



Alliance  
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**Healthier  
Generation**

# Health Education Toolkit

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# Health Education

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Health education is integral to the primary mission of schools. It provides young people with the knowledge and skills they need to become successful learners and healthy and productive adults. Increasing the number of schools that provide health education on key health problems facing young people is a critical health objective for improving our nation's health. School health education programs can reduce youth health risk behaviors such as poor nutrition and lack of physical activity that contribute to childhood obesity. Because these behaviors are amenable to change, quality school health education taught by trained and certified health educators provides the best opportunity to promote positive health behavior among children and adolescents.

## **Principles that Guided the Development of the Health Education Criteria**

Research studies provide evidence that promoting and establishing healthy behaviors for younger people is more effective, and often easier, than efforts to change unhealthy behaviors already established in adults. According to the U.S. Centers for Disease Control and Prevention's (CDC) Healthy Youth Initiative and the Carnegie Council on Adolescent Development, schools can play a vital role in establishing healthy behavior patterns among young people that carry over into adulthood. Improving students' health and safety can yield educational benefits by increasing students' readiness to learn and reducing absenteeism.

Well-designed, well-delivered school-based health interventions can enable students to prevent disease and injury. Health education is a critical component of many effective school health interventions. Programs that incorporate social skills training in a health education component along with parent training, teacher training, and school-wide climate change have demonstrated evidence for improving academic outcomes.

Centers for Disease Control and Prevention, Health Education Curriculum Analysis Tool. Atlanta: CDC: 2007.  
American Cancer Society, American Diabetes Association, American Heart Association. FACTS Learning for Life: Health Education in Schools. 2008.

[http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm\\_304865.pdf](http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_304865.pdf)

## Bronze

- Skills-based instruction on healthy eating and physical activity as a part of a dedicated comprehensive health education program is required for every student at every grade at the elementary school level
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone, term-long health education course, or the equivalent, during at least one year at the middle school level
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand-alone, term-long health education course during at least one year at the high school level
- Meets three checklist criteria

## Silver

- Meets Bronze
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone, term-long health education course, or the equivalent, during at least two years at the middle school level
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand-alone health education course for the equivalent of two terms at the high school level
- Meets five checklist criteria

## Gold

- Meets Silver
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone, term-long health education course during each year at the middle school level
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand-alone, health education course for the equivalent of three terms at the high school level
- Meets seven checklist criteria

## Platinum

- Meets Gold
- Skills-based instruction on healthy eating and physical activity is provided to every student as a part of a dedicated, stand-alone health education course for an equivalent of at least four terms or one credit at the high school level
- Healthy eating and physical activity knowledge and skills taught in health education are reinforced through instruction in Family and Consumer Sciences courses

## Checklist Criteria

- Planned healthy eating and physical activity instruction is aligned to the national/state health education standards
- District or school utilizes the CDC's Health Education Curriculum Analysis Tool (HECAT) healthy eating and physical activity modules to assess these topics in their health education curriculum
- District or school ensures that their health education curriculum aligns with the CDC's Health Education Curriculum Analysis Tool (HECAT) healthy eating and physical activity modules
- All students are assessed in health education and results are reported on the report card every term that health education is offered
- Health education is taught by trained teachers at the elementary school level or teachers are certified/licensed in health education at the middle and high school levels
- All teachers who teach health education receive annual professional development on effective practices for health education, including physical activity and healthy eating, for a minimum of three contact hours at the elementary level and eight contact hours at the middle and high school levels
- Healthy eating and physical activity messages are integrated into other subject areas
- At the middle and high school levels, health education electives that include additional instruction on healthy eating and physical activity are offered
- Health education curriculum, instructional strategies and examples are responsive to and inclusive of the diversity of the student population

**Bronze Criteria:**

- Skills-based instruction on healthy eating and physical activity as a part of a dedicated comprehensive health education program is required for every student at every grade at the elementary school level.
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone, term-long health education course, or the equivalent, during at least one year at the middle school level.
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand-alone, term-long health education course during at least one year at the high school level.
- Meets three checklist criteria.

**Why?****Skill-based Instruction on Healthy Eating and Physical Activity**

Skill-based instruction builds personal competence, social competence and self-efficacy. Essential skills that enable students to build personal confidence and ability to deal with social pressures and avoid or reduce health risk behaviors include understanding influences on health behaviors, assessing accuracy of health-related information and services, interpersonal communication and advocacy, decision-making, goal-setting and self-management. Instruction on healthy eating and physical activity promotes sound nutrition and healthy dietary practices and helps students adopt and maintain a physically active lifestyle.

