Journal of Physical Education, Recreation & Dance

ISSN: 0730-3084 (Print) 2168-3816 (Online) Journal homepage: www.tandfonline.com/journals/ujrd20

The Need for Accessible Health Education

Michael K. Laughlin, Sarah Benes & Rebecca Sherlock-Shangraw

To cite this article: Michael K. Laughlin, Sarah Benes & Rebecca Sherlock-Shangraw (16 Jun 2026): The Need for Accessible Health Education, Journal of Physical Education, Recreation & Dance, DOI: 10.1080/07303084.2026.2659563

To link to this article: https://doi.org/10.1080/07303084.2026.2659563

Published online: 16 Jun 2026.

The Need for Accessible Health Education

Michael K. Laughlin, Sarah Benes, and Rebecca Sherlock-Shangraw

Henry, a 17-year-old high school student, mostly enjoys his time at Regency Central High School. He has a close network of friends and is typically respected by most students. He receives special education services under the category of multiple disabilities, a result of being diagnosed with autism and non-spastic cerebral palsy in elementary school. Henry recently found himself waiting outside the school principal's office for a second time this school year. His mother, Cynthia, joined him with a look of frustration and embarrassment. Henry was accused, again, by female peers of sending inappropriate texts to them in a group chat. Cynthia's frustration stems from her own failure to help Henry comprehend the complexities of human and technological etiquette, a repetitive challenge since early childhood that has now become more prominent in adolescence.

Two weeks later, Henry's health education teacher, Ms. Taylor, is invited to an emergency individualized education program (IEP) meeting with Henry and his IEP team. Citing the social-emotional learning goals in Henry's IEP, the team lead asks Ms. Taylor how she can make her health content — notably, content and skill practice centered around interpersonal and online communication — more accessible to Henry.

Ms. Taylor is taken aback. In her five-year career, she has taught students with disabilities, but this is the first time special education has requested anything more than extra time or alternative test environments. Ms. Taylor reflects on her undergraduate teacher education training and tells herself, "I maybe had one class that dealt with disabilities." She then ponders the professional development received in her short career, but any disability-related training seemed to only be about medical emergencies. At this point, Ms. Taylor's anxiety levels are spiking, with one question continually echoing in her mind, "What am I supposed to do?".

Ms. Taylor's dilemma represents a growing concern across American school systems in which PreK-12 health education (HE) teachers are tasked with providing meaningful access

iStockphoto/FG Trade

to curriculum content for students with disabilities, despite disparate levels of relevant training. In this scenario, Ms. Taylor possesses a teaching license, but — like many health educators in her state — she was trained primarily in physical education (PE) with just a few courses in HE-specific content. Notably, her preparation to serve students with disabilities included only one undergraduate course in adapted physical education (APE). A known concern for trained PE teachers (Kwon, 2018; Piletic & Davis, 2010), research points out that a single APE course does not delve into HE-related topics, let alone provide physical educators with adequate levels of training and preparation (McNamara et al., 2022).

The lack of HE teacher preparation for instructing students with disabilities stems in large part from the absence of conceptualization of HE for students with disabilities and supportive frameworks to advance research and practice. Within PreK-12 HE, the teaching of students with disabilities lacks definition, identity, and a robust body of research and theory, all of which are needed to inform policy, teacher competencies, and instructional practices (Johnson & Carter, 2011). Challenges for students, families, and teachers will continue to mount if critical questions remain unanswered and if a more inclusive and cohesive framework for HE for students with disabilities is not developed. Therefore, the authors pose the following three fundamental questions to advance the work of providing meaningful and accessible HE to students with disabilities: (1) Why do students with disabilities need access to HE?; (2) How should HE for students with disabilities be conceptualized?; and (3) What are the next immediate action steps?

The intent of these questions is to provide a starting point for future research and literature and to begin the long journey of establishing the educational theory, framework, and practice that will one day yield improvement for students with disabilities. It is important to stress that the purpose of this article is not to define or brand HE for students with disabilities; rather, the goal is to start conversation and facilitate action. The future of meaningful and accessible HE for students with disabilities must include evidence to inform practice, theoretical frameworks, teacher training, school policies, engagement with the disability community, and more. As this collaborative work is done, the field will become more defined. This article is meant to be a call to action. Each section begins with one of the three critical questions just outlined, followed by author suggestions to future contributors, partners, and collaborators working to increase access and quality of HE for students with disabilities.

Engaging in work to address the inequities faced by historically marginalized groups (including students with disabilities in HE settings) should also involve acknowledging identity and systems of power that shape the lens and paradigms through which the work is viewed and accomplished. Additionally, reflexivity is important and beneficial in both qualitative and quantitative methodologies, as it impacts all aspects of the research process and is particularly important when there are social "power differentials" between the researchers and those they study (García & Ortiz, 2013, p. 42; Gonzalez et al., 2017; Holmes, 2020; Jamieson et al., 2023). Without the acknowledgement of positionality, power (or knowledge creation) tends to embody the viewpoint of the researchers, authors, and educators rather than that of the students. Thus, by disclosing positionality, knowledge creators support transparency, acknowledge systems of power and privilege, and strive for more thoughtful and engaged work, especially in relationship to marginalized communities. Therefore, the lead author is a part-Hawaiian, cis-gender, able-bodied male, who is an associate professor with a background in PE and APE. The second author is a White, cis-gender, able-bodied woman, who is an associate professor with a background in HE. The third author is a White woman with a physical disability and a member of the LGBTQIA+ community, who is a senior lecturer of applied human development with an academic background in adapted sport and PE.

