

Kylie Hushbeck

Mrs. Cole

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Education is Prevention: Why Oklahoma Needs Health Classes

According to the Centers for Disease Control and Prevention (CDC), Oklahoma's poor health rates consistently rank in the top ten for issues such as, obesity, diabetes, suicide, STIs, and teen pregnancy. Programs in both neighboring states and across the globe have shown health classes prevent issues such as those previously listed. What is the Oklahoma Legislation doing to implement this affordable prevention? Frankly, not much. No bill that funds the prevention of these issues through education has made it to the floor (Grigson). Many politicians' arguments claim that the funding to educate youth on the prevention of these issues is simply not available, while continuing to throw money at the problems. Others claim comprehensive health classes will ruin the morality of Oklahoma youth, while turning a blind eye to the studies that prove otherwise (Grigson). Lawmakers cannot continue to say no to the prevention of costly issues, then act surprised when the budget is depleted. Admittedly, the fault does not fall solely on lawmakers. The state's residents have to demand change. More Oklahomans have to take charge in the fight to make their state better by bringing this issue to the forefront and electing officials that are willing to not only solve, but prevent it. Implementing a comprehensive health class in all Oklahoma schools would not only lower the rate of Oklahomans with health problems, but also help the state budget by reducing the cost of said health problems and growing the taxable workforce.

Oklahoma undeniably has some of the worst health rates in the country. The rate of obesity in Oklahoma is 32.8% (*State of Obesity*). That is the ninth highest rate in the country. Oklahoma's ranking for obesity in high school students bumps up to sixth in the nation (*State of Obesity*). Obesity is linked to higher risk for multiple diseases. Obesity means an increased risk of heart disease, which is the number one cause of death in Oklahoma (CDC). Obesity also increases the chance of diabetes. Oklahoma has a diabetes rate of 12%, putting it in tenth highest place nationally (*State of Obesity*). These numbers alone should merit immediate action, but the news gets worse. Despite having a low cancer incident rate, Oklahoma has a considerably high cancer death rate. It is 179.7 per 100,000 residents (*Cancer Rates*). The worrisome numbers do not stop here.

The numbers extend to Oklahoma also having the tenth highest rate of sexually transmitted infections (Preston). The teen birth rate in Oklahoma is 34.8 per 1,000 females aged 15-19 (Teen Birth). This puts Oklahoma in a tie for the second highest teen birth rate in the nation (Teen Birth). Both teen pregnancy and STIs have been proven to significantly reduce when teens receive sex education, but schools are not required to teach it (*Power Through Choices; Oklahoma*)

Oklahoma's health problems expand beyond physical issues. Nationally, suicide is the second leading cause of death in people aged 15-35 years (*National Institute of Mental Health, NIH*). According to NIH the suicide rate in Oklahoma is 20.3 per 100,000 residents, the eighth highest in the nation. Suicide risk is higher among two populations Oklahoma is known for: rural communities and Native Americans (Story, et al. 14-25). This information should be an alarm bell for legislation, but there is still little to no initiative. One of the many sad parts about these

tragic numbers is that they are preventable. Education can be a key part in prevention, but current Oklahoma laws do not support health classes (Oklahoma).

The biggest obstacle standing in the way of required health class is funding. Oklahoma legislators argue that the state budget is too small to support health classes in every school (Grigson). Legislators are overlooking the fact that Oklahoma taxpayers are already paying for the fact that there are no health classes. The principal of Oklahoma's Beggs High School, Autumn Caldwell agrees. In her interview, Caldwell corroborated,

I feel that funding a health class with an appropriate teacher, books, and other materials would be less expensive than the current cost to taxpayers. Understanding how personal choices effect lifespan and worth of life are things that high school students don't particularly contemplate.

Caldwell's point is that proper health guidance is not only needed for teenagers, but can help taxpayers as well. Looking at the numbers, it is easy to see her point. Teen pregnancy alone cost taxpayers \$169 million in 2010 (Grigson). Since it is more difficult for teenage parents to graduate high school and college, they often do not receive high paying jobs that contribute to taxes. It would be much easier, and cheaper, to require students to go through a sex education program that would equip them with the knowledge to prevent teenage pregnancy.

