



Improving School-Based Health and Education Policies

Empowering Students
for Success

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health





DASH would like to thank the following people for their support and participation:

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Dean Hopper, New Mexico Public Education Department (PED)

Sebrina James, Broward County Public Schools (BCPS), Florida

Bianca Reid, Chicago Public Schools (CPS), Illinois

Sharla Smith, California Department of Education

Mary Beth Szydowski, Advocates for Youth



For three decades, the Centers for Disease Control and Prevention (CDC) has promoted a youth-centered approach to building healthy and supportive school environments where students can thrive physically, emotionally, and academically. Through its Division of Adolescent and School Health (DASH), CDC works with education and public health organizations to implement evidence-based strategies that support adolescents' growth and development and set them on a path to better health and future success.

Research shows that well-designed and effectively implemented school health policies and programs can improve students' health-related behaviors and outcomes, as well as their educational outcomes. CDC's long-term investment in partnerships with education agencies has led to better school health policies at the state and local levels. These policies can ultimately teach students healthy behaviors and skills that help them prevent HIV, STD, and pregnancy; empower them to make informed decisions that protect their health; and help them do well academically.

Healthy Students Make Better Learners

The academic success of America's youth is strongly linked with their health. Students with higher grades are less likely to experience risks related to substance use, sexual behaviors, violence, and mental health. In addition to being associated with their overall well-being, academic performance can also be used to predict how healthy and well-adjusted adolescents will be when they become adults. Health risk behaviors that begin during adolescence

are linked to social, economic, and behavior problems that can last into adulthood.

State education agencies (SEAs) and local education agencies (LEAs) supported by CDC see this link between health and learning bear out in school classrooms. **Sharla Smith, HIV/STD Prevention Education Consultant at the California Department of Education**, shares the view that student health has to

come first. "If a child is having a health problem," she said, "it doesn't matter how many times you talk about the quadratic equation, the student still misses it." **Jill Carter, Acting Assistant Superintendent of the Office of Social Emotional Learning and Wellness at Boston Public Schools (BPS)**, agrees. BPS is focused on "improving the physical, social, and emotional well-being of students" because they see that "healthy students are better learners."

HEALTH AND ACADEMICS: What the Research Says

CDC's *Morbidity and Mortality Weekly Report*, "Health-Related Behaviors and Academic Achievement Among High School Students – United States, 2015," found that compared to students who received mostly As, those who reported receiving mostly Ds and Fs were:



More than 11 times more likely to have injected illegal drugs



More than 4 times more likely to have had four or more sexual partners



5 times more likely to miss school because of safety concerns



2 times more likely to feel sad or hopeless

Read the report at www.cdc.gov/mmwr/volumes/66/wr/mm6635a1.htm.
Learn more at www.cdc.gov/HealthyYouth/health_and_academics.

Policies Guide Efforts to Ensure Academic Success and Better Health

Because health and education policies provide a foundation for school-based practices and procedures, it is important that schools have effective health-related policies in place. These policies play a critical role in establishing school-based interventions that aim to improve student health and academic outcomes. Policies in schools, including skills-based health education and the provision of youth-friendly health services, can help promote healthy behaviors that last a lifetime.

CDC-supported SEAs and LEAs have worked to develop, implement, and improve health and education policies that are responsive to local needs and have a profound impact on the health and academic success of their students. These agencies can attest to the fact

that evidence-informed policies establish an effective road map for action within schools. **Mary Beth Szydlowski**, former Senior HIV/STI Prevention Specialist at Chicago Public Schools and current **Senior Program Manager of School Health Equity at Advocates for Youth**, a nonprofit organization that promotes the sexual health and rights of young people, said that in her school district “teachers would change what they were doing” to align with new policies promoted by the schools. Likewise, according to **Maryka Lier, Assistant Director of Wellness Policies and Promotions at BPS**, “policy is seen as key” to identifying wellness as a central factor for addressing the needs of the whole child as a means to academic success.

“Chicago Public Schools relied on talking to other partners that had [sexual health education] policies, and we capitalized on those types of relationships.”

- Mary Beth Szydlowski, Advocates for Youth

Keys to Successful Policy Implementation

CDC has assisted SEAs and LEAs to ensure their school district’s health education policies and practices reflect scientific evidence and are implemented effectively so that all students are receiving age-appropriate health information. Through their experiences, CDC-funded SEAs and LEAs have identified several keys to success.

