

New York City Department of Education

Health Education

What is comprehensive health education?

Health education is part of an overall school health program. In New York City we support a sequence of health instruction from kindergarten through 12th grade. At a very young age children develop habits that will shape their health all their lives. So health education must include a wide range of topics with lessons providing information that is age appropriate.

New York City public schools are encouraged to use health curriculum geared to the needs of students at each grade level. The DOE provides ongoing professional development to ensure that teachers are aware of the most current medical and education research. In addition to factual knowledge, health instruction also includes teaching students how to make healthy life choices through personal decision-making.

To be healthy, safe, and fit, students receive lessons in:

- Advocacy
- Communication
- Decision Making
- Planning and Goal Setting
- Relationship Management
- Self-Management
- Stress Management

How have the Children First reforms improved the quality of health instruction for all students?

Mayor Michael R. Bloomberg and Chancellor Joel I. Klein are committed to improving the health of NYC's students. Both fitness and health education were severely affected by NYC's near bankruptcy in 1975. As schools made difficult choices with fewer resources, some instructional programs were eliminated or scaled back. When the Children First reforms began in 2002, both subject areas were revived with the goal to bring quality instruction to all students.

As part of the 2007 Children First reorganization, the Office of Fitness and Physical Education and the Office of Health Education and Family Living were merged to create the Office of Fitness and Health Education. The merger of experts in both areas reflects two common sense perspectives:

- Fitness and health are two sides of the same coin. To counter citywide and national epidemics of asthma, obesity, diabetes and HIV/AIDs, our schools must focus all their resources and instructional time on changing student habits and making the connection between fitness and health.
- In many schools, but particularly in elementary schools, fitness and health instruction are provided by the same teacher. Those teachers need support in identifying the most rigorous sequence of lessons to grab student attention and motivate students to carry lessons learned into their life outside of school.

The new Office of Fitness and Health Education serves all schools in New York City, grades K-12. As principals are held accountable for meeting Health Education and Physical Education requirements, this office will provide training and school-based assistance to ensure that students receive the quality instruction they need.

How does DOE determine what health instruction is appropriate for students?

The New York State Education Department sets the standards for teaching in all subjects. Their publication *A Guidance Document for Achieving the New York State Standards in Health Education* outlines the knowledge and skills that students are expected to demonstrate at the elementary, intermediate, and commencement (high school) levels.

Health education at all three levels includes age and developmentally appropriate education in the six Centers for Disease Control (CDC)-identified critical health behaviors:

- Alcohol and Drug Use
- Nutrition
- Physical Activity
- Sexual Risk Behaviors
- Tobacco Use
- Injury and Violence

What are the New York State Learning Standards for secondary school?

The New York State Standards for Health, Physical Education and Family and Consumer Sciences include:

Standard 1: Personal Health and Fitness

Students will have the necessary knowledge and skills to establish and maintain physical fitness, participate in physical activity, and maintain personal health.

Standard 2: Safe and Healthy Environment

Students will acquire the knowledge and ability necessary to create and maintain a safe and healthy environment.

Standard 3: Resource Management

Students will understand and be able to manage their personal and community resources.

Details on each of these health standards for elementary, middle, and high schools are at <http://www.emsc.nysed.gov/ciai/pe/pub/hpefcle.pdf>

What are the state requirements for instruction time?

- In **elementary school**, health education is usually taught by the regular classroom teacher. Lessons are taught throughout the year as part of overall instruction.
- **Middle school** students receive one half-year course of health education. The DOE recommends that it be taught in 6th or 7th grade.
- For **high school** students, a half-unit course of health education is required for high school graduation. The DOE recommends that it be taught in 9th or 10th grade.

What curriculum does the DOE recommend for elementary schools?

Elementary schools are encouraged to use **HealthTeacher**. First introduced throughout the city in the 2005-06 school year, this program, meets both the state and the National Health Education Standards and the Center for Disease Control's Core Health Topics. The DOE has purchased access to the Health Teacher website for all elementary schools. You can get an overview of this curriculum at <http://www.healthteacher.com>.

What curriculum does the DOE recommend for middle and high schools?

Beginning with the 2007-08 school year, the **HealthSmart** curriculum (<http://pub.etr.org/healthsmart/index.html>) is recommended for all secondary schools. This curriculum provides all the materials appropriate for middle school. For high schools, adding **Reducing the Risk** ([RTR Catalog](#)) allows schools to meet the state learning standards for sex education.

Reducing the Risk, a sex risk reduction curriculum that is research based and shown to be highly effective, will replace the sex risk portion of **HealthSmart**. Research indicates that **RTR** 1) delayed the initiation of sexual intercourse, 2) increased the use of contraception among teens who did initiate sexual intercourse, and 3) increased parent-child communication about abstinence and contraception.

How were these secondary health curriculum choices made?

