



## The Need for Health Education in Our Educational System

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### Abstract

The Albanian education system, when it comes to health education, still has a long way to go. Currently, health education is not integrated as a real subject in the school curriculum, but is treated in a fragmented manner within other subjects such as biology or physical education. This limited approach means that students do not acquire in-depth and comprehensive knowledge about health issues, including hygiene, mental health or infectious diseases. Without clear planning and dedicated resources, many children face a lack of information that could help them improve their lifestyles. On the other hand, Western countries such as the United States, Canada and some Nordic countries have made significant progress in this regard. These countries have integrated health education as an essential part of the school curriculum, including special subjects that cover specific topics such as physical, sexual, and mental health. For example, in Finland, health education is compulsory and includes a comprehensive approach to producing informed individuals who are capable of making informed decisions regarding their health. These countries also have programs to train teachers who have specialized training in health education. In other countries, such as those in East Asia, such as Japan and Korea, health education is also a priority, but it is more about discipline and a general culture of health and hygiene. Japan has programs that promote healthy lifestyles from a young age, including education about nutrition, physical activity, and disease prevention. In comparison, the Albanian education system should follow these models and provide a more structured health education that not only educates children in the present but also prepares them for the future to become healthy and aware citizens.

**Keywords:** Education system, Health education, schools, students, health lifestyle

### 1. Introduction

The primary mission of the School is to transmit knowledge. However, because there is a real link between health and learning, because schools are attended daily by all children, it is also up to the School, a space for socialization and the practice of citizenship, to ensure their health and help them adopt behaviors that preserve it while respecting themselves, others and the environment.<sup>1</sup>

Health and education are therefore closely linked and together constitute the foundation on which a dynamic of success is based: education contributes to maintaining health and health provides the necessary conditions for learning. However, taking students' health into account cannot be the business of a few specialists but concerns the entire educational community. This is why the School must provide students, throughout their schooling, with health education in conjunction with teaching.

The consideration of health by the School is included in many official texts. In 2003, it was the subject of the

<sup>1</sup>Allen M, Auld E, Logan R, Henry Montes J, Rosen S. NAM Perspectives. National Academy of Medicine; Washington, DC: 2017. Improving collaboration among health communication, health education, and health literacy. Discussion Paper. [DOI] [Google Scholar]

signing of a framework contract between the ministry responsible for education and the ministry responsible for health, which is part of a five-year programme of prevention and education for health.<sup>2</sup> This dynamic was reinforced, at the start of the 2006 school year, by the provisions of the decree relating to the operation of local public educational establishments (EPLÉ) which included the Health and Citizenship Education Committee (CESC) in the management of each secondary school establishment and integrated it into the overall policy for the success of all students.<sup>3</sup> Thus, one of the missions of the CESC is to define a program of health education, sexuality and prevention of risky behaviors. Despite these advances and the involvement of everyone in promoting health education among students, its development still encounters difficulties: the number of structured and sustainable actions remains limited, and their effectiveness remains difficult to evaluate in terms of public health. It is in this context that the National Institute for Prevention and Health Education (Inpes) and the General Directorate for School Education (DGESCO) have been engaged in an active partnership since 2003, one of the aims of which is to facilitate the implementation of health education in schools, in particular by providing intervention tools, information documents and methodological supports.

This work is therefore the result of a collective effort. Designed as a support tool for educational teams and stakeholders wishing to undertake health education actions, this methodological guide presents the different stages of the project approach and offers examples of concrete actions. It is supplemented by documentary references.

We hope that it will provide real support for the implementation and development of health education actions in schools. However, it will only really find its meaning if each of the actors takes ownership of it and adapts it to their professional practice, as well as to the particular context of each establishment.

## 2. Literature Review

Health is a complex issue, often determined by factors that do not depend only on the health sector. Although the health sector has a key and leading role, it cannot be successful on its own. With the cooperation of other non-health sectors, it is possible to influence the preservation and improvement of health. If all sectors and their actions are harmonized, the impact will be more effective. Therefore, these sectors should be included in the realization of the action plan for the implementation of the strategy. (Education, 2012)

Health promotion and education is now implemented by all levels of health care in Albania, by professionals whose job description includes improving health for all and reducing health inequalities. This can be achieved through the improvement of leadership and direct governance towards social changes, environmental and economic conditions that will ease their impact on the health of the population since health is dependent on many components that influence it.