State money is going to more than just teenage pregnancy. The high rate of suicide is also adding to preventable health cost. NIH reports, "Suicide accounts for \$50.8 billion of the national fatal injury cost." These numbers show that suicide does not just affect the community it happens in, but the nation as a whole. Oklahoma's rank as the tenth highest in the nation could mean its taxpayers are paying more because of these tragedies (NIH). The first priority has to be saving lives, but there also needs to be concern for Oklahoma's dwindling resources. Teaching

teenagers how to identify suicide warning signs and ask for help could not only save lives, but help relieve stress on the state's budget.

Obesity is also a major cost to taxpayers. Obesity is tied to 21% of all U.S. medical cost. That adds up to \$200 billion dollars a year (*State of Obesity*). Taking into consideration the debilitating health problems obesity can cause, some people are unable to work. Fewer people working means there are fewer taxpayers. A smaller amount of taxpayers means the state is getting less income. In addition to less income, fewer people working also means there are more people on disability. Disability means there is more cost for the state. All of these problems are preventable, but people have to know how to prevent them.

Oklahoma's current approach at health education is failing. To start, schools are only required to cover AIDS prevention once in high school (Oklahoma). Despite Oklahoma being tenth in the nation for STIs, AIDS is the only STI schools have to cover. In fact, the AIDS Prevention Act states "AIDS prevention education shall be limited to the discussion of the disease AIDS and its spread and prevention" (Oklahoma). This means if students have questions about other dangerous STIs, they often go unanswered. Furthermore, schools are not required to cover basic anatomy, pregnancy prevention, or consent. While schools have the freedom to add to their sex education curriculum with state approval, most small, rural schools stick to the bare minimum, putting their students at a disadvantage when it comes to STIs, teenage pregnancy, and rape.

Another issue Oklahoma has is the physical education class is not educational in most schools. Students get their daily exercise in, but they are not informed on why it important to work out every day. These classes also include little to no nutritional education. This leaves students uneducated about why steamed veggies are a better choice than fries. Physical education

does help prevent childhood obesity by giving children a place to safely exercise, but it is only required until the fifth grade (*State of Obesity*). This leaves students in higher grade levels at a disadvantage. They are facing the challenges and responsibilities that should come with middle and high school, but without a guaranteed time to exercise in a safe environment. That leaves little wonder why Oklahoma has the sixth highest rate of obesity in high school students.

Oklahoma law also does not provide support for mental health education (Oklahoma). Mental health issues in Oklahoma have a large stigma that they only happens to weak minds, and education helps to fight that stigma, providing the truth that it can happen to anyone. As discussed above, NIH ranks Oklahoma tenth in the nation for suicide deaths, yet legislators are not supporting anyone to speak up about it. Hopefully, it will not take the suicide of a teenager to start this discussion, but so many times this is the sad pattern observed (Story, et al. 14-25).

These health education tactics are obviously not working. At some point, Oklahoma has to swallow its pride and admit the ways it is teaching health are out dated. Without prevention, the poor health statistics will only continue to decline. The lack of knowledge on preventable disease is unacceptable. Oklahoma's legislator has to do something to change the way the state approaches health education. Oklahomans have to use their voices and votes to show that they support preventing these health problems through fixing health education.

So what approach would help to lower health problems through education? A mandatory comprehensive health class in every school that would cover a wide range of topics would help prevent many of these issues. Caldwell suggested if comprehensive health classes were implemented in Beggs High School it could be structured as a required elective since students already must complete a set amount of electives. This would not interfere with students' ability

to graduate since they must fill the credit anyway. It would be a perfect fit for health classes to start making a difference.

Research conducted by Ina Borup and Bjorn Evald for the *Scandinavian Journal of Caring* show that having health talks in school make it more likely students will make healthy choices on their own. This study supports that health classes have positive effect on students, and empowers them to make smart decisions. Borup and Evald are not the only study to come to this conclusion. In the book *Schools and Health: Our Nation's Investment* the Institute of Medicine and Committee on Comprehensive Health Programs in Grades K-12 made the following recommendation on page three,

The committee recommends that a one-semester health education course at the secondary level immediately become a minimum requirement for high school graduation. Instruction should follow the National Health Education Standards, use effective up-to-date curricula, be provided by qualified health education teachers interested in teaching the subject, and emphasize the six priority behavioral areas identified by the CDC.