Michael Laughlin (laughlinm3@southernct.edu) is an associate professor, and Sarah Benes is an associate professor in the Health and Movement Sciences Department at Southern Connecticut State University in New Haven, CT. Rebecca Sherlock-Shangraw is a senior lecturer in the Human Development Program at Boston University in Boston, MA.

Question 1: Why do students with disabilities need access to HE?

From a legal standpoint, PreK-12 students with disabilities are afforded legal protections through multiple federal laws, two of which are designed to provide free and appropriate public education (FAPE) for students in the United States. Section 504 of the Rehabilitation Act of 1973 requires qualifying students with disabilities to be provided with equal access to the same educational opportunities as their peers. The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 requires PreK-12 schools to provide an individualized education program (IEP) to students diagnosed under qualifying disability categories, which applies to all aspects of school-facilitated instruction, including HE, even though Section 504 and IDEA do not specifically mandate HE as a school subject area. A third law, the Every Student Succeeds Act (ESSA) of 2015, lists HE (together with subjects like physical education and music) as components of a well-rounded education for *all* public school students in the United States (Hampton et al., 2017). The implication is that students with disabilities have a right to HE if it is offered to their nondisabled peers.

For Henry in the opening vignette, IDEA provides him with an IEP whereby a team of required and invested partners (i.e., his teachers, parents, administrators, and other related service professionals, as well as Henry himself) follow set procedures to identify the strategies and avenues that provide him FAPE. Given his educational needs, the IEP provides Henry support during the school year and summer breaks (known as "extended school year"), up until his 22nd birthday. For HE, IDEA requires that Henry be granted access to the same educational content as his nondisabled peers. Thus, because Henry's home state requires four years of high school HE, he is to be granted access to four years of high school HE — the same amount of HE as all other students.

Beyond legal necessity, research provides compelling evidence of the health inequities that individuals with disabilities can experience. For instance, deaf adults tend to have lower health literacy than their peers (Barnett et al., 2011). Like other historically underrepresented populations (e.g., multilingual students, often referred to as English Language Learners), access to — as well as interpretation of — family medical history can pose distinct challenges for the deaf community, particularly nonverbal sign language users who rely heavily on the communication abilities of others. Relatedly, limited reading comprehension skills experienced as a primary or co-occurring characteristic of many different disabilities likely adds to the challenge of building health literacy skills (Gilmour et al., 2019; Nam et al., 2023). Levels of health literacy have been shown to impact self-care practices overall and health outcomes, emphasizing the importance of building health literacy in youth (Jafari et al., 2021). Access to

effective skills-based HE can support the development of health-literacy skills for *all* students.

Due to increased sexual health risks, including abuse and sexually transmitted diseases (Schmidt et al., 2020), sex education is often provided to students with disabilities. However, students with intellectual or developmental disabilities receive this education inconsistently, and students with disabilities may have difficulty accessing this information (Lepore-Stevens, 2024). Notably, research investigating students with disabilities and HE often focuses specifically on access to and experiences around sex education, while overlooking other components of a comprehensive HE curriculum that are often included in HE programming for nondisabled students (Crehan et al., 2023; Tidey et al., 2022). Although not exhaustive, these examples point to the disparities in health outcomes for people with disabilities that result from inequitable systems, including lack of effective, holistic HE.

Whereas it is important to have educational opportunities that support specific population needs (e.g., sex education for students who may be at risk for sexual health-related issues), students with disabilities deserve education that supports their holistic health. As noted previously, one of the outcomes of an effective HE program is to develop students' health literacy (Allen et al., 2020; Auld et al., 2020; SHAPE America, 2025; Videto & Dake, 2019). Defined as "the ability to access, understand, appraise, apply and advocate for health information and services in order to maintain or enhance one's own health and the health of others," health literacy plays a critical role in achieving and maintaining wellness throughout the lifespan (SHAPE America, 2024a).

Importantly, health literacy—both as an academic concept, educational goal, and collection of lifelong skills—applies to everyone, regardless of biological or demographic factors such as age, sex, gender identity, geographic location, socioeconomic status, or disability status (Nguyen & Gilbert, 2019). The presence of disability—be it physical, learning, intellectual, or developmental—does not, in and of itself, suspend the progression of physical, cognitive, social, and/or affective development through the lifespan. In other words, health literacy is as important for students *with* disabilities as it is for those *without* disabilities. Just like students without disabilities, students with disabilities experience changes to their bodies, dynamic hygiene needs, expanding awareness of their sexuality, various forms of friendships and romantic relationships, temptation related to risk-taking behavior a myriad of online influences, and expanding world views (Crehan et al., 2023; Heifetz et al., 2020). Additionally, students with disabilities *want* to develop health literacy and may experience increased quality of life with increased health literacy skills (Ding et al., 2024; Rague et al., 2022) Therefore, students with disabilities deserve HE about their holistic health and well-being to build their health literacy skills rather than HE that is limited to certain deficit-focused topic areas.

