CSBA Update 03/21

Board Policy

Instruction BP 6142.8

COMPREHENSIVE HEALTH EDUCATION

Note: The following **optional** policy may be revised to reflect district practice.

The Governing Board believes that health education should foster the knowledge, skills, and attitudes that students need in order to lead healthy lives and avoid high-risk behaviors, and that creating a safe, supportive, inclusive, and nonjudgmental environment is crucial in promoting healthy development for all students. The district's health education program shall be part of a coordinated school health system which supports the physical, mental, and social well-being of students and is linked to district and community services and resources.

(cf. 0415 - Equity)

(cf. 3513.3 - Tobacco-Free Schools)

(cf. 3514 - Environmental Safety)

(cf. 3550 - Food Service/Child Nutrition Program)

(cf. 3554 - Other Food Sales)

(cf. 5131.6 - Alcohol and Other Drugs)

(cf. 5131.62 - Tobacco)

(cf. 5131.63 - Steroids)

(cf. 5137 - Positive School Climate)

(cf. 5141.22 - Infectious Diseases)

(cf. 5141.23 - Asthma Management)

(cf. 5141.3 - Health Examinations)

(cf. 5141.32 - Health Screening for School Entry)

(cf. 5141.4 - Child Abuse Prevention and Reporting)

(cf. 5141.5 - Mental Health)

(cf. 5141.52 - Suicide Prevention)

(cf. 5141.6 - School Health Services)

(cf. 5141.7 - Sun Safety)

(cf. 5142 - Safety)

(cf. 5145.3 - Nondiscrimination/Harassment)

(cf. 5146 - Married/Pregnant/Parenting Students)

(cf. 6164.2 - Guidance/Counseling Services)

Note: The federal Child Nutrition and Women, Infants and Children (WIC) Reauthorization Act of 2004 (42 USC 1758b) requires each district participating in the National School Lunch program (42 USC 1751-1769j) or any program in the Child Nutrition Act of 1966, including the School Breakfast Program, to adopt a districtwide school wellness policy which includes goals for nutrition promotion and education, education and physical activity, and other school-based activities that promote student wellness education. See BP 5030 - Student Wellness for language fulfilling this mandate.

Goals for the district's health education program shall be designed to promote student wellness and shall include, but not be limited to, goals for nutrition **promotion and** education, and physical activity, and other school-based activities that promote student well-being.

Note: The following **optional** paragraph should be revised as necessary to reflect grade levels offered by the district. Education Code 51210 requires that the adopted course of study for grades 1-6 include instruction in health, including instruction in the principles and practices of individual, family, and community health. Education Code 51202 requires that certain health-related topics be addressed at the appropriate elementary and secondary grade levels and in appropriate subject areas, as determined by the district.

Education Code 51934 requires that students be districts provided comprehensive sexual health education and HIV/AIDS prevention instruction, at least once in middle school or junior high school and at least once in high school, by instructors trained in the appropriate courses. Education Code 51934 also authorizes, but does not require, districts to provide age-appropriate comprehensive sexual health education prior to grade 7 on any of the topics specified in Education Code 51934. See AR 6143 - Courses of Study and BP/AR 6142.1 - Sexual Health and HIV/AIDS Prevention Instruction.

Additionally, Education Code 51900.6 authorizes districts to provide age-appropriate instruction in grades K-12 in sexual abuse and sexual assault awareness and prevention pursuant to content standards developed by the State Board of Education (SBE), provided that students are allowed to be excused from such instruction upon the written request of their parents/guardians. SBE has not yet adopted content standards regarding sexual abuse and sexual assault awareness and prevention. Also see BP 5141.4 - Child Abuse Prevention and Reporting.

The Health Education Framework for California Public Schools, Kindergarten through Grade Twelve provides nonprescriptive instructional guidance and support to California teachers, administrators, curriculum specialists, other educators, and school boards for implementation of the voluntary health education standards, which include the following six content areas: nutrition and physical activity; growth, development, and sexual health; injury prevention and safety; alcohol, tobacco, and other drugs; mental, emotional, and social health; and personal and community health.

In March 2008, the State Board of Education adopted voluntary content standards for health education as required by Education Code 51210.8; see the accompanying administrative regulation. The state's <u>Health Framework for California Public Schools</u>, provides nonprescriptive guidance on the scope and sequence of the health curriculum.

The district shall provide a planned, sequential, research-based, and developmentally appropriate health education curriculum for students in grades K-12 which is aligned with the state's content standards and curriculum framework and integrated with other content areas of the district's curriculum. The Superintendent or designee shall determine the grade levels and subject areas in which health-related topics will be addressed, in accordance with law, Board policy, and administrative regulation.

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(cf. 6011 - Academic Standards)
(cf. 6141 - Curriculum Development and Evaluation)
(cf. 6142.1 - Sexual Health and HIV/AIDS Prevention Instruction)
(cf. 6143 - Courses of Study)
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Note: The following **optional** paragraph may be revised to reflect district practice. Education Code 51890 defines a "comprehensive health education program" as one that includes community participation in the **teaching of health, including** classroom **participation by practicing professional health and safety personnel in the community**. Education Code 51891 defines "community participation" as **active** including participation in the **planning, implementation, and evaluation of comprehensive health education** by parents/guardians, practicing health care and public safety personnel, and public and private health care and service agencies in the planning, implementation, and evaluation of the program.