1 COLLABORATION

CDC-funded education and public health organizations stress that effective collaboration with other agencies has been critical to improving the health education programs in their school districts. “Chicago Public Schools,” said Ms. Szydlowski, “relied on talking to other partners that had [sexual health education] policies, and we capitalized on those types of relationships.” The California Department of Education adopted a similar strategy, recognizing that improvement takes coordinated effort. Ms. Smith shared that her work with California’s Adolescent Sexual



Health Work Group (ASHWG) represented “the perfect synergistic relationship” of government and non government stakeholders.

Collaboration doesn’t just support school districts at the local level; it also has payoffs beyond local and state borders.

Dean Hopper, Chief of the Safe and Healthy Schools Bureau at the New Mexico Public Education

Department (PED), says that school districts in other states have benefited by having the opportunity to dialogue with and learn from the experiences of the New Mexico PED, which has been supported by CDC for many years. “You can’t underscore the importance of that [collaboration],” he said.

2 COMMUNITY AND PARENT SUPPORT



Education agencies have found that communities and parents agree that providing health education to students is important. To gauge interest in requiring health education for high school graduation, the New Mexico PED surveyed parents, students, post-secondary students, school administrators, and school health providers. They found overwhelming support for making health education a graduation requirement. To maintain and expand support for this requirement, New Mexico remained transparent with all of these groups throughout the process.

Similarly, Chicago Public Schools (CPS) had many conversations with parents and the community about their sexual education curriculum. “We allowed parents to look at the curriculum. We were communicative with the community,” explained **Bianca Reid, Sexual Health Project Manager at CPS**. She said that when making improvements to their health education policy, CPS saw more parent involvement. “We were ready for a battle,” added Ms. Szydlowski, “but we never received it. Never.”

3 CDC SUPPORT AND RESOURCES

Since 1988, CDC’s DASH has provided data, research, and tools that have helped SEAs and LEAs inform policy development and track the success of local policies. Ms. Lier at Boston Public Schools said that CDC funding was important to building infrastructure, such as the creation of wellness councils in high schools, which “has been essential to moving the work on the whole wellness policy forward.” She credits CDC resources with providing important information that helped BPS select an appropriate sexual health education curriculum to use for their middle schools and develop a referral guide for student sexual health services.

CDC tools like the Health Education Curriculum Analysis Tool (HECAT) have provided a path forward for many SEAs and LEAs looking to align their curriculum with new policies. For example, Broward County Public Schools in Florida has relied on HECAT for improving their health education curricula. “We compared our current curriculum with HECAT and made changes and modifications and enhancements based on what we analyzed,” said **Sebrina James, Broward County’s Instructional Facilitator and Sexual Health Coordinator**.

Through its CDC funding, the New Mexico PED was able to support implementation

of their graduation requirement for health education by showing their rural school districts and districts with high Native American populations how to select new curriculum with a cultural lens. PED also used CDC funding to enhance their conferences and presentations, sharing with others lessons learned from implementing the new graduation requirement.

Data from the Youth Risk Behavior Survey (YRBS), which monitors trends in youth health risk behaviors, have also been critical. “Chicago Public Schools,” said Ms. Szydlowski, “respond to data, and having funding to support local YRBS data collection has been essential.” Other CDC resources have allowed CPS to “think critically about the work we’re doing and be more mindful about the language we’re using within our curriculum,” according to Ms. Reid.

DASH’s tools and funding helped Ms. Smith lead the charge to track how existing policies and practices were working in California schools. The information collected was used to improve current health education policy in California, making health education a school requirement. This accomplishment “was all based on data we collected and shared,” according to Ms. Smith. “When I look at what I’ve been able to accomplish since sitting in this seat,” she reflects, “it’s phenomenal!”

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*- Sebrina James,
Broward County
Public Schools*

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*-Sharla Smith,
California Department
of Education*

Real Results, Real Impact

Although it can take time for education agencies to collect and assess information, obtain input from the community, and ensure that all stakeholders have a voice, once policy improvements are implemented, results can be immediate and have a lasting impact for students.