Unfortunately, meaningful educational opportunities for students with disabilities in comprehensive skills-based HE faces steep barriers. Many of these barriers share two deeply entrenched socially constructed roots, as follows:

- ***Infantilization of people with disabilities:*** People with disabilities are largely treated and framed as perpetual children in news media, Hollywood depictions of disability, and charitable organizations. This "cycle of infantilization" fosters a harmful belief that people with disabilities are incapable of autonomy or independence and thus are reliant on others for health and self-care needs (Lepore-Stevens, 2024; Stevenson et al., 2011).
- ***Ableism and sexual ableism:*** Ableism devalues people with disabilities and views disability as an "abnormal" characteristic or condition (Valdez & Swenor, 2023). Sexual ableism is a belief that people with disabilities do not desire romantic relationships and are inherently sexually inactive (Tidey et al., 2022). Both ableism and sexual ableism are discriminatory practices that remove disability from HE curricula, textbooks, and classrooms; these practices reinforce barriers to HE by discrediting the typically developing sexuality of disabled people as "inappropriate" or even dangerous (Gill, 2015).

Despite the advocacy efforts of SHAPE America – Society of Health and Physical Educators (2024b) and academic researchers (i.e., Hole et al., 2022), K-12 students with disabilities often face difficulty accessing or finding representation in comprehensive, holistic skills-based HE (Kavanagh, 2024; Tarasoff, 2021). Additionally, many HE teachers report that they want more professional development related to teaching students with disabilities (CDC, 2024). Thus, knowledge of the barriers mentioned herein helps HE and invested partners to conceptualize more appropriate solutions for students with disabilities.

Question 2: How should HE for students with disabilities be conceptualized?

Modern social concepts are often a complicated blend of perspective and understanding (research and literature) from multiple disciplines (Jabareen, 2009). Deleuze and Guattari (1994) define a concept as "relative to its own components, to other concepts, to the plane on which it is defined, and to the problems it is supposed to resolve" (p. 21). This is exactly where the concept of *PreK-12 HE for students with disabilities* exists today, but it lacks definition. Therefore, terminology and definition of the given concept becomes an important first step to help future literary works establish conceptual frameworks and models.

Terminology and definitions are essential for building awareness and understanding, establishing strands of research, and advancing policy and practice. Yet, these elements can also create confusion in the transfer of policy to practice. Thus, care, consideration, and collaboration are necessary as terminology and definition unfold. In this article the authors offer the term "accessible health education" (AHE) for consideration with a recognition of the challenges in labeling an emerging concept and with the goal of avoiding "analysis paralysis." Creating more accessible, high-quality HE for students with disabilities is the goal, and there is much work to be done.

Part of the challenge is that currently there is no clearly defined term that represents the delivery of HE to PreK-12 students with disabilities. The term "accessible health education" seemingly embodies the potential purpose, utility, and intention of the field, and will be used from this point forward (acknowledging the potential limitations of the term). Including *accessible* with HE also embodies the action educators should facilitate when providing meaningful and attainable HE to students with disabilities. Here, *accessible* means to provide multiple curricular and pedagogical entry points in order to accommodate the needs of learners. Ideally, AHE teachers walk into their classrooms with plans that have already considered the unique needs of individual learners as a forethought and not an afterthought to the instructional lesson.

Opening vignette, continued:

Realizing that Henry benefits from simplified instructions and role playing, Ms. Taylor practices AHE by already embedding useful instructional strategies and universal design into her curriculum planning so that Henry receives appropriately differentiated instruction in real time.

The authors offer the following definition for AHE: *Developmentally appropriate PreK-12 health education that is tailored, as needed, to be as meaningful and accessible to students with disabilities as it is for students without disabilities*. In this suggested definition, the term "developmentally appropriate" means using curriculum and instructional methods that match the developmental stage, abilities, and needs of students to support access to and progression of HE content. Identifying and defining AHE in this way helps (1) the literature to further develop a known concept and (2) the HE field to focus attention and resources necessary to meet the needs of an established underserved student population while recognizing the imperfection of any label.

Different overarching terms may warrant conversation as the AHE field evolves, but future work should retain a mindful, reflective, and flexible perception toward the future patterns and preferences of various disability groups. For example, the phrase *health education for students with disabilities* directly addresses the main purpose by using person-first language to represent disability. Yet not all disability groups identify with this language approach that is so heavily used in federal law. The National Federation for the Blind, for instance, rejects person-first language (student who is blind), instead aligning to identity-first language (blind student) as the more appropriate representation of blind people (Dunn & Andrews, 2015). The key here is to embrace and listen to students and people with disabilities and honoring the ways that individuals choose to identify. The authors believe AHE and the corresponding definition provided herein does just that, at least until a more tailored term and definition take shape in the future.

Question 3: What are the next immediate action steps?

