



**Connecticut  
Public Health  
Association**

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# *Connecticut Public Health Association*

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## **Facts and Recommendations on Health Education in Schools**

In order to provide Connecticut students with the skills and knowledge needed to make healthy lifestyle choices and reduce future burden of disease, the Connecticut Public Health Association (CPHA) supports **HB 5489, An Act Concerning Secondary School Reform**, which would require one full credit of health education for graduation. CPHA endorses requiring health education as a graduation requirement. Comprehensive health education should include medically accurate, age-appropriate information regarding disease and substance abuse prevention, nutrition, and reproductive health, among other topics.

### **Background**

Connecticut is one of only 14 states nationwide that does not mandate funding for health education. [1] Within the state, only 53% of school districts require a half-credit of health education for graduation. [2] School health education programs are effective in providing basic health knowledge and in empowering individuals to make informed decisions about their health. [4,5] Such programs also provide the basis for behavior change and adoption of favorable health attitudes and teach adolescents how to evaluate and use health information. [4,6] Addressing health issues may also improve a student's overall academic performance, as poor health is linked to poor educational achievement. [5,7] Furthermore, adolescents are at critical stages of development during which they are acquiring skills, attaining knowledge and developing lifestyle habits that will continue for life [6].

Health education can play an important role in addressing disparities in health literacy and as a direct result improve health outcomes. Low health literacy is linked to increased utilization of health care services, increased health care costs and poor health status. [6] In the U.S., only 12% of all adults nationwide have the basic health literacy skills required to read medication and nutrition labels. [8] According to one study, less than half of adolescents could read health information at their grade level--minority teens and those of lower socioeconomic status fare worse [6]. Racial and ethnic minority groups in Connecticut experience significantly lower health literacy levels and poorer health outcomes than whites. [8]

School health education programs that are based in science are proven to influence behavior for specific health problems such as dental care, teenage pregnancy, smoking and nutrition. [4] School health education is an important tool for combating the overweight and obesity crisis--experts agree that the most cost effective way to address obesity nationwide is to specifically target children. [9] School-based programs are demonstrated to impact children's eating and activity behaviors and have the potential to reduce and prevent obesity. [9] In addition, these programs are essential to provide youth with accurate information and skills to delay or prevent onset of risky behaviors. For instance, by 12th grade, more than two thirds of Connecticut teenagers have had sexual intercourse. [10] However, students are not getting needed information from parents or guardians regarding prevention of sexually transmitted infections and pregnancy-- less than a quarter have had a conversation with their parents about these subjects. [10] Considering 70% of Chlamydia cases and 55% of gonorrhea cases in Connecticut in 2006 occurred in young people aged 10-24, it is all the more important that young people have access to health information. [11] Comprehensive health education programs promote reduction in risky behaviors and give youth the power to make healthy decisions.

### **Recommendation**

CPHA promotes the attainment of health literacy and improved wellness of all Connecticut residents as a primary public health goal, and believes that schools play a critical role in addressing these issues. Requiring a full credit of health education in schools will provide students the tools to make informed health choices now and in the future. In addition, implementation of health education programs in the most at risk schools would help close the gap in health disparities between different racial, ethnic and socioeconomic groups in the state.

## References

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