Skill-based instruction incorporates teaching strategies to promote understanding of key health concepts and provides adequate instructional time for the practice and reinforcement of health-enhancing skills.

**Comprehensive Health Education Program**

The goal of health education is to help students adopt and maintain healthy behaviors, including healthy eating and physical activity. Health education taught in all grades, pre-kindergarten through high school, contributes directly to students' ability to successfully practice behaviors that protect and promote health and reduce health risks. Areas that districts and schools incorporate into their comprehensive health education program include:

- Alcohol or other drug-use prevention
- Asthma awareness

- Disease prevention and control
- Emotional and mental health
- Food borne illness prevention
- Injury prevention and safety
- Nutrition and dietary behavior
- Physical activity and fitness
- HIV prevention and STD prevention
- Pregnancy prevention
- Suicide prevention
- Tobacco-use prevention
- Violence prevention

Many school districts use national and/or state health education standards and input from school staff, parents and others, to develop and adopt a pre-K–12 curricular framework that outlines the scope and sequence of key health concepts and essential skills to be addressed at each grade. The scope and sequence conveys the progression of health concepts and skills across grade levels within a topic or skill area. The learning experiences of students should progress from basic to more complex health concepts and skills as they advance from pre-kindergarten through high school.

Health education curriculum includes those teaching strategies and learning experiences that provide students with opportunities to acquire the attitudes, knowledge and skills necessary for adopting and maintaining healthy behaviors. A health education curriculum is more than a collection of activities. A common set of elements characterize a complete health education curriculum and includes:

- A set of expected learning outcomes or learning objectives that contributes to making health promoting decisions, achieving health literacy and adopting health-enhancing behaviors, including promoting the health of others
- A planned progression of developmentally appropriate lessons or learning experiences that lead to achieving these objectives
- Continuity between lessons or learning experiences that clearly reinforce the adoption and maintenance of specific health-enhancing behaviors
- Accompanying content or materials that correspond with the sequence of learning events and help teachers and students meet the learning objectives
- Assessment strategies to determine if students have achieved the desired learning

## How?

### Comprehensive Health Education is in Place

Determine the policy or requirement for health education instruction in your school

- Find the information at the district level with the superintendent or curriculum coordinator or at the school level with the principal or school counselor
- Determine if health education is taught as a separate subject or is incorporated with other subject
- Determine the amount of health education is being taught
- Assess the extent that health education is actually being taught by reviewing the master schedule for health education
- If health education is not on the master schedule, interview the building principal and teachers or conduct the Health Education Instruction Survey ([http://www.healthiergeneration.org/uploadedFiles/For\\_Schools/\\_New\\_Builder\\_Pages/Toolkits/HE/HealthEducationInstructionInventory.doc](http://www.healthiergeneration.org/uploadedFiles/For_Schools/_New_Builder_Pages/Toolkits/HE/HealthEducationInstructionInventory.doc)) to determine if comprehensive health education, that includes healthy eating and the benefits of physical activity, is being taught at:
  - elementary school in every grade
  - middle school at least for a term-long course, or the equivalent,\* during at least one year
  - high school for at least a term-long course during at least one year

\*Equivalent of a dedicated, stand alone, health education course: 1) the health education units of study are equivalent in time to a term-long course, 2) all students are required to receive the instruction, 3) the units of study are comprised of sequence of contiguous health lessons, and 4) the units of study include skill-based instruction in healthy eating and physical activity.

### Developing or Revising Skill-based Health Education

#### Planning

- Gather administrator and teacher support for quality health education for all students
- Determine health topics taught, instructional time and format, resources used, assessments administered and greatest health needs of students by using the Health Education Instruction Survey

#### Development

- Develop a health education scope and sequence that conveys the progression of health concepts and skills across grades within a topic or skill
- Design a health education curriculum that incorporates:
  - state and/or national health education standards and the Health Education Curriculum Analysis Tool concepts and skills
  - learning experiences that progress from basic to more complex health concepts and skills and are responsive to and inclusive of the diversity of the student population
- Utilize the Steps for Designing and Coordinating Health Education Curriculum, Instruction and Assessment and Writing the Health Education Curriculum (see Appendix).

