting with parents, guardians, and caretakers; (2) engaging parents, guardians, and caretakers in school health activities; and (3) sustaining parent, guardian, and caretaker engagement in school health (CDC 2015a).

School administrators can maximize connecting with parents, guardians, and caretakers by:

- Ensuring that the school and school district have a plan for involvement that includes participation in school health education
- Ensuring that school staff members have the ability to connect effectively with parents, guardians, and caretakers and support engagement in school health activities
- Asking parents, guardians, and caretakers about their needs and interests regarding their children's health and their involvement in the school's health activities

In addition to establishing a welcoming relationship with parents, guardians, and caretakers, specific suggestions for engagement include providing a range of volunteer opportunities both within and outside the school. Volunteerism can enrich health classes, improve health education program implementation and health services, and help create safer and healthier environments for students (CDC 2015a; Epstein et al. 2009).

Other ways to engage parents, guardians, and caretakers include providing support for parenting, supporting learning at home, promoting family participation in decision-making through groups such as a school site council, collaborating

with the community, and implementing a variety of ways to communicate with parents, guardians, and caretakers including texts, automated attendance messaging systems, special newsletters, or web postings. Educational seminars and support groups led by community agencies to address health issues as well as parenting skills, Saturday morning healthy breakfasts with school leaders, and the implementation of activities planned for parents, guardians, and caretakers and their children that support positive health behaviors, for example a walk/run or a heart-healthy luncheon, provide opportunities for engagement. Every effort should be made to provide interpreters and translated and culturally appropriate materials as needed.

It is also critical that school personnel create opportunities for parents, guardians, and caretakers to share their culture and expectations related to the health of their children and to provide opportunities for parents, guardians, and caretakers of children with special health care needs, such as diabetes, epilepsy, or food allergies, to meet and discuss concerns and strategies. School administrators must ensure that school nurses and other school health providers develop individualized school healthcare plans for children with special health needs in partnership with students, parents, guardians, caretakers, teacher(s), assistive personnel, and other team members.

An important aspect of promoting family engagement and developing resources is collaboration with the community. Community-based organizations, nonprofit agencies, school-based health centers, local and state public health agencies, and other education sectors such as local community colleges and universities are valuable partners that provide resources. For example, a university in your area may have a teacher credential, health education, nursing, environmental science, or health science program. A natural partnership occurs for student teaching or internship opportunities that benefit both parties. Another example is guest speakers who serve as content experts in their respective areas, such as environmental justice, public health, gang violence, and addiction to alcohol, tobacco, or other drugs.

School personnel can coordinate information, resources, and services from community-based organizations to link parents, guardians, caretakers and students to community health and social services, activities, and events. Health education teachers, school nurses, school social workers, and student support services personnel are important resources for navigating students—and

sometimes their families, guardians, or caretakers—to community services. For example, a family may need a recommendation for medical or dental services in the community. It is important to use a disclaimer that you are not endorsing the healthcare or public health service but rather serving as a resource person.

To sustain family engagement, school personnel can (CDC 2015a):

- Schedule meetings to accommodate a variety of schedules
- Provide a variety of methods through which parents, guardians, and caretakers access information and communicate with school staff
- Provide transportation or hold events off-site or online if needed to accommodate community members' schedules
- Implement programs that are culturally sensitive and that reflect the community's demographics and provide translation services as needed

Finally, parents, guardians, and caretakers can play a key role in complementing and reinforcing what students are learning in school through discussions and activities at home. They act as co-educators, particularly when family values are inherent in the health education topic such as sexuality, food choices, and the prevention of alcohol and drug use. In an effort to support parents, guardians, and caretakers that may not feel equipped or comfortable discussing sensitive health topics with their children, administrators and teachers should provide opportunities for parents, guardians, and caretakers to get involved and to obtain information to help them support the educational experience for their child. For example, offer evening educational workshops on topics such as depression and suicide; use of alcohol, tobacco, and other drugs; comprehensive sexual health; gender; sexual orientation; healthy relationships; and sex trafficking. Parents, guardians, and caretakers can benefit from the information and support student learning.

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