As appropriate, the Superintendent or designee shall involve school administrators, teachers, school nurses, health professionals representing various fields of health care, parents/guardians, community-based organizations, and other community members in the development, implementation, and evaluation of the district's health education program. Health and safety professionals may be invited to provide related instruction in the classroom, school assemblies, and other instructional settings.

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(cf. 1220 - Citizen Advisory Committees)
(cf. 1240 - Volunteer Assistance)
(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)
(cf. 1700 - Relations Between Private Industry and the Schools)
(cf. 6020 - Parent Involvement)
(cf. 6145.8 - Assemblies and Special Events)
(cf. 6162.8 - Research)
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The Superintendent or designee shall provide professional development as needed to ensure that health education teachers are knowledgeable about academic content standards, the state curriculum framework, and effective instructional methodologies.

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(cf. 4131 - Staff Development)
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Note: The following **optional** paragraph should be revised to reflect indicators agreed upon by the Governing Board and Superintendent for evaluating the district's health education program.

The Superintendent or designee shall provide periodic reports to the Board regarding the implementation and effectiveness of the district's health education program, which may include, but not be limited to, a description of the district's program and the extent to which it is aligned with the state's content standards and curriculum framework, the amount of time allotted for health instruction at each grade level, and student achievement of district standards for health education, and the manner in which the district's health education program supports the physical, mental, and social well-being of students.

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(cf. 0500 - Accountability)
(cf. 6190 - Evaluation of the Instructional Program)

Legal Reference:

<u>EDUCATION CODE</u>

8850.5 Family relationships and parenting education
35183.5 Sun protection
49413 First aid and cardiopulmonary resuscitation training
49430-49434 Pupil Nutrition, Health and Achievement Act of 2001
49490-49494 School breakfast and lunch programs
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49500-49505 School meals

51202 Instruction in personal and public health and safety

51203 Instruction on alcohol, narcotics and dangerous drugs

51210 Areas of study; grades 1-6

51210.8 State content standards for health education

51220.5 Parenting skills; areas of instruction

51225.36 Sexual harassment and violence instruction; affirmative consent standard

51225.6 Compression-only cardiopulmonary resuscitation instruction

51260-51269 Drug education

51513 Personal beliefs; exams, questionnaires, and surveys

51880-51881.5 Health education, legislative findings and intent

51890-51891 Comprehensive health education programs and community participation; definitions

51900.6 Sexual abuse and sexual assault awareness and prevention

51913 District health education plan

51920 Inservice training, health education

51930-51939 California Healthy Youth Act; Comprehensive sexual health and HIV/AIDS prevention education

67386 Affirmative consent; definition

CALIFORNIA CODE OF REGULATIONS, TITLE 5

11800-11801 District health education plan

UNITED STATES CODE, TITLE 42

1751-1769j National School Lunch Program, especially:

1758b Local wellness policy

1771-1793 Child nutrition programs, including National School Breakfast Program

Management Resources:

CSBA PUBLICATIONS

Why Schools Hold the Promise for Adolescent Mental Health, Governance Brief, May 2019

The Impact of Marijuana Legalization on K-12: The Effect of Marijuana on the Brain, November 2018

Preventing Catastrophic Heal Illness, Governance Brief, July 2018

Integrating Physical Activity into the School Day, April 2016

Promoting Healthy Relationships for Adolescents: Board Policy Considerations, August 2014

Asthma Management in the Schools, Policy Brief, March 2008

Monitoring for Success: A Guide for Assessing and Strengthening Student Wellness Policies Student

Wellness Policy Implementation Monitoring Report and Guide, 2007-2012

Physical Education and California Schools, Policy Brief, rev. October 2007

Promoting Oral Health for California's Students: New Roles, New Opportunities for Schools, Policy Brief, March 2007 November 2008

Asthma Management in the Schools, Policy Brief, March 2008

CSBA PUBLICATIONS (continued)

Sun Safety in Schools, Policy Brief, July 2006

Student Wellness: A Healthy Food and Physical Activity Policy Resource Guide, rev. April 2006

AMERICAN ASSOCIATION FOR HEALTH EDUCATION PUBLICATIONS

National Health Education Standards: Achieving Excellence, 2007-rev. November 2012

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS

Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve, 2008

Health <mark>Education</mark> Framework for California Public Schools: Kindergarten Through Grade Twelve, <mark>2003</mark> 2019

Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve,

<u>HUMAN RIGHTS CAMPAIGN FOUNDATION PUBLICATIONS</u>

California LGBTQ Youth Report, January 2019

WEB SITES

CSBA: http://www.csba.org

American Association for Health Education: http://www.aahperd.org

American School Health Association: http://www.ashaweb.org

California Association of School Health Educators: http://www.cashe.org

California Department of Education, Health Education: http://www.cde.ca.gov/ci/he

California Department of Public Health: http://www.cdph.ca.gov

California Healthy Kids Resource Center: http://www.californiahealthykids.org

California Subject Matter Project, Physical Education-Health Project: https://csmp.online

http://esmp.ucop.edu/epehp

Center for Injury Prevention Policy and Practice: http://www.cippp.org

Centers for Disease Control and Prevention: http://www.cdc.gov

Human Rights Campaign Foundation: https://www.hrc.org/

National Center for Health Education: http://www.nche.org

National Hearing Conservation Association: http://www.hearingconservation.org

Shape American Association for Society of Health and Physical Educatorsion: http://www.aahperd.org

https://www.shapeamerica.org

PERRIS UNION HIGH SCHOOL DISTRICT Perris, California

Policy Adopted: October 15, 2008

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