**Implementation**

- Provide instruction for core health knowledge and essential health skills that focus on specific behavioral outcomes such as healthy eating and increased physical activity and is aligned to district or school health education curriculum
- Provide adequate time for skill-based instruction and learning every year at the elementary level and for at least one term at the middle school and high school levels
- Assign trained and certified teachers to teach health education and ensure they receive annual professional development on effective practices for health education, including healthy eating and physical activity
- Assess student achievement in health education and report results
- Offer reinforcing messages for healthy eating and physical activity through health education electives and integration into other subject areas

**Advocating for Comprehensive Health Education**

- Determine the number of weekly minutes allocated to health education in your current school plan or policy. It is important that your School Wellness Council (SWC) know how many minutes are actually taught to determine discrepancies between requirements and implementation. Once a baseline is established, the SWC can set goals for the number of minutes health education will be offered. It is critical that administrators be involved in this decision as well as other relevant staff (school counselor, school nurse) to generate a strong base of support.
- Evaluate your current health education program through the use of the Health Education Curriculum Analysis Tool.  
<http://www.cdc.gov/healthyouth/HECAT>
- Develop a campaign to educate the Board of Education (BOE), Parent Teacher Association (PTA) and administrators on the importance of health education to student health and well-being and academic achievement. The document, *FACTS, Learning for Life, Health Education in Schools*, published by the American Cancer Society, American Diabetes Association and the American Heart Association, is an useful advocacy resource.
- Encourage key decision makers, including the BOE, to establish policies that require quality health education for all students pre-K-high school and provide adequate staff and classroom instructional.

**Action Step Example:**

- Require that every student enrolled in the Kindergarten through 5th grades receives skills-based instruction on healthy eating and physical activity as a part of a dedicated comprehensive health education program.
- Require that every student enrolled in the 6th through 8th grades receives skills-based instruction on healthy eating and physical activity as a part of a dedicated, stand alone, term-long health education course, or the equivalent, during at least one year at the middle school level.
- Require that every student enrolled in the 9th through 12th grades receives skills-based instruction on healthy eating and physical activity as a part of a dedicated, stand alone, term-long health education course for at least one term.

**What We Are Looking For:****Elementary School Level**

- Grades for which students are required to take health education
- Health education is taught as a stand-alone, regularly scheduled health education class or health education is incorporated with other subjects
- How often health education is required to be taught at each grade. (example: Grade K is taught 3 days per week)
- Number of minutes for each session at each grade
- Is physical education time used to teach health education? If so, calculate how much time is allocated for health education instruction and how much time is allocated for physical education instruction. Health instructional time cannot be computed as physical education minutes.
- Lessons include skills-based instruction on healthy eating or physical activity for each grade that health education is taught

**Middle School Level**

- Skills-based instruction on healthy eating and physical activity is required for every student at one grade as a part of a dedicated, stand alone, term-long health education course, or the equivalent instruction.
- The definition of equivalent instruction is: 1) all students are required to receive the instruction 2) the health education units of study are equivalent in time to a term-long course, 3) the units of study are comprised of sequence of contiguous health lessons, and 4) the units of study include skill-based instruction in healthy eating and physical activity.
- To determine if the health education units of study are equivalent in time to a term-long course :
  - Consider the number of weeks that comprise one term or grading period in your school. The majority of schools have a nine week term.
  - Multiply the number of weeks for one term by the number of days core classes are taught each week by the number of minutes per class.
    - Example 1: 9 weeks x 5 days per week x 50 minute classes = 2250 minutes or 45 lessons
    - Example 2: 9 weeks x 3 days per week x 75 minute classes = 2025 minutes or 27 lessons
- To determine if the units of study are comprised of sequence of contiguous health lessons, review the health education curriculum and determined which subjects are incorporating the individual units. For instance, the unit on healthy eating may be incorporated into science. The lessons are planned and regularly taught as a series of lessons in a specified block of time (i.e. first week of October).
- To determine if the units of study include skill-based instruction in healthy eating and physical activity, review the lesson plans for explicit skills such as students are:
  - Designing a plan for a healthier diet
  - Analyzing nutrient values on Nutrition Facts panels to compare products
  - Providing support to peers for choosing healthy foods
  - Analyzing how peer and family can influence decisions to be physically active

**High School Level**

- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone, term-long health education course during at least one year
- Health education is required for high school graduation
- Lessons include specific healthy eating and physical activity skills such as students:
  - Describing healthy and risky approaches to weight management
  - Analyzing how personal economics influence food choices
  - Analyzing the consequences of an unhealthy diet
  - Describing the relationship between diet and chronic disease
  - Assessing their personal physical activity level and setting and implementing a goal to increase physical activity

**Silver Criteria:**

- Skills-based instruction on healthy eating and physical activity as a part of a dedicated comprehensive health education program is required for every student at every grade at the elementary school level.
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone, term-long health education course, or the equivalent, during at least two years at the middle school level.
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand-alone health education course for the equivalent of two terms at the high school level.
- Meets five checklist criteria.

