

May 15, 2018

The Honorable MaryEllen Elia
Commissioner of Education
New York State Education Department
89 Washington Avenue
Albany, New York 12234

**Re: I.D No. EDU-13-18-00027-P
Teacher Certification in Health Education**

Dear Commissioner Elia,

We, the New Jersey Society for Public Health Education, welcome the opportunity to comment on the proposed regulation of the New York State Education Department (NYSED) to create a Transitional K certificate for certain New York State licensed health professionals (physicians; physician assistants; nurse practitioners; registered professional nurses) to teach health education. As a professional association of health educators in New Jersey, we feel compelled to comment on this proposed change in standards.

Promoting school health standards and programs in line with the Education Department and evidence-based research is the roadmap to improving the school experience for all students. This is especially important to ensure schools are equipped with qualified health educators who provide recent, best practices for school health education. Research clearly indicates that healthy students are more likely to be academically successful. School-based health educators lead and promote healthy policies and practices that influence the educational attainment of all students and subsequent health behaviors over the life course. This comprehensive approach to school health is supported by the [Whole School, Whole Community, Whole Child \(WSCC\) model](#). **For this reason, we stand opposed to the new teaching certificate which weakens state preparation standards to teach health education.**

Comments on the Proposed Regulation for New Transitional K Teaching Certificate

Currently, to teach health education in New York State, there is a 'traditional' preparation pathway that certifies health education teachers have been educated to the highest standards to promote health education competencies and qualifications. **Rather than allowing healthcare practitioners to teach health education, we recommend that we continue to utilize highly qualified, specifically trained health education professionals to fill this role.** Although healthcare professionals have valuable, specialized areas of expertise, they are not necessarily best equipped to *teach* health education in schools. Furthermore, the Transitional K Certificate allows healthcare providers to actively teach for *three years* in the schools before obtaining required training on pedagogical coursework and before taking an examination that would verify that they are prepared with the skills to not only teach, but to relate to children and the dynamic current social, familial and societal environments which all impact the receptiveness and understanding of health education and behavior change. Passing this legislation does not strengthen the pool of qualified candidates but rather dilutes it by placing unprepared healthcare professionals in the role of teaching in the classroom.

The proposed Transitional K certificate, a prerequisite to obtaining Initial and Professional teaching certification in New York State, is contradictory to the Education Department's goal to provide students access to quality health instruction, maintain high standards to obtain a teaching certificate and achieve

maximum student health outcomes. Additionally, the proposed regulatory changes are counter to NYSED consolidated State plan for implementation of the Every Student Succeeds Act (ESSA), which outlines the need to build a strong health literacy foundation so that schools can provide students with the knowledge and skills needed to make healthful decisions and become healthy, productive adults.¹ The plan addresses educator excellence, effective educator practice, developing and implementing policies that result in positive student outcomes, among many others. As a priority area, local education associations (LEA's) are encouraged to adopt the Whole School, Whole Community, Whole Child (WSCC) model as a comprehensive approach to school health guidelines.³ The WSCC model, developed by the Centers for Disease Control and Prevention (CDC) and ASCD with participation from leaders in the fields of health, public health, education, and school health, emphasize that for students to have the knowledge and skills to make health-promoting decisions **our classrooms must be led by qualified, trained teachers in health education.**²

Furthermore, research shows that by installing the WSCC model, health education teachers can provide programming to improve academic achievement. Academic achievement is measured by a spectrum of elements including academic performance (class grades, standardized tests, and graduation rates), education behavior (attendance, dropout rates, and behavioral problems at school), and student's cognitive skills and attitudes (concentration, memory, and mood).³ These elements of academic achievement are not only an indicator of wellness, but a determinant of the future health of a child in his or her lifetime.

Comments on the Role of Health Educators in Schools and their Unique Qualifications

The most feasible and advantageous way for NYSED to further any school health teaching initiative is to ensure that there are qualified health educators in classrooms. These health educators, or certified health education instructors, develop and implement strategies to improve the health of individuals and communities; they are the ones who can provide health education instruction, shape and promote behavior and lifestyle patterns, and account for the best educational attainment and experience.⁴ At a minimum, they hold bachelor's degrees in health education and have satisfied state requirements such as field work and assessments, though many have advanced training and certifications.⁴⁻⁵ **School-based health education teachers lead and promote healthy policies and practices that influence the educational attainment of all students and subsequent health behaviors over the life course.**

Rather than weakening high standards for school health educators, all education departments and schools should advocate for student and teacher resources that support safe and healthy schools. More

¹ New York State Education Department. (2018). New York State's Draft Every Student Succeeds Act Plan.

Retrieved from <http://www.p12.nysed.gov/accountability/essa/documents/nys-essa-plan-final-1-16-2018.pdf>

² Centers for Disease Control and Prevention. (2018). Whole school, whole community, whole child. Retrieved from <https://www.cdc.gov/healthyschools/wsc/index.htm>

³ Centers for Disease Control and Prevention. (2014). Whole school, whole community, whole child: A Collaborative Approach to Learning and Health. Retrieved from: https://www.cdc.gov/healthyschools/wsc/WSCCmodel_update_508tagged.pdf

⁴ National Commission for Health Education Credentialing, Inc. (2015). Health Education Specialist Practice Analysis (HESPA) 2015 Competencies and Sub-competencies. Retrieved from https://www.nchec.org/assets/2251/hespa_competencies.pdf

⁵ Society for Public Health Education. (2017). Code of Ethics for the Health Education Profession. Retrieved from <http://www.sophe.org/careers/ethics/>

than \$1.1B was appropriated in 2018 under ESSA Title IV, Part A for Student Support and Academic Enrichments Grants, including the provision of health education curricula in schools. When schools invest in diverse academic programs, health and safety programs, and modern technology, they not only help students academically, but they increase the potential of their health education instructors.

Thank you for consideration of our comments. Please contact me at robinvlamis@gmail.com for additional questions.

Sincerely,

Robin Vlamis, MPH, CHES
President, New Jersey Society for Public Health Education