In this section, the authors present the core elements that they believe need immediate attention and action to further develop the concept of AHE. It is important to understand that as the work across each element moves forward, the care and consideration for and collaboration with the intended recipients of AHE must always remain as the central focus of invested partners. It is also critical to understand that identity and culture are intertwined in this work. Meeting the needs of students with disabilities necessitates knowing who the students are: their identities, cultures, families, likes and dislikes, abilities, gifts, goals, and more. It also necessitates that partners in the work know how *who they are* shapes how they do the work. All partners must center students with disabilities, in their full humanity.

As AHE moves forward, the authors urge a focus on humanity, while also encouraging an understanding of the interconnectedness and relational nature of the core components involved in AHE. Indigenous wisdom offers a deep understanding of the holistic and interconnected nature of relationships and the importance of balance. Connecting with the Hawaiian background of the lead author, the term *lōkahi* is used in Hawaiian culture as a reference to the importance of the balance one strives to find with and within the human existence. Applied to education, the Lōkahi Wheel image was

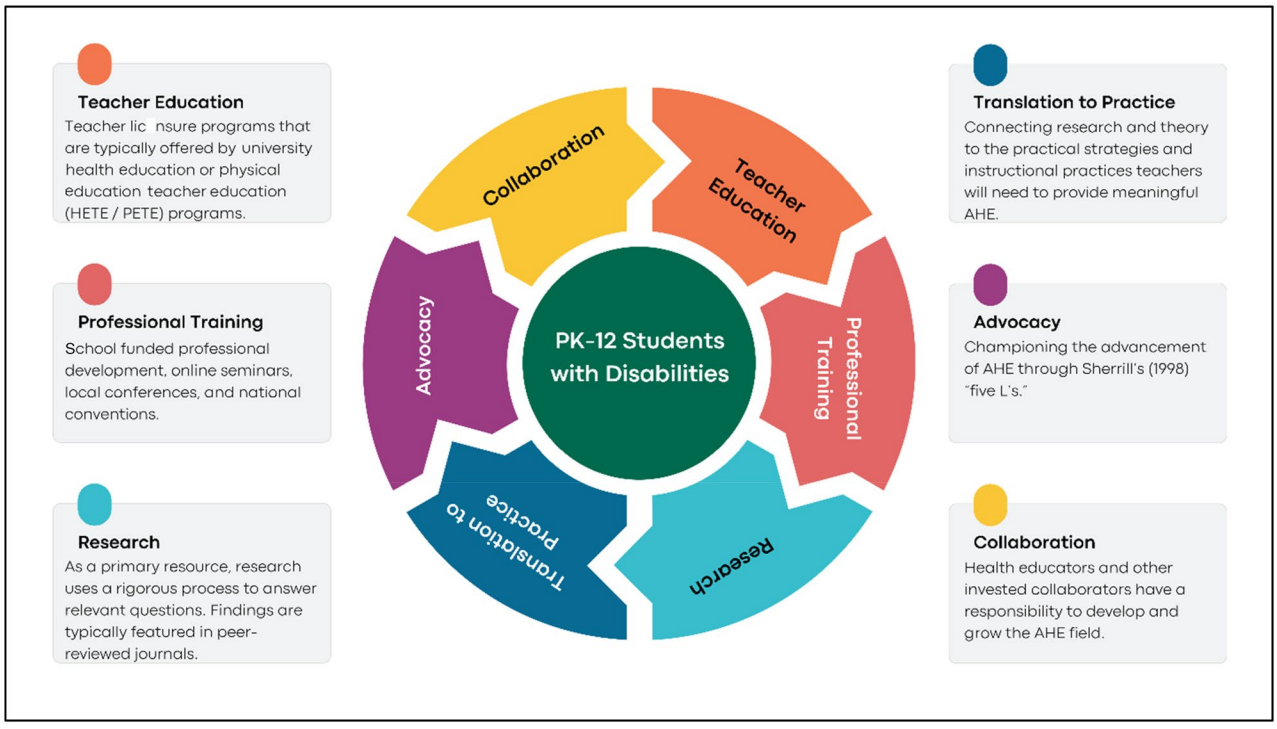

Figure 1.
Accessible Health Education Core Elements Wheel depicting equally distributed balance between each area of action.
Note: AHE = Accessible health education

originally created by a native Hawaiian educational task force to promote the holistic health and wellness of school students across the state (Kamehameha Schools Bishop Estate Extension Education Division, 1995). Today, the visual, which consists of a circular figure emphasizing equally distributed balance between each dimension of health-related well-being, remains as a core feature of a long-standing HE textbook (Seabert et al., 2023), the HE standards for the state of Hawai'i (Hawai'i Department of Education, 2022), and child-related social work (Martin & Godinet, 2018). Honoring the wisdom of this view, Figure 1 depicts a circular image, based on principles of the Lōkahi Wheel, which centers students with disabilities as the center of six equally balanced and inter-related core elements. The authors suggest this conceptualization as a guide for discussions around AHE.

