



COMPREHENSIVE HEALTH EDUCATION PROGRAM

FACT SHEET

...Healthy Kids, Healthy San Francisco: Moving towards health literacy

Historical Background: In 1991, the Board of Education adopted a policy mandating a comprehensive health education program (19-24Sp1). The policy requires:

- District adoption of health education curriculum
- Minimum instructional time
- Credentialing requirements for teachers

The District health education curriculum is based on guidelines from the *California Health Framework, National, State and SFUSD Challenge Standards in Health Education*, and priority health areas identified by U.S. Centers for Disease Control and Prevention (CDC).

What is the goal of the Comprehensive Health Education Program?

The goal is to provide instruction, resources and activities that build personal and social skills to address the physical, mental, emotional and social dimensions of students

What is Comprehensive Health Education?

- Classroom instruction that addresses the physical, mental, emotional, and social dimensions of health; develops health knowledge, attitudes, and skills; and is tailored to each age level;
- Designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors;

SHPD implements the following:

- Planned, sequential, developmentally appropriate and culturally sensitive instruction about health for students in grades K-12 in multiple modalities;
- Programs addressing physical, mental, emotional, social and spiritual dimensions of health;
- Programs providing students with knowledge, attitudes, and skills to make health promoting decisions, and motivation to maintain and improve health through wise choices;
- Skills based curriculum focusing on effective communication, decision making, stress management, planning and goal setting;
- Peer education programs to enhance curriculum delivery;
- Use of community and civic organizations to enhance site based curriculum through theater, field trips, classroom presentations, modeling and mentoring;
- District wide events and commemorations to support adopted curriculum;
- Ongoing professional development providing health teachers with “best practices”, current information and policy awareness; Curriculum and Materials Review Task Force to review materials dealing with sexuality to ensure developmentally appropriate and culturally sensitive instruction.
- Parent/caregiver notification of course content to assist families to make and encourage health promoting decisions and family involvement including projects and homework.

Activities within SFUSD and School Health Programs Department that support Comprehensive Health Education:

- *Projects or curricular components* that are grant funded and governed by state and federal guidelines; they are integrated into existing curriculum and health education support programs at the district and site level:
- *HIV/AIDS Education* and sexuality education requires HIV/AIDS education in grades K-12, including compassion, risk and protective factors, abstinence education, CD and pregnancy prevention.
- *Family Life* education explores relationships and includes diversity of family structures, growth and development, sexuality, and acceptance of individual differences and lifestyles.
- *Tobacco Use Prevention Education* explores long and short term consequences of use of all tobacco products and encourages students to engage in positive alternatives to tobacco use.
- *Substance Use Prevention* explores long and short term consequences of drug use and encourages students to explore healthy alternatives and use refusal and assertiveness skills to resist peer pressure.
- *Support Services for Sexual Minority Youth* provides curriculum development, professional development, and counseling services for staff and students addressing sexual orientation concerns of gay, lesbian, bisexual and questioning youth and their families.
- *Youth Risk Behavior Survey (YRBS)* samples the middle and high school student population to monitor risk behaviors identified as major causes of morbidity and mortality by CDC. The survey is administered every two years in the spring. Results are used to determine trends in behaviors or intent and to direct curricular improvement and professional development.

For further information contact:

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