The six behavioral areas are “unintentional and intentional injuries, drug and alcohol abuse, sexually transmitted diseases and unintended pregnancies, diseases associated with tobacco use, illnesses resulting from inadequate physical activity, and health problems due to inadequate dietary patterns”(Institute of Medicine 1). In making this recommendation the book's contributors advocate for the adaptation of comprehensive health class across the nation. The shape of Oklahoma's health should encourage lawmakers to look at this advice from experts.

Where should Oklahoma look first for examples? Colorado would be a great start. Students need education on proper diet and exercise before leaving high school. Colorado has

implemented programs that educate, encourage, and empower students to make healthy dietary choices. They also have the lowest obesity rate in the country (*State of Obesity*). If Oklahoma followed suit its numbers would look better in regards to obesity, diabetes, heart disease and cancer.

Comprehensive sex education is also necessary if Oklahoma wants to lower the STI and teen pregnancy rate. This would need to cover STIs and pregnancy prevention, as well consent, and resources for rape victims. Many Oklahomans tense up at the words “SEX ED,” but it is not something that will demonize or even encourage teenagers to have sex. In fact, *Power Through Choices (PTC)*, a program designed to provide sex education to teenagers in foster care, found that when teens were properly educated about sex, they were actually less likely to engage in sexual activity (Oman et al.). The realization that educational knowledge about mature subjects will not corrupt children, but satisfy the questions they have in a safe, controlled environment is an important one. Proof of this education positively affecting youth was shown when a teen that went through the PTC program said “I learned about the viruses and the female and male anatomy and birth control... and if you don’t want to [have sex] you should be able to say no” (*PTC*). In making this comment, the teen shows that they were not morally corrupted by the education, but conversely may in fact be able to say no in a situation they thought they had to say yes in. Naturally, this may be a topic parents would rather cover with their children at home. If this is a concern for some parents and students in this area, there should be an opt-out that will not affect the student’s grade.

Mental health would also need to be a topic in this class. Education would break the stigma that mental illness is just for those with weak minds. The mental health section of the class could be utilized to show that any one from bartenders to CEOs can struggle with mental

illness, and that it is not shameful or weak mindedness. Schools talking about mental illness has been proven to work. In their piece "Teachers as Early Warning Detectors: Teen Suicides Are Rising. Teachers Have a Role in Halting the Trend," Douglas Fisher and Nancy Frey implore teachers to talk to their students about suicide, because their own lives it has been shown to prevent at risk students from attempting suicide (80-81). This piece shows how school discussion helps students struggling with suicidal ideation find safe places to talk. It would also educate students about the importance of self-care, and how to identify suicide warning signs, helping to reduce the suicide rate.

Put simply, Oklahoma's health numbers are bad, but they are still fixable. It is a well-known fact in that Oklahomans will pick each other up after tornados and fires, so how about preventing the fall of fellow Oklahomans to issues such as obesity, diabetes, heart disease, cancer, and suicide through affordable health classes? Oklahoma has the tools needed stop being a top ten state in preventable illnesses, and they are the people's voice and votes. The Oklahoma legislator cannot be allowed to continue ignoring these issues that have a relatively simple fix. Obesity, diabetes, heart disease, cancer and suicide are not only killing an unacceptable amount of residents, but the state's limited budget as well. Oklahoma has to take charge in the fight to reduce bad health. The discussion on obesity, diabetes, heart disease, cancer, and suicide issues, in addition to teen pregnancy and STIs must be opened. Committees of doctors, surrounding states, and foreign countries have all come to the consensus that education is the key to the prevention of health problems, and Oklahoma needs to realize what others are doing right. If current elected officials will not hear reason on this issues, there must be a change in leadership. If it can follow the example of health class being used to improve the standard of living, the reduced poor health numbers, and increased state income will benefit Oklahoma in the long run.

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