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Health Education and Public Policy
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Educating Colorado's young people about health and sexuality presents a variety of challenges. As parents, educators, public officials, and community members search for effective approaches to these sensitive matters, the General Assembly and local school officials have sought to provide leadership and balance. The questions raised are as varied as the issues themselves: Who is responsible for educating children and adolescents about these personal matters that have public health implications? How can parents, educators, and community members work together most effectively? This Issue Brief discusses the current state of health education in Colorado and recent actions by other states.

The Comprehensive Health Education Act Guides State Policy

The Comprehensive Health Education Act of 1990 (Article 25 of Title 22, C.R.S.) promotes health education as "an essential element of public education," while encouraging collaboration and decision-making at the local level. The statutes provide the framework for a voluntary program in which school districts seek state funding for their local health education programs, programs that follow certain state guidelines but also represent the values of the community.

The Colorado Department of Education (CDE) coordinates the program and awards grants to successful applicants, which may include school districts, Boards of Cooperative Services, or individual schools. For 1996-97, the CDE awarded 28 grants totaling \$383,194. The Comprehensive Health Education Act also allows schools to offer health education outside of the perimeters of the Act. Any school district doing so must still comply with certain public information requirements and establish procedures for exemption.

Participation in Comprehensive Health Education Emphasizes Collaboration

The 28 Comprehensive Health Education grants that were awarded during the 1996-97 school year highlight the importance of local collaboration. All grantees have local advisory boards through which community input is gained and policy is developed. Membership on advisory boards includes school district personnel, parents, health care professionals, law enforcement officers, and staff of community-based prevention initiatives. Most grantees utilize their funding to integrate comprehensive health education into school curriculum, especially the areas of science and physical education.

Sexuality Education Is One of Several Important Elements Within Health Education Programs

One component of health education that commands a great deal of attention from parents and policymakers is education on matters of sexuality. While high-risk behaviors and communicable diseases are required topics, Comprehensive Health Education programs include many issues beyond sexuality education. Discussions of drug, alcohol, and tobacco use, fitness and nutrition, and injury prevention also help students take a well-balanced look at health choices.

The Current Role for Parents Centers on Notification and Exemption

Currently, state law mandates public information, notification, and exemption allowances for any health education program, whether that program falls under the Comprehensive Health Education Act or not. Any school district or BOCES offering health education must:

- make curriculum and material used in the program available for public inspection;
- hold a public forum for comment on curriculum and materials;
- give written notification of a health education program to parents and guardians; and
- provide a procedure by which a parent or guardian may exempt a student from the program on the grounds that it is contrary to the religious beliefs of the student or the student's parent or guardian.

Legislative Efforts Examine Policies on Health Education

The Comprehensive Health Education Act currently requires schools to allow an exemption option ("opt-out") for parents who do not want their children participating in health education for religious reasons. Participation of each student is assumed unless a parent takes the steps to exempt his or her child.

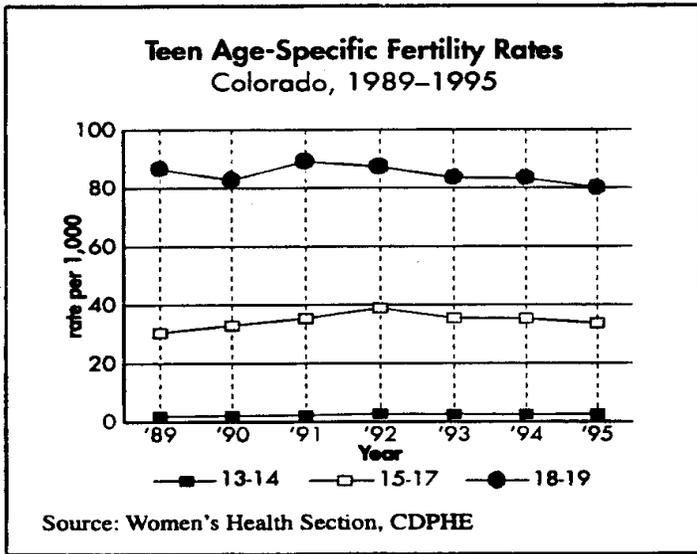
The General Assembly has considered at least four bills in the past four sessions that would impact student health and sexuality education. This year, House Bill 98-1226 sought to expand the role of parents in deciding appropriate health education for their child. In debating this bill, which has been postponed indefinitely, legislators considered requiring parental approval before a student could participate in health education, a so-called "opt-in" policy. Other policy changes that have been weighed in recent bills include allowing exemption of a student on any grounds, not just religious ones, and placing more emphasis on abstinence-only education.

The Impact of Health Education is Difficult to Measure

Although one of principles of the Comprehensive Health Act, as set forth by the Colorado Department of Education, is that "behavior change occurs through acquisition of knowledge and skills and the development of positive health attitudes," the effectiveness of current approaches can be difficult to gauge. With only about one-third of Colorado students exposed to programs through the Comprehensive Health Act, assessing the statewide impact of those programs is not necessarily appropriate. However, data from the Colorado Department of Public Health and Environment can speak to current health trends among Colorado adolescents. According to its 1997 report, the news is mixed¹.

Among its findings for the 1990s:

- Rates for sexual activity and sexually transmitted diseases have declined slightly;
- The teen birth rate, also referred to as the fertility rate, has also shown a slight decline;
- The rate of cigarette smoking and tobacco use has increased;
- A greater percentage of adolescents are overweight;
- Adolescent suicide rates have declined; and
- The rate of drug and alcohol use by adolescents has increased.



Other States Tackle Similar Health Education and Policy Issues

Several other state legislatures have been taking a look at health education policy. Many of the issues are the same as the ones being considered in Colorado.

- A 1996 Massachusetts law requires written parental notification about sexual education programs, as well as procedures for exemption and for parental inspection of curriculum.
- The Florida legislature has authorized school-based AIDS education incentive grants for comprehensive health education and substance abuse prevention.
- In 1995, North Carolina lawmakers mandated comprehensive health education statewide for K-9 students.

1. "Adolescent Health in Colorado, 1997," Advisory Council on Adolescent Health, Colorado Department of Public Health and Environment.

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