**What We Are Looking For:****Elementary School Level**

- Grades for which students are required to take health education
- Health education is taught as a stand-alone, regularly scheduled health education class or health education is incorporated with other subjects
- How often health education is required to be taught at each grade. (example: Grade K is taught 3 days per week)
- Number of minutes for each session at each grade
- Is physical education time used to teach health education? If so, calculate how much time is allocated for health education instruction and how much time is allocated for physical education instruction. Health instructional time cannot be computed as physical education minutes.
- Lessons include skills-based instruction on healthy eating or physical activity for each grade that health education is taught

**Middle School Level**

- Skills-based instruction on healthy eating and physical activity is required for every student at two grades as a part of a dedicated, stand alone, term-long health education course, or the equivalent instruction.
- The definition of equivalent instruction is: 1) all students are required to receive the instruction 2) the health education units of study are equivalent in time to a term-long course, 3) the units of study are comprised of sequence of contiguous health lessons, and 4) the units of study include skill-based instruction in healthy eating and physical activity.

- To determine if the health education units of study are equivalent in time to a term-long course:
  - Consider the number of weeks that comprise one term or grading period in your school. The majority of schools have a nine week term.
  - Multiply the number of weeks for one term by the number of days core classes are taught each week by the number of minutes per class.
    - Example 1: 9 weeks x 5 days per week x 50 minute classes = 2250 minutes or 45 lessons
    - Example 2: 9 weeks x 3 days per week x 75 minute classes = 2025 minutes or 27 lessons
- To determine if the units of study are comprised of sequence of contiguous health lessons, review the health education curriculum and determined which subjects are incorporating the individual units. For instance, the unit on healthy eating may be incorporated into science. The lessons are planned and regularly taught as a series of lessons in a specified block of time (i.e. first week of October).
- To determine if the units of study include skill-based instruction in healthy eating and physical activity, review the lesson plans for explicit skills such as, students are:
  - Designing a plan for a healthier diet
  - Analyzing nutrient values on Nutrition Facts panels to compare products
  - Providing support to peers for choosing healthy foods
  - Analyzing how peer and family can influence decisions to be physically active

### High School Level

- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone, health education course for the equivalent of two terms
- Health education is a requirement for high school graduation
- Lessons include specific healthy eating and physical activity skills such as, students are able to:
  - Describe healthy and risky approaches to weight management
  - Analyze how personal economics influence food choices
  - Analyze the consequences of an unhealthy diet
  - Describe the relationship between diet and chronic disease
  - Assess their personal physical activity level and setting and implementing a goal to increase physical activity

**Gold Criteria:**

- Skills-based instruction on healthy eating and physical activity as a part of a dedicated comprehensive health education program is required for every student at every grade at the elementary school level.
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone, term-long health education course during each year at the middle school level.
- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand-alone health education course for the equivalent of three terms at the high school level.
- Meets seven checklist criteria.

**What We Are Looking For:****Elementary School Level**

- Grades for which students are required to take health education
- Health education is taught as a stand-alone, regularly scheduled health education class or health education is incorporated with other subjects
- How often health education is required to be taught at each grade. (example: Grade K is taught 3 days per week)
- Number of minutes for each session at each grade.
- Is physical education time used to teach health education? If so, calculate how much time is allocated for health education instruction and how much time is allocated for physical education instruction. Health instructional time cannot be computed as physical education minutes.
- Lessons include skills-based instruction on healthy eating or physical activity for each grade that health education is taught

**Middle School Level**

- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone, term-long health education course during each year
- Instruction for healthy eating and physical activity include skills such as:
  - Designing a plan for a healthier diet

- Analyzing nutrient values on Nutrition Facts panels to compare products
- Providing support to peers for choosing healthy foods
- Analyzing how peer and family can influence decisions to be physically active

## High School Level

- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone health education course for the equivalent of three terms
- Health education is required for high school graduation
- Lessons include specific healthy eating and physical activity skills such as students:
  - Describing healthy and risky approaches to weight management
  - Analyzing how personal economics influence food choices
  - Analyzing the consequences of an unhealthy diet
  - Describing the relationship between diet and chronic disease
  - Assessing their personal physical activity level and setting and implementing a goal to increase physical activity

**Platinum Criterion:**

- Skills-based instruction on healthy eating and physical activity is required for every student as part of a dedicated, stand-alone health education course for an equivalent of at least four terms or one credit at the high school level.