The purpose of the plan is to create a suitable environment and conditions that lead to the preservation and advancement of health as well as the reduction of morbidity and mortality, through the ability of the population to increase responsibility and control over their health. This affects the rational use of health services, which results in the well-being of citizens. In these frameworks, the improvement of health services will also be aimed, with an increase in the quality of services and information on how to access these services.

The strategic plan of health promotion and education 2019-2021, puts the individual and the community at its center, throughout the entire life cycle, aiming at the development of information, education and communication in order to improve the health status of the population and raise the standard of living. (CE, 2020)

This document is based on the basic principles of health promotion according to WHO such as: empowering individuals and communities to take more control over personal, socio-economic and environmental factors that affect their health. This can be achieved through the active participation and comprehensive approach of the population to change behaviors through educational health activities in order to improve their health.

So, health promotion and education is a process that enables the entire population and relevant institutions to increase control over the determinants of health and in this way influence the prevention or reduction of the appearance of diseases.

The main priority of the health promotion and education strategy is to inform the individual and the community about changing behavior in order to create positive attitudes for a healthy way of life, and that this will affect the preservation and improvement of health. Implementation will be achieved based on these priority areas such as: strengthening inter-sectoral cooperation, community involvement in health care and creating opportunities to increase

<sup>2</sup> Alliance for a Healthier Generation. *Every Student Succeeds Act Frequently Asked Questions*. 2018. [May 3, 2020]. <https://www.healthiergeneration.org/sites/default/files/documents/20180814/3beb1de8/ESSA-FAQ.pdf>. [Google Scholar]

control and improve their health, training of health and non-health personnel for health promotion and education, health education for patients and family members, design, distribution of health promotion and education materials and cooperation with the media. (Birch DA, 2019)

The creation of mechanisms for effective coordination between health and non-health institutions will help to a great extent in the success of the implementation of the strategy, and this will result in the preservation and improvement of the health of the population of Albania.

The role of the Health Promotion and Education Action Plan 2019-2021 is to guide long-term implementation to ensure sustainable outcomes for all stakeholders in the health and non-health sectors concerned with maintaining and improving health. of the population. Activities and budget for three are foreseen in the plan (3) years. In order to implement the plan, the mobilization of financial and human resources is required. In this perspective, any contribution from the partners is requested and welcomed.

Although the opportunities for access to health services have improved significantly over the last few years, there are groups of the population that remain at a disadvantage in terms of access to health services due to the low level of information, education and communication.

Health services in Albania are offered at three levels of health care. Primary health care, decentralized at the municipal level, is provided in the Main Family Medicine Centers (QKMF), Family Medicine Centers (QMF), and Family Medicine Ambulances (AMF). Secondary and tertiary health care under the organization of SHSKUK is provided by city hospitals, general hospitals and clinics of the University Clinical Center of Albania (QKUK) as the largest provider of tertiary services. Health services are also provided by the University Dental Clinical Center in Albania (KKSUK), the National Center for Blood Transfusion (QKTGGK), the Institute of Occupational Medicine (IMPK) and the Sports Medicine Center (QMS). The National Institute of Public Health of Albania (IKSHPK) conducts scientific research and organizes the professional training of health workers, as well as being the educational base of the Faculty of Medicine.

Important actors in the health sector are health service providers, including private health service providers. (Brener ND, 2020)

During 2016, in primary health care for 2016, the number of residents in one doctor is 1,587. The utilization of the hospital capacity at the level of Albania was 55.3%, while the average length of treatment in general hospitals was 4.7 days. In the NKUK with 1,898 beds, 96,828 people were hospitalized, 20,164 operations and 504,826 days of treatment<sup>22</sup>.

According to the data reported by the health institutions, the perinatal mortality rate in 2014 was 12‰ (Ministry of Health, Perinatal Status Report in Albania, 2015) 23.

Mortality rate lower than other regional countries and the EU. Fertility rate 2.2‰ higher than EU region 1.5‰. Infant mortality is 11.4‰ and higher than the EU region 6.9‰ and other regional countries. Life expectancy at birth 70.5 is the lowest in the region and the EU region. Growth trend of births in health institutions (2002-2013). ((CDC), 2020)

In 2016, a total of 187,435 cases of infectious diseases were registered with Mb 10,257.8 per 100,000 inhabitants. This number of diseases is higher compared to the same period of 2015 (127,449 cases of the disease or 7,374.5 Mb/100,000 inhabitants).

