GOAL OF HEALTH EDUCATION

The goal of K-12 Health Education is health literacy, the degree to which individuals have the capacity to obtain, process and understand basic health information needed to adopt healthy behaviors. In skills-based health education, students have opportunities to practice skills to access valid and reliable health information, set achievable health goals, make healthy decisions, use products effectively and advocate for their own health.

Historically, health education was informational or “sit and get” education. Students read a chapter, answered questions on a test, and were expected to be healthy. Just as social science has transitioned from memorizing historical facts to analyzing and interpreting, health education has also experienced a paradigm shift in which students demonstrate skills that lead to the adoption of healthy behaviors.

**STEPS TO DEVELOP QUALITY SKILLS-BASED HEALTH EDUCATION CURRICULUM:**

There are three steps to developing quality skills-based health education curriculum. These three steps will help guide local process and decision-making.

**STEP 1: START WITH THE STANDARDS.**

The National Health Education Standards guide states to develop their own state standards. Local districts and schools interpret the standards which then guide instruction and skill practice in the classroom. Standards support teachers in identifying learning outcomes and setting the foundation for the curriculum development process.

**STEP 2: USE CHARACTERISTICS OF EFFECTIVE HEALTHY EDUCATION TO GUIDE INSTRUCTION.**

A skills-based approach is defined as having the following components:

- Uses planned & sequential curriculum including: a comprehensive scope and sequence, a logical order and a developmentally appropriate progression that scaffolds or builds on itself;
- Comprehensively addresses the dimensions of health to include a holistic approach;
- Relevant to students, including addressing the needs of a teacher’s particular student population and their health needs;
- Uses participatory methods that encourage demonstration of health skills;
- Develops skill proficiency;
- Fosters health-enhancing attitudes; and
- Focused on key concepts and building functional knowledge.

**STEP 3: USE A CLEAR PROCESS FOR CURRICULUM DEVELOPMENT.**

In order to have a skills-based approach that supports the legislated content areas, health education leaders typically implement the following steps to build a local Health Education Curriculum:

1. Review and analyze local/regional Youth Risk Behavior Survey data to determine how to address concerning data points in the health education classroom.
2. Identify how much time, on average, is allotted to health education at each grade level span.
3. Determine what National Health Education Standards will address the concerning data points.
4. Determine Centers for Disease Control and Prevention’s Health Education Curriculum Analysis Tool (HECAT), Healthy Behavior Outcomes that will address the concerning data points at each grade level span.
6. Identify what concepts and skills will be taught during each grade level span and write as grade level benchmarks. An example of this includes how interpersonal communication skills, like negotiation skills may be introduced and practiced in 3rd grade within a bullying prevention unit, as well as reinforced in middle school within a unit on healthy eating/nutrition and finally mastered in high school during a unit on healthy family relationships.

The Ohio Association for Health, Physical Education, Recreation and Dance (OAHPERD) can be another resource to provide professional development for teachers, as well as support to ensure schools are meeting the health education requirements outlined in Ohio Revised Code. Please visit [www.ohahperd.org](http://www.ohahperd.org) or contact Lisa Kirr at lisa@assnoffices.com for additional support.

1. [https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html](https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html)