

AGENCY OF EDUCATION

Montpelier, Vermont

TEAM: Proficiency-Based Learning Team, Student Pathways Division

ITEM: Will the State Board of Education:

1. Adopt the revised national health education standards. These are learning standards and not professional standards.

SECRETARY'S RECOMMENDED ACTION:

1. Recommend that SBE approves adoption of the 2024 National Health Education Standards.

STATUTORY AUTHORITY:

16 V.S.A. § 164 (9), the State Board of Education will implement and periodically update standards for student learning in appropriate content areas from kindergarten to grade 12. Supervisory union boards shall use the standards as the basis for the development and selection of curriculum, methods of instruction, locally developed assessments, and the content and skills taught and learned in school.

Education Quality Standards: Rule Series 2000

2111. Adoption of Performance Standards, Pursuant to 16 V.S.A. § 164(9), the State Board will implement and periodically update standards for student learning in appropriate content areas from kindergarten to grade twelve supervisory union and supervisory district boards shall use these standards as the basis for developing and selecting curriculum, methods of instruction, assessments, and the content and skills taught and learned in school.

Related: 2120.6. Curriculum Content Areas, 2120.7. Curriculum Coordination, 2120.8. Graduation Requirements, 2121.2. Staff, 2122.2. Access to Instructional Materials, 2123.2. Development and Implementation of Local Comprehensive Assessment System, 2124.1. Minimum Reporting Requirements

HEALTH EDUCATION IN VERMONT:

The following data are pulled to highlight the state of health education implementation in Vermont. This data comes from the [2020 School Health Profiles](#)^{*}, which are the earliest available.



School Level

- “Most schools (91%) require students to take at least one health education course. Two thirds (67%) require students to take two or more health education courses.”
- Forty-three percent of health teachers reported that they were provided a written curriculum to teach from.
- “Among LHEs [Lead Health Educators] who teach sexual health education, since 2014 significantly fewer LHEs received a written health education curriculum addressing sexual health (71% vs 56%).”

Teacher Level

- “About half of LHEs have professional preparation in health education, with or without training in physical education (45%); 18% have a background in physical education. Other professional preparation among LHE’s include nursing (11%), counseling (8%), kinesiology or exercise science (5%), or home economics (5%).”

* Data from School Health Profiles represent weighted responses of all Vermont public schools that serve students between the 6th and 12th grades. This data is collected by the Vermont Department of Health.

INTRODUCTION TO HEALTH EDUCATION STANDARDS IN VERMONT:

In the fall of 1996, the State Board of Education adopted Vermont's first Framework of Standards and Learning Opportunities. Over the following years, thousands of Vermont educators, parents, and students reviewed the Framework and provided suggested improvements. The goal at that time was to make the standards more useful as guides for curriculum development. In 2000, the standards were formally revised and again adopted by the State Board. The Grade Expectations (GEs) for Vermont's Framework of Standards and Learning Opportunities were released in 2004. The GEs included grade-level expectations for reading, writing, and math, while the remaining content areas were organized into grade cluster expectations. The Vital Results, another component of the Framework, described the cross-curricular, skill-based standards students were expected to learn and acquire throughout their K–12 education. These expectations for content and skills were intended to serve multiple purposes, such as guidance for teaching, student learning, and local assessment.

As additional new standards were adopted by the Vermont State Board of Education, the Framework of Standards and Learning Opportunities became outdated. [The Alignment of Vital Results with Vermont State Board of Education Adopted Standards and Transferable Skills](#) shows the progression of standards that were adopted, starting in 2010 with the Common Core, as well as the alignment of these standards to the Framework’s Vital Results. In an effort to avoid confusion and duplicity, the Framework of Standards was retired in 2017.

Vermont has always viewed the adoption of national standards as an opportunity to take advantage of the collaborative efforts and expertise that are part of the development process. Additionally, the abundance of resources connected to national standards provides valuable support for educators as they work to implement new expectations. Finally, new standards

incorporate the most current and forward-thinking ideas about what students need to be fully prepared for careers, college, and civic life.

The State Board of Education adopted the 2007 National Health Education Standards in May 2015. Based on the [NASBE State Policy Database](#) (2021), 36 states make reference to the National Health Education Standards in codified or noncodified policy. The implementation and use of these standards can vary from state to state. While some states fully adopt the standards, others may modify or use them as a framework to guide the development of health education learning outcomes. The 2007 National Health Education Standards and the content outlined in [16 V.S.A. §131](#) (e.g., sexual health) are currently what students in Vermont are taught and assessed on.

NATIONAL HEALTH EDUCATION STANDARDS:

The Society of Health and Physical Educators (SHAPE) America released revised National Health Education Standards in March 2024. The standards underwent a revision process to account for the broader changes within schools and the lives of youth (e.g., supporting the whole child, equity efforts, etc.). The National Health Education Standards had last been updated in 2007. The 2024 SHAPE America National Health Education Standards that were just released revised the 2007 second edition National Health Education Standards. The chart below shows how the standards have changed in the new 2024 iteration.

| 2007 National Health Education Standards (Second Edition) | 2024 SHAPE America National Health Education Standards (Third Edition) |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Students will... | Students will be able to... |
| Standard 1: Comprehend concepts related to health promotion and disease prevention to enhance health. | Standard 1: Use functional health information to support health and well-being of self and others. |
| Standard 2: Analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors. | Standard 2: Analyze influences that affect health and well-being of self and others. |
| Standard 3: Demonstrate the ability to access valid information, products, and services to enhance health. | Standard 3: Access valid and reliable resources to support health and well-being of self and others. |
| Standard 4: Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. | Standard 4: Use interpersonal communication skills to support health and well-being of self and others. |
| Standard 5: Demonstrate the ability to use decision-making skills to enhance health. | Standard 5: Use a decision-making process to support health and well-being of self and others. |
| Standard 6: Demonstrate the ability to use goal-setting skills to enhance health. | Standard 6: Use a goal-setting process to support health and well-being of self and others. |
| Standard 7: Demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks. | Standard 7: Demonstrate practices and behaviors to support health and well-being of self and others. |