Among all 26,460 births, 39.3% took place in KTSh, 56.1% in KDSH and 4.5% in KPSH. The average age of the newborn is 3275.4 g. Live births with weight (2500 g +) are 94.7%, similar to other European countries and higher than the EU region 92.95%, until vaccination coverage is brought to 92% for measles and mumps up to 99% for DiTePer.

Hypertension is the second most frequent diagnosis in KPSH and the first in KDSH and KTSH. Among malignant tumors, breast cancer is the most prevalent with 18%, and malignant tumors of the digestive organs with 13.2%. The incidence of cancer for 2012 is 83.3 per 100,000 and lower than in Bosnia and Bulgaria. (Cairn, 2020)

The incidence of TB is 11.6‰, similar to the EU region 11.47‰, lower than other countries in the region and higher than some European countries such as Switzerland, Germany and Austria.

Public health expenditures from total government expenditures are 7.75%, compared to the EU- 15.75%, the lowest in the region and Europe. (C., 2020)

### 3. Material and Method

This research will use the content analysis, which will focus on collecting and analyzing secondary data from various sources. Resources will include scientific articles, government reports, policy documents and studies on health education in schools both in Albania and elsewhere. This approach will help to identify and compare the different practices and structures used for health education across the countries studied. The comparison will include analysis of curriculum

design, teacher training and support from public health institutions.

The main objective of this research is to provide a complete overview of health education practices in the classroom in Albania and make a comparison with other countries. Research will focus on three main directions:

Review of current practices in Albania: Analysis of curriculum, policies, and teacher preparation for health education.

Comparison with other countries: Comparison of health education structures and methodologies in different countries, to understand where Albania is positioned in relation to these countries.

Identifying best practices: Discovering the most successful approaches that can be implemented to improve health education in Albania.

Materials and Data Sources<sup>4</sup>

The research will be based on various sources of data, including published scientific articles, reports from international organizations such as UNESCO and the World Health Organization, as well as policies and government reports from Albania and other countries. These resources will cover health education programs in different countries. For the collection of academic literature, databases such as PubMed, Scopus, and Google Scholar will be used. The collected data will focus on health education structures, ways of integrating it into the school curriculum, and the support of health institutions in its implementation.

3.1 Simulation

Table 1: Comparison of health education in Albania and other countries

Country	Inclusion of health education	Special subject	Teacher training	Access
Albania	Fragmented into several general subjects	not	Limited	Emphasis on biology and physical education
Finland	Integrated into the curriculum	yes	Specialized training	Comprehensive, focus on mental, physical, sexual health
US	Integrated as a separate subject	yes	Complete training	Extensive content on health and wellness
Japan	Integrated as part of the cultural discipline	No, but included	Advanced	Focus on hygiene and healthy lifestyle

Table 2: Benefits of integrating health education in schools

The benefit	Description
Disease prevention	Health education helps raise awareness of chronic and infectious diseases
Acquisition of life skills	Students learn important skills for stress management, relationships and self-care
Increased mental and physical well-being	Health programs help prevent mental problems and promote physical activity
Establishing healthy habits	Early education helps develop sustainable eating and physical activity habits

4. Results

To promote health, there are a certain number of action levers that aim at both the environmental and individual determinants of health. These action levers are very heterogeneous but must nevertheless be articulated in a coherent and complementary manner. These are:<sup>5</sup>

- the law which, in terms of health, is likely to intervene in two areas: the organization of the health care system and the definition of the orientations of the health policy;
- the improvement of the living environment of populations;<sup>6</sup>
- public communication, the objective of which is to "raise awareness among a population about major health causes and to contribute to progressively modifying representations and social norms";
- health prevention actions, registered in the biomedical field, which aim "to prevent diseases from appearing, or to allow them to be detected at an early stage, more accessible to therapy";

<sup>4</sup> Basch CE. Healthier students are better learners: A missing link in school reforms to close the achievement gap. [May 18, 2020]; *Journal of School Health*. 2011 81:593–598. doi: 10.1111/j.1746-1561.2011.00632.x. <https://healthyschoolscampaign.org/wp-content/uploads/2017/03/A-Missing-Link-in-School-Reforms-to-Closethe-Achievement-Gap.pdf>. [DOI] [PubMed] [Google Scholar]

