SOPHE FOCUS AREA: School & Health

Understanding the Problem:

Health education is a required part of a well-rounded preK-12 education, yet students' access to consistent, standards-based instruction varies widely from district to district. Many teacher preparation programs do not fully equip educators to deliver effective health education, and school policy does not always support it as a core subject. Without clear standards and trained teachers, students miss out on the functional health knowledge and skills needed to build health literacy and adopt healthy behaviors that carry into adulthood. SOPHE addresses this gap as a member of the National Consensus for School Health Education (NCSHE), which develops guidance for schools built on the Whole School, Whole Community, Whole Child model.

Looking into the Literature:

Health education efforts in schools take many forms, from peer-led information booths to structure in-class interventions, and both approaches show measurable benefits for students. In Los Angeles, a program that let high schoolers staff optional health tables on topics like mental wellness, safe sex, and substance use found that participants overwhelmingly reported learning something useful and said they'd return to future events, with results holding up about as well as a mandatory classroom presentation on the same subjects. Notably, younger ninth graders rated the tabling events less favorably than upperclassmen, and mental health booths drew the most first-time visitors yet earned the lowest satisfaction scores, suggesting that awareness alone isn't closing the gap on emotional well-being. Meanwhile, concerns about the physical and cognitive toll of daily technology use in classrooms have prompted educators to look at whether movement can offset that strain. A study of sixth graders using computers, smartphones, and tablets during instruction found that a short, guided stretching break after screen time meaningfully lowered self-reported fatigue, while students who skipped the exercise reported

feeling even more worn out than before. Together, these findings point to a similar lesson for schools: brief, low-cost, hands-on interventions, whether peer-led information sharing or a few minutes of stretching, can measurably improve how students feel and what they retain, without requiring a major overhaul of the school day.

Summary of SOPHE's Recommendations

SOPHE recommends that schools adopt and teach to the National Health Education Standards, 3rd Edition, using the accompanying Teaching Standards-Based Health Education booklet to translate the standards into grade-appropriate lessons. Through SOPHE School Health, SOPHE offers teacher-preparation and on-demand training, including a train-the-trainer webinar for implementing the NHES 3rd edition, along with an Employee Wellness Toolkit to extend health promotion to school staff. On the policy side, SOPHE's ESSA Policy Brief advocates for building health education into the opportunities created by Every Student Succeeds Act, and SOPHE continues to publish and highlight research (through Health Education & Behavior, Health Promotion Practice and Pedagogy in Health Promotion) that can guide schools and policymakers toward more effective, standards-based programming.

Key Takeaways

- - Health education is a required, but unevenly delivered, part of preK-12 schooling, and effective delivery is tied to better health and academic outcomes for students.
- - SOPHE's National Health Education Standards, 3rd Edition and its companion teaching guide give educators a free, ready-to-use framework for standards-based instruction.
- - Teacher preparation and ongoing training (via SOPHE School Health) are key gaps to close in strengthening school health education.
- - Policy tools like the ESSA Policy Brief give advocates a path to embed health education more firmly into K-12 education law and practice.