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| Standard 8: Demonstrate the ability to advocate for personal, family, and community health. | Standard 8: Advocate to promote health and well-being of self and others. |
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While similar in structure, there are new words/concepts in the 2024 standards and changes made at the indicator level that introduce broader paradigm shifts in the teaching of health. The new standards shift from a focus on healthy behaviors to a focus on overall health and well-being (including mental health). The revised standards are centered on the strengths and resources of a student, their family, school, and community rather than an absence of poor health (e.g., disease and injury) or health risks. The social-emotional learning (SEL) connections to health education standards also are more prominent in the 2024 standards (e.g., in Standard 4). As stated in the compendium to the release of the standards by SHAPE ([2024 National Health Education Standards Educator Kit](#)), the following are noteworthy differences between the 2007 and 2024 standards:

- Focus not only on the individual but also those surrounding them.
- Rather than including a long list of influences, teachers have flexibility to substitute in those that are most meaningful.
- Introducing new concepts: Strengths and assets, health literacy, managing chronic conditions, boundaries and consent, misinformation and disinformation, equity, community with others with different perspectives and values. (p. 9)

Generally, in the 2024 edition the skill associated with each indicator is more clearly articulated and not the conditions or contexts that this skill could be applied to or adapted toward (which is information often included in the 2007 edition).

Considerations and Implications

It should be noted that in 2022 a separate group of national health education leaders and organizations (National Consensus for School Health Education) released a [Third Edition of the National Health Standards](#). The leaders and organizations that are part of this recently formed “Consensus” group were also partners in the creation of the 2007 National Health Education Standards with SHAPE America. The copyright of “National Health Education Standards” has been contested, but SHAPE – based on their [messaging](#) – has obtained that copyright. There are, however, not sizable differences between the standards/indicators put out by the Consensus and those put out by SHAPE. The following section outlines considerations/implications if the SHAPE standards were adopted by the Vermont State Board of Education.

Educator Input: Ten to fifteen health educators were introduced to the new health standards at the recent SHAPE Vermont Conference. Several educators also shared their insights on the new health standards at recent PD/school visits offered by the Agency. Health Education Teacher Education professors at Vermont State University, Norwich University, and VT Higher Education Collaborative also shared their thinking on the 2024 standards. The following points were made in these discussions:

- The revised standards align to a more comprehensive definition of health (i.e., health is not just the absence of injury/disease).

- Health educators did not feel that the stronger integration of SEL competencies in the 2024 standards would actually lead to changes in their curriculum as SEL was already a prominent focus of their instruction.
- Educators raised questions/concerns over the teaching of “misinformation” and “disinformation,” which can be politically charged concepts.

Policy Implications: If adopted, the revised standards will not have a direct impact on policy but may impact the implementation of certain policies/statutes in schools. [16 V.S.A. §131](#) and [16 V.S.A. § 906](#) require that public, approved, and recognized independent schools provide students with a comprehensive health education. If these revised standards were to be adopted by the Vermont State Board, local SU/SDs would need support in connecting these new standards with the health education content areas defined in [16 V.S.A. §131](#) (e.g., safety, drugs, etc.) in curriculum planning and implementation. The National Health Education Standards define the skills that students should master, whereas the contexts (or content areas) that students should be applying these skills within are defined in [16 V.S.A. §131](#). Therefore, the content topics that are currently covered in Vermont schools will not be changed even if these new standards were to be adopted.

Fiscal Implications: There will be a need for professional learning related to the new standards and how to implement them in Vermont classrooms. SHAPE America will release implementation resources, but SHAPE America is a member organization and many of their resources are for members only. There is a cost to be a member of SHAPE America. SHAPE has a strong presence in Vermont and membership is high, but not all educators are members and therefore not all may not have access to all the resources that SHAPE America will release. The Agency of Education will provide guidance and training to the field on the implementation of the new standards, within its capacity, and provide these resources for free to educators.

Educational Implications: There are some broader themes/concepts that are included in this new iteration of the standards that will impact the teaching of health education in the state (as discussed). However, many of the changes in the 2024 standards align with Vermont’s current educational system:

- The focus in the revised standards on the health assets of students aligns with a number of initiatives that support personalized and student-centered approaches to learning in Vermont (e.g., [Act 77 of 2013](#) and [Education Quality Standards 2120.7, 2120.8](#)).
- Wellness is included as part of the [Vermont Portrait of Graduate \(POG\)](#). An indicator of wellness within the POG is, “Students develop strategies and interpersonal skills to manage stress, promote mental health, and cultivate positive relationships.” This aligns with the more expanded definition of health intertwined in the new standards and the inclusion of well-being in indicator language.
- The greater emphasis on social-emotional learning and health equity within these revised standards also support the direction set by Act 1 and the recent Education Quality Standards revisions (i.e., 2120.1).
- The inclusion of well-being in the new standards has a stronger alignment with wellness objectives for schools defined by [16 V.S.A. §136](#).

Other Considerations: The Agency of Education will be developing model state level Proficiency-Based Learning Hierarchies for Health Education now that these standards are released. At the same time, the field has been requesting a clear direction at the state level for SEL. The revision of these standards may allow for a more concrete merging of SEL ([CASEL Competencies](#)) and health education standards within state level Proficiency-Based Learning Hierarchies models.

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