<sup>5</sup> Birch DA, Goekler S, Auld ME, Lohmann DK, Lyde A. Quality assurance in teaching K–12 health education: Paving a new path forward. *Health Promotion Practice*. 2019;20(6):845–857. doi: 10.1177/1524839919868167. [DOI] [PMC free article] [PubMed] [Google Scholar]

<sup>6</sup> Brener ND, Demissie Z, McManus T, Shanklin SL, Queen B, Kann L. *School Health Profiles 2016: Characteristics of Health Programs Among Secondary Schools*. Atlanta, GA: Centers for Disease Control and Prevention; 2017. [May 18, 2020]. [https://www.cdc.gov/healthyyouth/data/profiles/pdf/2016/2016\\_Profiles\\_Report.pdf](https://www.cdc.gov/healthyyouth/data/profiles/pdf/2016/2016_Profiles_Report.pdf). [Google Scholar]

- health education actions strictly speaking which, "thanks to individual or community support, enable individuals and groups to acquire information and skills to act in a way that is favorable to their health and that of the community"

The law can "prescribe" health-promoting behaviors. But like any prescription, it is more effective if it is understood, accepted, and "integrated" by the individuals it targets.<sup>7</sup> Some laws are easily and quickly accepted by the majority because they legitimize behaviors that already largely exist. Others, on the contrary, require a long process of changing mentalities before they are adopted. This was the case, for example, with the "tobacco" section of the Évin law (promulgated in 1991), the application of which would undoubtedly have been more problematic than it was if public opinion had not been alerted by the messages from scientists, politicians, and the media<sup>19</sup> (see box below).

By conveying messages (information, incentives, recommendations, etc.), communication actions contribute to the construction and transformation of representations<sup>21</sup> relating to a health theme or to the promotion of behavior deemed to be favorable to health.<sup>8</sup>

In terms of communication (on health as for other themes), it is essential to allow the identification of the transmitter or source of the messages, in particular so that the public is able to estimate their reliability and relevance. On health themes, these sources can be of very different natures. They can be:

- researchers who work on different health themes;
- professionals in the field concerned;
- public bodies (Ministry in charge of Health, National Institute for Prevention and Education for Health, National Health Insurance Fund for Salaried Workers, municipalities, general councils, etc.);
- private companies whose commercial interests more or less coincide with public health objectives (sale of nicotine substitutes, low-fat or low-sugar products, etc.).

To communicate with the general public, different vectors can be used: advertising (in the form of television spots, radio spots, newspaper inserts, posters, etc.), press relations whose objective is to have the communication themes relayed by the media (TV, radio, press, Internet, etc.), to feed them, to shed light on them, in short, to contribute to creating a "background noise" around a subject to raise awareness among the public or a smaller group of the population. This awareness-raising via a speech delivered by relays can contribute to strengthening local educational actions. It can also facilitate the application of new legislative provisions by explaining the objectives of a law.

Other communication techniques can be used, such as the publication of information materials (leaflets, posters, etc.), the implementation of interactive materials (telephone platforms, websites, etc.), etc.

Communication actions can be one-off, limited in time, or extend over several years, in order to repeat the same message or, on the contrary, to develop it over time, according to new priorities, to address new themes or to better reach different target audiences. If we analyze, for example, the evolution over time of the communication campaigns of Inpes (ex-CFES) against smoking, we see that we have moved from a broad prevention objective (with slogans such as "Smoking is not my nature!", CFES, 1991) to more specific objectives: devaluation of the social image of the smoker, revelation of the toxicity of the components of cigarettes ("Cigarettes contain ammonia, hydrocyanic acid and acetone", Inpes, 2002), awareness of passive smoking (Inpes, 2004). These messages have helped to change social representations of tobacco and facilitate the application of the Évin law. It is easier today for a non-smoker to have his rights respected in a restaurant than in the very first years of the application of this law. Another particularity of communication campaigns is that they can be part of a "competitive" universe. For example: the Inpes communication campaign of September 2005 accompanying the National Nutrition-Health Program (PNNS) encouraged people to eat fewer sugary products and reduce their consumption of sugary drinks. This communication occurs in a context where food companies also communicate to promote their products.