Since New Mexico added health education as a requirement for graduation, there have been promising changes among their high schools. According to Mr. Hopper, making sure students are competent in health knowledge and skills before graduating can help make them lifelong learners and wise health consumers. “We know that health education is being taught with fidelity, that it’s being given equal footing with other important topics, like math and English,” he said.

At CPS, there has been a significant increase in the number of staff members providing sexual health education to the appropriate grades. Ms. Szydowski said that there was a “huge positive response” to the policy



implementation. “Schools were immediately clamoring to get their teachers trained.”

Ms. Lier said that BPS is making great inroads in understanding that health inequities interfere with learning. Their improved policy has helped them create a safer, healthier learning environment for all students. Ms. Carter was happy to see BPS high school students strongly engaged at a recent summit, where they helped to educate senior leadership on the value of safe learning environments.

Ms. Smith said that when the California Healthy Youth Act made comprehensive sexual health education a requirement, the schools looked at all aspects of sexuality, including healthy relationships, and “had a stronger focus on knowledge, skills, prevention, and parent/guardian communication.” Even seemingly small changes have an impact. When California added a gender question to their state YRBS questionnaire, Ms. Smith had two students in one day thank her for letting them see themselves in the survey. “I can’t be happier about what it means to our students,” she said. California’s goal is to have all students feel welcome. “We have to make schools a positive learning environment so that our most vulnerable students come to school,” explains Ms. Smith. “If you’re not in school, you’re not learning.”

In Broward County, Ms. James believes that their age-appropriate health education policy has provided a comfort level in talking about family life and sexuality. “It used to be taboo,” she said. But now, “people realize the importance of it,” she says, remembering the time a parent asked her about STD testing for her daughter. She is often moved by the positive changes she sees in her schools. “I have to walk around with Kleenex in my purse!”

The Youth Risk Behavior Surveillance System (YRBSS) monitors health risk behaviors among adolescents at the national, state, territorial, tribal, and local levels. It’s the only surveillance system of its kind in the United States.



Learn more at www.cdc.gov/healthyyouth/data/yrbs.

The Health Education Curriculum Analysis Tool (HECAT) helps schools and school districts conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC’s Characteristics of an Effective Health Education Curriculum.

Learn more at www.cdc.gov/healthyyouth/hecat.

A Look at School Health Education Policy Improvements

Boston Public Schools (BPS), Massachusetts

BPS uses YRBS survey feedback to inform improvements to its existing District Wellness Policy. The policy improvements included a requirement for every Boston school and school district to maintain a Wellness Council to review wellness-related policies, assess the school health environment, and develop and implement a Wellness Action Plan.



New Mexico Public Education Department (PED)

Building on a legislative mandate, the New Mexico PED supported implementation of a new health education requirement for graduation. The New Mexico PED aligned LEA's health education courses with their content and performance standards as well as the legal requirements.



The New Mexico PED tracks success through its Youth Risk and Resiliency Survey, which is part of CDC's national YRBSS. After implementation, data have shown decreases in risk behaviors among high school students and increases in the number of classroom teachers addressing specific skills in a health education class.

Chicago Public Schools (CPS), Illinois

CPS conducted a series of meetings and presentations with the community and its Board of Education to alert them to data showing the high rates of health risk behaviors among Chicago middle school and high school students. CPS used these opportunities to discuss the risky behaviors students engaged in, and to review the local and national climate on providing sexual health education.



The Board of Education responded by addressing gaps in the existing policy to set clearer guidelines for instruction at all grades, mandate minimum requirements for teacher training, and meet national standards.

“We know that health education is being taught with fidelity, that it’s being given equal footing with other important topics, like math and English.”

*- Dean Hopper,
New Mexico Public
Education Department*

Broward County Public Schools (BCPS), Florida

YRBS data showed a need for county students to learn about family life and human sexuality. BCPS then worked with its School Board to update its curriculum to stipulate age-appropriate education at every grade—from kindergarten through high school. The board designed the policy to ensure that staff has adequate support and training so students get the best sexual health education possible. The new curriculum is more clearly written and defined and meets national standards.



California Department of Education

The Adolescent Sexual Health Work Group—a collaborative of government and non government organizations—led an integrated effort to develop and implement a policy requiring school districts to provide age-appropriate education to middle school and high school students about healthy growth and development; preventing HIV, STDs, and pregnancy; and having healthy, positive, and safe relationships.



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