The authors believe that each of the six elements should be viewed as equal and of ongoing importance with consideration to maintaining balance. For example, the dissemination of research depends on others (i.e., conference presentations, practitioner-oriented journal articles) to connect and translate research findings to the strategies and practices teachers should be using in the classroom. The work of these six core elements is not linear. There is no completion point. Rather, the work (or wheel, in this case) must continuously revolve around the students while maintaining balance because each element is equally in need of action. When balance is disrupted, desired outcomes become increasingly difficult to achieve. The authors believe the same sense of balance should be exercised with the development of AHE, so as to maximize the benefit for students with disabilities. The symbolic visual is designed to remind invested partners that AHE, regardless of how the concept evolves, should strive toward balance between the six core elements, while never losing sight of the purpose at the center of the image: supporting the health and well-being of students with disabilities. Thus, the authors propose using the AHE Core Elements Wheel (see Figure 1) to guide discussions around the development of AHE. The following three sections will describe the six core elements two at a time.

Teacher Education and Professional Training

Special education law offers no direct insight into HE/AHE teacher qualification requirements. The ESSA (2015) does not specifically define HE teacher qualification requirements either, unlike prior authorizations, thus affording states autonomy over determining the who, what, and how of HE teacher training. Teacher training is also complicated by the fact that employing trained HE teachers is not prioritized within the public education system (CDC, 2024), which leads to a lack of administrative prioritization, stifled voices, and siloed perspectives. The authors suggest that educators with licensure/certification and training in health education teacher education (HETE) that includes uniquely designed special education content (with emphasis on HE pedagogy) are the best option as AHE providers. Educational research synthesizing thousands of studies suggests that teachers account for about 30% of the variance in student achievement (Hattie, 2003) with comprehension interventions for students with learning disabilities (0.74 effect size), professional development (0.44 effect size) and teacher qualifications (0.39 effect size) as key factors in student achievement, highlighting the need for educators with training (and professional development) in both HE and AHE (Hattie, 2023). Acknowledging the various state-by-state licensure/certification procedures, adequately preparing health educators for AHE may necessitate examining current licensure practices, teacher preparation programs, and professional learning opportunities.

iStockphoto/xavierarnau

As noted with IDEA and ESSA, federal law directs states to set the processes for teacher qualifications, certification, and/or licensing. Many states now permit licensed teachers to obtain additional licensure by simply passing a content area exam. For instance, in 2024, the Connecticut Bureau of Certification passed a measure marking any licensed teacher (regardless of initial license subject area) eligible for the PreK-12 HE endorsement if they achieve a passing score on the Praxis II – Health Education exam. Additional coursework requirements in HE are now waived for all initial endorsement holders.

Interestingly, fewer than 25% of U.S. states have a lead health teacher who is certified to teach HE (CDC, 2024). The percentage of certified lead health teachers from state to state ranges from 35.8% to 96.9%, showing a significant amount of variability across the country. However, these data only reveal whether the *lead teacher* has a certification. Advocating for certification in HE, as well as training in AHE, is critical to advancing AHE through a qualified and prepared workforce.

Higher education maintains a strong foothold in the teacher preparation and credentialing process. Health education teacher education and physical education teacher education (PETE) needs to investigate just how prominent the AHE phenomenon is within their state and regional affiliations and respond accordingly. Plausible efforts include communicating with local school districts and teachers, hosting open communication events at state conferences, and surveying teacher and parent groups. If need is determined, creating AHE programming becomes warranted. One example is to create a certification program that accommodates working teachers who seek advanced training. Another example is to develop new coursework or revise existing coursework in teacher preparation programs to include a greater curricular focus on supporting students with disabilities.

One mechanism to increase the number of effective HE/AHE teachers is through professional development. Recognizing that broader changes in policies related to who is teaching HE in schools is also warranted and necessary, a focus on professional development is an actionable step that can increase access to AHE for students with disabilities. An additional impetus for professional development is that educators want it! In 2022 63.3% of lead health educators nationwide reported wanting professional development on teaching students with disabilities, with a range of 42.4% to 77.9% at the individual state level (CDC, 2024).


iStockphoto/FG Trade Latin

There also appears to be a need for AHE at the practitioner level. Anecdotally, Ms. Taylor's story in the opening vignette is not an isolated one. At the 2024 SHAPE America Annual Convention, multiple sessions addressed HE for students with disabilities where HE advocates tried to make sense of the real challenges and solutions playing out in American schools. In New Jersey, the state Association for Health, Physical Education, Recreation, and Dance (NJAHPERD) has, for years, offered an annual adapted health and physical education professional development conference. Notably, health educators want to do better for their students with disabilities and acknowledge that the status quo cannot remain. This article is in part a call to action to mobilize resources to address this critical need.

Research and Translation to Practice

Both HETE and PETE faculty also must engage in AHE research. With an abbreviated literature base, there is no shortage of worthy research questions to investigate. For example, are the challenges that Ms. Taylor experiences in the opening vignette an isolated incident or a growing trend resulting from a recent school- or state-level licensure requirement? How do HE teachers and school personnel perceive the educational experiences of students with disabilities? What are the HE experiences for Henry and other students with disabilities? Future AHE research would benefit from embracing the history and trends of HE, APE, and special education inquiry.