Preventive actions aim to "prevent diseases from appearing, or to allow them to be detected at an early stage, which is therefore more accessible to therapy" (see "classic" definition of prevention, p. 113-114). Conducted on a large scale, they have an impact on the health of a population. Example: the vaccination policy has made it possible to eliminate certain diseases and the School has played a leading role in enforcing the obligation of certain vaccinations upon first registration. Another example: the health check-up carried out in the final year of nursery school by doctors from the National Education system includes the early detection of pathologies and deficiencies (whether sensory, physical, psychological or cognitive) as well as specific language disorders (oral, written) in order to identify these

<sup>7</sup> McCormack Brown KR. *Health education in higher education: What is the future?* *American Journal of Health Education*. 2013;44(5):245–251. doi: 10.1080/19325037.2013.807755. [DOI] [Google Scholar]

<sup>8</sup> Cairn. *State ESSA Plans*. [May 3, 2020]. <http://www.cairnguidance.com/essa-plans/> [Google Scholar]

potential difficulties and take them into account in the students' academic path.<sup>9</sup>

Taking into account the living environment also contributes to improving health. For example, the school can be designed to allow for physical activities; offer suitable timetables (sufficient time left for meals and breaks); provide communal facilities (toilets, water fountains, etc.) and well-configured spaces (soundproofed cafeteria, dormitory for early-years nursery school pupils, etc.); guarantee premises that respect the hygiene and privacy of pupils.

"Health education helps each person, according to their needs, expectations and skills, to understand information and appropriate it in order to be able to use it in their life. In this sense, the popularization and dissemination of scientific knowledge are not enough. In terms of local actions, health education uses validated methods and tools that encourage people to express themselves and allow them to be involved in all stages of the programs, from the choice of priorities to the evaluation. It is accessible to all citizens and is constantly concerned with contributing to reducing social inequalities in health." Health education actions are initiatives developed locally, in a specific setting (a school, for example), for a given population. They are not limited to information sessions with the aim of transferring knowledge but are part of an educational approach whose aim is to make the beneficiary population an actor in their own health, by developing specific skills. The fact sheets presented in this work aim to provide methodological support for the implementation of such actions in schools.<sup>10</sup>

The implementation of a health education project in a school is integrated and contributes at its level to the implementation of public health policy. This articulation with a prevention action strategy that goes beyond the establishment is part of the very meaning of the project. To offer a project the best chance of achieving objectives corresponding to an improvement in the health of the populations it is aimed at, it is necessary to:

- articulate it with public health policy (the theme of the project will be consistent with the main public health issues);
- implement it according to a project approach that guarantees it every chance of successfully completing it.

Choosing a project theme that is consistent with the major public health guidelines 26 refers to the context in which the project will be inserted and its articulation with both national and local health policies.<sup>11</sup>

But which theme should be chosen? We are often spoiled for choice as there are so many themes that can be the subject of health projects at school.<sup>12</sup> Of course, sometimes a health problem (violence, drug addiction, etc.) can take center stage and be recognized as a priority by all stakeholders in the school community; its choice is then obvious. But more often than not, several subjects, each with their own interest, can constitute a good theme for conducting a health project.

To identify the issue(s) to be addressed as a priority, we can rely on the criteria used by the High Committee for Public Health to determine priority health problems in France, adapting them to the specific context of the School: the problem must be serious (in terms of morbidity or suffering), frequent (affecting many students or significantly increasing), have a socio-economic impact on the school community (consequences on the lives of students, in their family or at school) and a good social perception (recognized as an important issue to take into account). The existence of intervention possibilities, particularly in terms of prevention (actions already recognized as effective, existing supports and reference documents) is an important criterion for studying the feasibility of the project. The very first step of a health project at School therefore often consists of reviewing, using the criteria grid above, all the "possible" subjects. This preliminary work will give all its legitimacy, beyond the initial intuition, to the theme finally chosen. The argumentation built along the grid will be all the more interesting as it can constitute the framework for presenting the project to potential financiers, or at least to the decision-making bodies who will have to commit to the project, to support it so that it is realized (head of establishment, technical advisor to the rectors, etc.)

## 5. Discussion and Conclusions

The smooth running of a project depends largely on the method used to build and prepare it. Taking time to form a project team, building a partnership, conducting a relevant analysis of the situation, etc. not only saves time when implementing the action, but also improves the effectiveness of the action.

