Health education is a key element in comprehensive health care. The primary purpose of health education is to establish patterns of living that will discourage disease and enhance well-being. Beginning in early childhood and throughout life we make decisions that affect our health. For the most part, these decisions are made without much contact with a health care system; yet, their cumulative impact has a greater effect on the length and quality of life than the effect of all of our medical care combined. Many of our nation's major health problems are caused by or are exacerbated by personal practices (life-styles) detrimental to health. Modification of these practices might improve health more than any spectacular biomedical breakthrough.

The Committee on School Health believes that community health education programs are a viable method of changing poor health practices; therefore, the Committee makes the following recommendations:

1. Health education is a subject that should be taught as part of basic education. Health education deserves the same priority in the curriculum as the traditional subjects that are taught in school.

2. Planned integrated programs of comprehensive health education should be a requirement for students from kindergarten through grade 12. Instruction should be given by teachers specifically qualified and, if possible, certified to teach health education. The health curriculum should be appropriate for the children's age and maturity at each grade level. A comprehensive health education program should include in integrated fashion the following subjects: physiology, genetics, accident prevention, venereal disease, alcoholism, mental health, parenting, sex education, medication and drug use and abuse, environmental and consumer health, nutrition, exercise, preventive medicine, anatomy, and bacteriology. The comprehensive approach to health education is more successful in developing positive health habits than approaching health education by isolated health subjects, such as "Drug Abuse Control" or "Venereal Disease Control." Examples of comprehensive health programs are: (a) School Health Curriculum Project (grades 4 to 7), (b) Primary Grades Health Curriculum Project (kindergarten to grade 3), (c) Teen Health Teaching Module (grades 7 to 12), (d) Know Your Body (grades 1 to 8), (e) Health Activities Project (grades 5 to 8), and (f) Quest (grades 8 to 12).

These programs must be evaluated by the health education consultant or school health personnel for accuracy, appropriateness of content, and impact on the community in which they are to be used.

3. Health education should include the active participation of the students for the most effective learning of sound health concepts. The relative importance of the different health concepts and individual topics in the health curriculum should vary with specific local needs, objectives, and legal requirements. Parents must understand and approve of the health education curriculum so that its teaching will be reinforced outside the school. Topics such as sex education, drug and alcohol use, sexually transmitted diseases, cigarette smoking, and environmental pollution are associated with differing social and cultural attitudes and economic interests. These topics should be presented accurately but with sensitivity to those attitudes.

The teaching of health education has evolved far beyond a lecture-recitation pattern and should be supplemented by laboratory or hands-on experience for maximum pupil involvement. The health education program should help students use the facts and concepts discussed in class to promote healthful living. The program should involve student families and the community so that all will be able to make knowledgeable decisions about their health habits.

4. Financial support for health education programs must be assured because proper funding is critical to developing effective programs. Local boards of education and state and federal government agencies dealing with education must be convinced to continue or increase their portion of fund-
ing for health education programs. Involvement by county and state medical societies has been most effective in gaining support for health education on the local level. Funding should be sought from corporations, foundations, and private and governmental groups that have specific interests in health education.

5. Comprehensive health education programs should be directed by qualified health educators who function in consultation and cooperation with school personnel and administrators.

6. The programs should be monitored by a well-organized school health committee composed of representative parents, students, pediatricians, and health agencies in the community to provide the balance and structure needed for achievement of long-term goals.

7. Health education should be a part of every elementary school and secondary school teachers' training program. Professional preparation programs in health education should be developed in colleges and universities. These schools should establish high standards and have requirements as exacting as those for other fields of instruction, perhaps offering a degree in health education.

8. School districts, other public agencies, the medical community, and private agencies should intensify their health education program for adults as part of a coordinated community health education effort, and pediatricians should make health education a regular component of the child health supervision and routine illness visit.

9. In the same manner, research studies to evaluate the impact of such programs on students must be carried out at local and national levels. Long-term effects of health education can only be deemed successful as improved health practices are observed as the child moves into the adult world.

COMMITTEE ON SCHOOL HEALTH, 1983–1985
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