

# The Department of Education's Administration of the Comprehensive Health Education Act



We reviewed the State Department of Education's (SDE's) administration of the Comprehensive Health Education Act. Enacted in 1988, this law governs the provision of health education in South Carolina's public schools. We reviewed the sources and uses of funds for health education and the department's role in ensuring compliance with the law.

## FUNDING FOR HEALTH EDUCATION

Funding for comprehensive health education has been limited; SDE has relied primarily on federal funds to operate the state's healthy schools program. The department has received funds from the federal Centers for Disease Control and Prevention (CDC) through cooperative agreements.

The CDC has imposed minimal requirements over the expenditure of funds granted through its cooperative agreements with SDE. We did not find that the CDC requires the use of any specific materials nor does it require specific instruction. SDE has generally complied with the CDC agreement requirements; however, the department has not met several of its program goals and has not always maintained appropriate documentation or measures of program results.

SDE FUNDING FOR SCHOOL HEALTH PROGRAMS		
FUNDING SOURCE	FY 99-00	FY 00-01
CDC Comprehensive Health	\$596,338	\$682,030
CDC Oral Health	84,510	101,820
Palmetto Health Alliance	100,000	50,000
DHEC Tobacco Grant	34,946	60,000
<b>TOTAL</b>	<b>\$815,794</b>	<b>\$893,850</b>

See full report for table notes.

While many school districts do not receive outside funding for health education, some districts do receive funds directly from other government sources, particularly federal abstinence education and pregnancy prevention funds. South Carolina has received from \$1.4 million to \$2.1 million in federal funds (including \$600,000 in state matching funds) each year since 1999 for abstinence education. These funds are administered through DHEC by a private provider. Schools in 14 counties use materials provided with federal abstinence funds.

## NEED FOR IMPROVED OVERSIGHT

SDE has not exercised adequate oversight in administration of its grants for the healthy schools program. Staff have not sufficiently monitored grants awarded and have not maintained appropriate fiscal accountability. In many cases, SDE staff did not obtain information about the results of the grants and did not require grantees to submit activity reports. Without activity reports or measurable results, SDE has no way of knowing if, for example, a consultant worked on health education or if travel was directly program related.

In addition, SDE has paid excessive indirect costs for grant administration. On several occasions a non-profit organization acted as a fiscal agent, reimbursing travel and expenses of SDE employees. This organization charged 9.5% of the grant amounts for these services, an excessive rate. In contrast, SDE has an approved indirect cost rate of 3.5% when it serves as a fiscal agent.

## PROBLEMS IN COMPLIANCE

Although S.C. Code §59-32-60 requires that the Department of Education assure that school districts comply with the Comprehensive Health Education Act, SDE has not adequately ensured that school districts comply. Many districts have not complied with various provisions of the law.

- # The law requires each school district to have a school health advisory committee to review curricular materials. According to survey responses, 21% of the school districts do not have an active school health advisory committee.
- # The law requires that school districts have a policy that allows parents to exempt their children from all or part of required health education. Two district health coordinators we contacted and 21% of principals responding to a survey stated that there was no provision for students to be exempted or excused from any part of a required health education course.
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There has also been controversy as to whether some materials used by school districts comply with the law. Issues surrounding the compliance of instructional materials relate to differing interpretations of the law held by the Attorney General and SDE, and whether instructional materials cover all the required topics.

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- SDE must obtain documentation, such as board policies and membership lists of advisory committees, to have information sufficient to assess compliance.
- SDE could expand the school accreditation standards relating to compliance with the health education law and monitor these areas with on-site visits to the school districts.
- The General Assembly could amend the law to allow the department to withhold general funds from school districts that did not comply.

## REQUIREMENTS OF THE LAW

### COMPREHENSIVE HEALTH EDUCATION TOPICS REQUIRED BY STATUTE AND REGULATION

#### ALL GRADES (K – 12)

Consumer Health, Community Health, Environmental Health, Growth & Development, Nutritional Health, Personal Health, Prevention & Control of Diseases & Disorders, Safety & Accident Prevention, Substance Use & Abuse, Dental Health, Mental & Emotional Health

#### GRADES K – 5

Exclude prevention and control of sexually transmitted diseases (STDs); may include reproductive health.

#### GRADES 6 – 8

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Source: S.C. Code §59-32-30 and State Regulation 43-238

### REQUIREMENTS

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