This guide aims to clarify the approach to be implemented to conduct a health education project in a school

<sup>9</sup> Cardina C. *Academic majors and subject-area certifications of health education teachers in the United States, 2011-2012*. [May 18, 2020]; *Journal of Health Education Teaching*. 2014 5(1):35-43. <https://eric.ed.gov/?id=EJ1085288>. [Google Scholar]

<sup>10</sup> Centers for Disease Control and Prevention. *Health Education Curriculum Analysis Tool (HECAT) 2019c*. [May 18, 2020]. <https://www.cdc.gov/healthyyouth/hecat/index.htm>. [Google Scholar]

<sup>11</sup> Centers for Disease Control and Prevention (CDC) *Coronavirus Disease 2019 (COVID-19) 2020*. [June 17, 2020]. <https://www.cdc.gov/coronavirus/2019ncov/cases-updates/> [Google Scholar]

<sup>12</sup> Centers for Disease Control and Prevention (CDC) *Principles of community engagement*. 2nd. Atlanta, GA: CDC/ATSDR Committee on Community Engagement; 2015. [May 18, 2020]. <https://www.atsdr.cdc.gov/communityengagement/index.html>. [Google Scholar]

environment. The method developed in this book is broken down into four main steps:

- Step 1: "Build the team and involve partners"
- Step 2: "Analyze the situation and set objectives"
- Step 3: "Implement the project"
- Step 4: "Evaluate and communicate"

To make it easier to read, the steps are presented in a linear fashion. This sequence remains artificial, since in practice, each step interacts with the others and must be readjusted according to the progress of the project. For example: communication can begin as soon as the situation is analyzed, the evaluation is prepared as soon as the objectives are defined...

Still with the same concern for clarity, each of the steps is subdivided into practical sheets (11 practical sheets in total).

Each of these sheets is composed of two parts:

- "What to remember": synthetic presentation of a method point;
- "To go further": description of a device, a tool, a technique.

Some projects require the mobilization of resources external to the school establishment. The choice of these partners 29 is made according to their skills and their complementarity with the project (methodological or technical support, financial support, facilitation of certain interventions, etc.). The partners may belong to local authorities, health organizations, approved associations 30, etc. Parents are stakeholders in the educational community. Their role is important and their integration into the project team – particularly in nursery and elementary schools – should be sought. Because the family is the child's primary educational framework, it is a privileged partner that must be associated with any health education action. Children's health representations 31 and behaviors 32 are primarily influenced by family lifestyle habits, and an action will be all the more effective if it can be relayed by parents.

Formalizing the constitution of a team improves its visibility. In concrete terms, presenting the project to the school council or the board of directors makes it part of the life of the school.

In middle and high schools, the Health and Citizenship Education Committee (CESC) can legitimately form the core of the project team. In high schools, the Council of Delegates for High School Life (CVL) is consulted when health education projects are set up.

In all cases, registering in one of these systems gives visibility to the project and allows it to be linked to the school or establishment project.<sup>13</sup>

The Health and Citizenship Education Committee, chaired by the head of the establishment, brings together the education, social and health staff of the establishment, as well as representatives of the teaching staff, parents and students (these representatives are appointed by the head of the establishment on the proposal of the members of the board of directors belonging to their respective categories, as well as by the representatives of the municipality and the local authority within this council). Depending on the subjects covered, the CESC may involve other members of the educational community, interested state institutions and other partners likely to contribute to this work.

The CESC carries out the following missions:

- it contributes to citizenship education;
- it prepares the violence prevention plan;
- it proposes actions to strengthen ties with parents in difficulty and to combat exclusion;<sup>14</sup>
- it defines a health and sexuality education program and actions to prevent risky behavior. The CESC meets at the initiative of the head of the establishment or at the request of the board of directors.

<sup>13</sup> Centers for Disease Control and Prevention (CDC) National Health Education Standards Website. 2019a. [May 18, 2020]. <https://www.cdc.gov/healthyschools/sher/standards/index.htm> . [Google Scholar]

<sup>14</sup> Centers for Disease Control and Prevention (CDC) Characteristics of an Effective Health Education Curriculum Website. 2019b. [May 18, 2020]. <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm> . [Google Scholar]

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