In many ways, PE/APE and HE/AHE share common experiences that inevitably shape similar research questions. For much of the country, the same educator teaches both subjects. Both contribute significantly to the overall well-being of students. Both exist as PreK-12 subject areas and subsequent direct special-education services under IDEA (2004). Both have also lived through the marginalizing effects of non-core subject status under the No Child Left Behind Act of 2001 (Carlson, 2007), and the later identification of HE and PE under the well-rounded education provisions of ESSA (2015). Thus, there is merit in investigating cross-disciplinary APE research questions that translate to AHE contexts. Block et al. (2021) provide a robust collection of future research topics for the field of APE.

The translation of research to practice is an equally important area of need. Commonly referred to as secondary sources, literature forms such as textbooks, conference presentations, and professional journal articles translate and connect research and theory to the practical strategies and instructional practices teachers will need to provide meaningful AHE. For example, this article attempts to connect existing research, across multiple disciplines, to make the case that AHE is in fact a concept and area that requires more attention in U.S. school systems. Moving forward, the authors encourage teachers, authors, and scholars alike to continue extending the work of translating emergent research to the practice of AHE.

Advocacy and Collaboration

If students with disabilities are ever going to receive consistent, developmentally appropriate, and meaningfully accessible HE, AHE must enroll more invested supporters who are committed to reshaping the field and must engage with members of the disability community. Teachers, higher education programs, school administrators, researchers, professional organizations, students and adults with disabilities, and parent/caregiver advocacy groups comprise a shortlist of essential partners capable of improving AHE across the country. It is critical that all groups engage meaningfully with the disability community as the field develops.

Teachers must continue sharing their needs and concerns. As previously noted, HE teachers regularly attend local and national professional development events to discuss their school-based challenges and offer strategies for improvement (Bernert & Baker, 2024; Lorenzi & Longo, 2024). The common narrative at each of these events mirrors Ms. Taylor's situation in the opening vignette: students with disabilities are placed into general HE classes, and the HE teacher feels unprepared to meet their needs. Regardless of the situation, support is needed.

Teachers must also self-advocate for special education training — or, as it moves forward, AHE training. For many, the lack of disability training was not the fault of teachers, but rather the unfortunate byproduct of state-level certification processes that provide HE teachers with little to no preparation in serving students with disabilities. Data reveal that teachers *want* this professional development (CDC, 2024), but they may need to advocate to make it happen.

Claudine Sherrill (1998) — often regarded as the "godmother of adapted physical education" — described advocacy across key behaviors, or the "five Ls": (1) look at me (modeling), (2) leverage, (3) literature, (4) legislation, and (4) litigation. Each plays a pivotal role in shaping the educational outcomes of students with disabilities. Students and teachers engage in *look at me*, exposing and illustrating the inadequacies of unsupported AHE. Teachers, administrators, and higher education engage in *leverage* and *literature* via research production and information dissemination throughout and beyond HE sources (i.e., special education, local education agencies and authorities, disability journals, conferences, and events). Parents, caregivers, and legal advocates, in some cases, need to pursue *litigation* to bring about difficult change. In unison, the five Ls help shape the *legislation* that will influence the majority of administrators and parents, and their interpretation of AHE.

Conclusion

This article articulates and responds to three initial questions in an attempt to create future solutions for teachers like Ms. Taylor in the opening vignette, challenged by the school-level intersection between HE and special education. Students with disabilities deserve effective and meaningful HE. As such, health educators and other invested collaborators (e.g., special educators, curriculum designers, higher education professionals, and educational leaders) have a responsibility to develop and grow the AHE field so that schools can better serve their students with disabilities. As a call to action, the authors encourage collaborators to do the following: (1) build on the work already being done in this space; (2) engage with students with disabilities and parents/caregivers to inform the work; (3) grow the AHE Core Elements Wheel (see Figure 1) by creating pathways for teacher training, advocacy, and research at all levels of education; and (4) examine their current practices to consider areas for integrating components of AHE and advancing the work in their spheres of influence.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

ORCID

Michael K. Laughlin http://orcid.org/0000-0003-4551-2774
Sarah Benes http://orcid.org/0000-0002-4314-0340

References

Allen, M. P., Auld, E. M., & Zorn, M. E. (2020). K-12 Health education, health communication, and health literacy: Strategies to improve lifelong health. *Studies in Health Technology and Informatics*, *269*, 400–438. https://doi.org/10.3233/SHTI200054.

Auld, M. E., Allen, M. P., Hampton, C., Montes, J. H., Sherry, C., Mickalide, A. D., Logan, R. A., Alvarado-Little, W., & Parson, K. (2020). Health literacy and health education in schools: Collaboration for action. *NAM Perspectives*. https://doi.org/10.31478/202007b

Barnett, S., McKee, M., Smith, S. R., & Pearson, T. A. (2011). Deaf sign language users, health inequities, and public health opportunity for social justice. *Preventing Chronic Disease*, *8*(2), A45.

Bernert, D. J., & Baker, E. (2024, March 16). *Integrating students with disabilities in school health education* [Conference Presentation]. 2023 SHAPE America Convention and Expo. Cleveland, OH, United States.

Block, M. E., Haegele, J., Kelly, L., & Obrusnikova, I. (2021). Exploring future research in adapted physical education. *Research Quarterly for Exercise and Sport*, *92*(3), 429–442. 2020.1741500 https://doi.org/10.1080/02701367.