A review of 30 health education curricula by 34 stakeholders, including school administrators, teachers, parents, members of the NYCDOE, NYC Department of Health and Mental Hygiene, and community based organizations resulted in the recommendation of these secondary health curriculum. The review matched curriculum to the NYS standards for health education and the *Guidance Document for Achieving the New York State Standards in Health Education*. A range of health education experts sought the most scientifically accurate, student-centered curriculum.

The DOE is also creating supplementary and guidance materials designed to support NYC teachers in delivering this instruction.

How does health instruction reflect the diversity of New York City students?

The diversity of New York City's families is what makes this city a dynamic and rewarding place to live. Our students come from dozens of countries representing an incredible array of languages, cultures, religious beliefs, and customs. Because of this diversity, the DOE considers all instruction recommendations in the context of the full array of family and cultural values.

While no one curriculum or teaching style can meet all the perspectives of all our families, curriculum recommendations are grounded in both rigorous learning standards and the opportunity for parents to have their children not participate in some specific health lessons.

Training for teachers stresses both the importance of health instruction and the sensitivity of some areas, particularly in sex education. Teachers must create a climate of trust in their classroom to ensure that all students feel comfortable discussing the full range of health topics particularly with risky behavior areas like alcohol and drug use or sex.

Will all students still be receiving the HIV/AIDS lessons?

Yes. New York State mandates a specific number of HIV/AIDS lessons in grades K—12. These age and developmentally appropriate lessons use a revised curriculum developed by NYCDOE. The lessons focus on the nature of HIV/AIDS and its methods of transmission. You can review the entire curriculum and related materials at <http://schools.nyc.gov/Academics/FitnessandHealth/StandardsCurriculum/HIVAIDSoverview.htm>.

Who teaches health classes?

In elementary schools, health education is generally taught by the classroom teacher as part of the full range of academic subjects. In middle and high schools, there is a health education teacher's license. Principals have the option to hire teachers with the health education license or assign classes to teachers otherwise qualified to teach these classes.

How does the DOE support and train teachers in health education?

Teachers can use the DOE eCatalog at <http://whatiselearning.com/ocsae> to view the professional development calendar and enroll in ongoing workshops. Trainings, provided free of charge, target teachers and/or administrators. Staff from the Office of Fitness and Health Education also provide direct technical assistance to schools to address areas of particular interest or concern.

What role do parents play in understanding and supporting this instruction?

At a very young age, children develop the habits and behaviors that will influence their life-long health. As in all areas, parents are a child's first and most influential teacher. Family values and parent conversations with their children form the most significant point of contact between children and a world that grows more and more complex as they grow up.

Parents and schools share a common goal. We want students of all ages to be healthy in all aspects of their lives. When it comes to talking with teenagers about sex, our shared goal is to delay young people's initiation into sexual intercourse. When an adolescent becomes sexually active, she/he needs to know about staying healthy. Comprehensive health education can

provide the latest medically correct information. Family conversations can place that information in the context of family values.

Parents who want to learn more about comprehensive health education and the instruction their children are receiving can speak to teachers, principals, or the school Parent Coordinator for additional information.

Do parents have the opportunity to have their children opt-out of any specific classes?

Parents may ask that their child be placed in another school setting for lessons having to do with prevention. These lessons are labeled “Prevention” in the NYC DOE health teacher’s guidelines. Parents or legal guardians who do make such a request must file with the principal a written request that the child not receive such instruction, and assure that the pupil will receive such instruction at home.

Do high school students still have access to free condoms at school with their parents’ permission?

Absolutely. Condoms are not distributed to students in classrooms. Students can ask health resource room personnel to give them free condoms and show them how to use condoms correctly. Parents who do not want their children to receive condoms in school should write a letter to the principal requesting that their child(ren) be excluded from the condom availability program.

How can all members of the school community support health instruction to help students develop life-long healthy habits?

The DOE sponsors a series of trainings for administrators where educators share best practices in their schools and receive information from experts in health education.

Teachers can attend professional development free of charge. Teachers can use the DOE eCatalog at <http://whatiselearning.com/ocsae> to view a calendar and enroll in professional development workshops. Technical assistance in each school is also available from the DOE Office of Fitness and Health Education.

What can a parent do if their child is not receiving comprehensive health education?

Elementary School: If your child is not receiving health education, speak with the teacher about his/her plans to teach health education. If the teacher does not teach health education, bring your concerns to a parent coordinator, a PTA meeting or directly to the principal of your child’s school.

Middle and High School: Speak with the assistant principal or principal regarding how health education is scheduled for each student. In both middle and high school, students must complete at least one health course. If the principal has no plans to teach health education or assure that it is taught, parents can contact Lori Benson, Director of the Fitness and Health Education Office. Her team provides assistance for all schools in improving the quality of health instruction.

How can members of the school community learn more about the topics in health education?

There are many ways in which administrators, teachers, students, parents, and community organizations can learn more about healthy lifestyles and the issues and concerns in health education. For a comprehensive list of various health resources, please visit the Office of Fitness and Health Education’s website at <http://schools.nyc.gov/Academics/FitnessandHealth>.