Carlson, D. (2007). Are we making progress? The discursive construction of progress in the age of "No Child Left Behind. In D. Carlson & C. P. Gause (Eds), *Keeping the promise: Essays on leadership, democracy, and education* (pp. 3-26). Peter Lang.

Centers for Disease Control and Prevention (2024). School health profiles 2022. Retrieved December 19, 2024, from https://www.cdc.gov/school-health-profiles/index.html.

Connecticut Bureau of Certification (2024). *What are special subject cross-endorsements?* https://portal.ct.gov/sdecertification/knowledge-base/articles/resources/endorsements/what-are-special-subject-cross-endorsements?language=en_US.

Crehan, E. T., Schwartz, A. E., & Schmidt, E. K. (2023). Who is delivering sexual health education content to young adults with intellectual or developmental disability?: A survey of US-based school-based professionals and parents. *Sexuality and Disability*, *41*(2), 189–200. https://doi.org/10.1007/s11195-023-09790-2

Deleuze, G., & Guattari, F. (1994). *What is philosophy?* (H. Tomlinson & G. Burchell, Trans.) Columbia University Press.

Ding, J. Y., Cleary, S. L., & Morgan, P. E. (2024). Health literacy in adolescents and young adults with cerebral palsy: A mixed methods systematic review. *Disability and Rehabilitation*, *46*(24), 5717–5729. https://doi.org/10.1080/09638288.2024.2311879

Dunn, D. S., & Andrews, E. E. (2015). Person-first and identity-first language: Developing psychologists' cultural competence using disability language. *American Psychologist*, *70*(3), 255–264. https://doi.org/10.1037/a0038636

Every Student Succeeds Act (ESSA) of 2015, P.L. 114-95 § 129 Stat. 1802 (2015).

García, S. B., & Ortiz, A. A. (2013). Intersectionality as a framework for transformative research in special education. *Multiple Voices for Ethnically Diverse Exceptional Learners*, *13*(2), 32–47. https://doi.org/10.56829/muvo.13.2.yv7822w58116kw42

Gill, M. (2015). *Already doing it: Intellectual disability and sexual agency*. University of Minnesota Press.
Gilmour, A. F., Fuchs, D., & Wehby, J. H. (2019). Are students with disabilities accessing the curriculum? A meta-analysis of the reading achievement gap between students with and without disabilities. *Exceptional Children*, *85*(3), 329–346. https://doi.org/10.1177/0014402918795830
Gonzalez, T. E., Hernandez-Saca, D. I., & Artiles, A. J. (2017). In search of voice: Theory and methods in K-12 student voice research in the US, 1990-2010. *Educational Review*, *69*(4), 451–473. https://doi.org/10.1080/00131911.2016.1231661
Hampton, C., Alikhani, A., Auld, M. E., & White, V. (2017). *Advocating for health education in schools* [Policy brief].
Hattie, J. A. C. (2003). Teachers make a difference, what is the research evidence? Australian Council for Educational Research. Retrieved July 22, 2025, from https://research.acer.edu.au/cgi/viewcontent.cgi?article=1003&context=research_conference_2003
Hattie, J. A. C. (2023). *Visible learning: The sequel. A synthesis of over 2,100 meta-analyses relating to achievement*. Routledge.
Hawai'i Department of Education (2022). *National health education standards in Hawaiá'Ši*. HIDOE Health Education.
Heifetz, M., Lake, J., Weiss, J., Isaacs, B., & Connolly, J. (2020). Dating and romantic relationships of adolescents with intellectual and developmental disabilities. *Journal of Adolescence*, *79*(1), 39–48. https://doi.org/10.1016/j.adolescence.2019.12.011
Hole, R., Schnellert, L., & Cantle, G. (2022). Sex: What is the big deal? Exploring individuals' with intellectual disabilities experiences with sex education. *Qualitative Health Research*, *32*(3), 453–464. https://doi.org/10.1177/10497323211057090
Holmes, A. G. D. (2020). Researcher positionality - A consideration of its influence and place in qualitative research – A new researcher guide. *International Journal of Education*, *8*(4), 1–10. https://doi.org/10.34293/education.v8i4.3232
Jabareen, Y. (2009). Building a conceptual framework: Philosophy, definitions, and procedure. *International Journal of Qualitative Methods*, *8*(4), 49–62. https://doi.org/10.1177/160940690900800406
Jamieson, M. K., Govaart, G. H., & Pownall, M. (2023). Reflexivity in quantitative research: A rationale and beginner's guide. *Social and Personality Psychology Compass*, *17*(4), e12735. https://doi.org/10.1111/spc3.12735
Jafari, A., Tavakoly Sany, S. B., & Peyman, N. (2021). The status of health literacy in students aged 6 to 18 old years: A systematic review study. *Iranian Journal of Public Health*, *50*(3), 448–458. https://doi.org/10.18502/ijph.v50i3.5584
Johnson, M. K., & Carter, M. R. (2011). Autism spectrum disorders: A review of the literature for health educators. *American Journal of Health Education*, *42*(5), 311–318. https://doi.org/10.1080/19325037.2011.10599202
Kamehameha Schools and Bishop Estate Extension Education Division (1995). *Lōkahi Wheel*.
Kavanagh, H. (2024). A practical guide for teaching health education to students with intellectual disabilities. *Journal of Physical Education, Recreation and Dance*, *95*(7), 57–60. https://doi.org/10.1080/07303084.2024.2373006
Kwon, E. H. (2018). Status of introductory APE course and infusion in PETE program. *Palaestra*, *32*(1), 32–39.
Individuals with Disabilities Education Improvement Act (IDEA) of 2004, P.L. 108-446 § 118 Stat. 2647 (2004).
Lepore-Stevens, M. (2024). Adapting a human sexuality curriculum for students with disabilities. *Health Education Journal*, *83*(8), 841–854. https://doi.org/10.1177/00178969241280442
Lorenzi, D. G., & Longo, M. S. (2024, March 14). *Adapted and applying health education to special needs students* [Paper presentation]. 2024 SHAPE America Convention and Expo. Cleveland, OH.
Martin, T. K., & Godinet, M. (2018). Using the Lōkahi wheel: A culturally sensitive approach to engage Native Hawaiians in child welfare services. *Journal of Indigenous Social Development*, *7*(2), 22–40.
McNamara, S., Wilson, K., & Lieberman, L. (2022). The syllabus is a living document: An examination of introductory adapted physical education syllabi. *The Physical Educator*, *79*(2), 117–141. https://doi.org/10.18666/TPE-2022-V79-I2-10607
Nam, H. J., Lee, S., Park, N. H., Kim, B., & Yoon, J. Y. (2023). A mixed-method systematic literature review of health literacy interventions for people with disabilities. *Journal of Advanced Nursing*, *79*(12), 4542–4559. https://doi.org/10.1111/jan.15805
Nguyen, J., & Gilbert, L. (2019). Health literacy among individuals with disabilities: A health information national trends survey analysis. *The Permanente Journal*, *23*(4), 19–034. https://doi.org/10.7812/TPP/19.034
Piletic, C. K., & Davis, R. (2010). A profile of the introduction to adapted physical education course within undergraduate physical education teacher education programs. *ICHPER-SD Journal of Research*, *5*(2), 26–32.
Rague, J. T., Kim, S., Hirsch, J., Meyer, T., Rosoklija, I., Larson, J. E., Swaroop, V. T., Bowman, R., Bowen, D. K., Cheng, E. Y., Gordon, E. J., Holmbeck, G., Chu, D. I., Isakova, T., Yerkes, E. B., & Chu, D. I. (2022). The association of health literacy with health-related quality of life in youth and young adults with spina bifida: A cross-sectional study. *The Journal of Pediatrics*, *251*, 156–163.e2. https://doi.org/10.1016/j.jpeds.2022.08.005
Schmidt, E. K., Brown, C., & Darragh, A. (2020). Scoping review of sexual health education interventions for adolescents and young adults with intellectual or developmental disabilities. *Sexuality and Disability*, *38*(3), 439–453. https://doi.org/10.1007/s11195-019-09593-4
Seabert, D., Telljohann, S. K., Symons, C. W., & Pateman, B. (2023). *Health education: Elementary and middle school applications* (10th ed.). McGraw Hill LLC.
Section 504 of the Rehabilitation Act of 1973, 34 C.F.R. Part 104.
SHAPE America – Society of Health and Physical Education. (2024a). *Appropriate practices in school-based health education* [Guidance document]. https://www.shapeamerica.org/MemberPortal/publications/products/appropriatepractice_schoolhealth.aspx
SHAPE America – Society of Health and Physical Education. (2024b). *Inclusive practices in health education* [Guidance Document]. https://issuu.com/shapeamerica/docs/inclusive_practices_in_health_education.shape_amer?fr=sMTU3YTc5NDYzNDY
SHAPE America (2025). *National health education standards*. Human Kinetics.
Stevenson, J. L., Harp, B., & Gernsbacher, M. A. (2011). Infantilizing autism. *Disability Studies Quarterly*, *31*(3), 675. https://doi.org/10.18061/dsq.v31i3.1675
Sherrill, C. (1998). *Adapted physical activity, recreation and sport: Crossdisciplinarity and lifespan* (5th ed.) McGraw-Hill.
Tarasoff, L. (2021). A call for comprehensive, disability- and LGBTQ-inclusive sexual and reproductive health education. *Journal of Adolescent Health*, *69*(2), 185–186. https://doi.org/10.1016/j.jadohealth.2021.05.013
Tidey, L., Schnellert, L., & Hole, R. (2022). "Everyone should get the chance to love": Sexual health education and disability research-based theatre with self-advocates. *The Canadian Journal of Human Sexuality*, *31*(2), 198–206. https://doi.org/10.3138/cjhs.2022-0018
Valdez, R. S., & Swenor, B. K. (2023). Structural ableism – Essential steps for abolishing disability injustice. *New England Journal of Medicine*, *388*(20), 1827–1829. https://doi.org/10.1056/NEJMp2302561
Videto, D. M., & Dake, J. A. (2019). Promoting health literacy through defining and measuring quality school health education. *Health Promotion Practice*, *20*(6), 824–833. https://doi.org/10.1177/1524839919870194