**What We Are Looking For:****High School Level**

- Skills-based instruction on healthy eating and physical activity is required for every student as a part of a dedicated, stand alone health education course for the equivalent of at least four terms or one credit
- Health education is required for high school graduation
- Lessons include specific healthy eating and physical activity skills such as students:
  - Describing healthy and risky approaches to weight management
  - Analyzing how personal economics influence food choices
  - Analyzing the consequences of an unhealthy diet
  - Describing the relationship between diet and chronic disease
  - Assessing their personal physical activity level and setting and implementing a goal to increase physical activity

**Platinum Criteria:**

- Healthy eating and physical activity knowledge and skills taught in health education are reinforced through instruction in Family and Consumer Sciences courses.

**Why?**

It is important to provide students with reinforcing health messages throughout the school day. Family and Consumer Science courses offer additional opportunities for the promotion of physical activity and healthy eating messages as well as provide additional structured time to apply lessons learned through healthy cooking practice.

**How?**

Offer and promote Family and Consumer Science courses.

**Action Step Example:**

Reinforce healthy eating and physical activity knowledge and skills through instruction in Family and Consumer Sciences courses.

**What We Are Looking For:**

Course description and number of students enrolled in the Family and Consumer Sciences courses this current school year.

**Resources:****Health Education Instruction Survey**

([www.healthiergeneration.org/uploadedFiles/For\\_Schools/\\_New\\_Builder\\_Pages/Toolkits/HE/HealthEducationInstructionInventory.doc](http://www.healthiergeneration.org/uploadedFiles/For_Schools/_New_Builder_Pages/Toolkits/HE/HealthEducationInstructionInventory.doc))

**Health Education Curriculum Analysis Tool (HECAT)**

[www.cdc.gov/healthyyouth/HECAT](http://www.cdc.gov/healthyyouth/HECAT)

**Checklist Criteria:**

Planned healthy eating and physical activity instruction is aligned to the national/state health education standards

**Why?**

National health education standards are research-based, aligned to relevant health behavior theories and models and reflect the characteristics for effective health education. National and state standards provide the framework for selecting or designing health education curriculum, instructional practices and student assessments. Health education standards set parameters and accountability for student learning and assessment. Many state boards of education, state departments of education and local school boards have adopted their own state- or local-level health education standards using the National Health Education Standards as a guide. The National Health Education Standards are:

**Standard #1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.**

The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviors among youth. This standard includes essential concepts that are based on established health behavior theories and models.

**Standard #2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.**

Health is impacted by a variety of positive and negative influences within society. This standard focuses on identifying and understanding the diverse internal and external factors that influence health practices and behaviors among youth including personal values, beliefs and perceived norms.

**Standard #3: Students will demonstrate the ability to access valid information and products and services to enhance health.**

Accessing valid health information and health-promoting products and services is critical in the prevention, early detection and treatment of health problems. This standard focuses on how to identify and access valid health resources and to reject unproven sources. Applying the skills of analysis, comparison and evaluation of health resources empowers students to achieve health literacy.

**Standard #4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.**

Responsible individuals use verbal and non-verbal skills to develop and maintain healthy personal relationships. The ability to organize and to convey information and feelings is the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

**Standard #5: Students will demonstrate the ability to use decision-making skills to enhance health.**

This standard includes the essential steps needed to make healthy decisions, which are essential for establishing and maintaining a healthy lifestyle. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve quality of life.

**Standard #6: Students will demonstrate the ability to use goal-setting skills to enhance health.**

This standard includes the critical steps needed to achieve both short-term and long-term health goals. These skills make it possible for individuals to have aspirations and plans for the future.

**Standard #7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.**

Many diseases and injuries can be prevented by avoiding or reducing harmful and risk taking behaviors. This standard promotes accepting personal responsibility for health and encourages the practice of healthy behaviors.

**Standard #8: Students will demonstrate the ability to advocate for personal, family and community health.**

Advocacy skills help students adopt and promote healthy norms and healthy behaviors. This standard helps students develop important skills to target their health-enhancing messages and to encourage others to adopt healthy behaviors.

Source: The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence* (2nd Edition). Atlanta: American Cancer Society; 2007.

**How?**

- Align the health education curriculum to national or state health education standards by coding each student learning outcome/objective related to healthy eating and physical activity to the corresponding standards and performance indicators
- Ensure that all health education standards and performance indicators are covered within each grade span
- If standards or performance indicators are not adequately included, add to the curriculum

**Action Step Example:**

Align healthy eating and physical activity instruction to national/state health education standards and indicate when the instruction will occur.

**See Health Education Standards Alignment Chart**

([http://www.healthiergeneration.org/uploadedfiles/For\\_Schools/\\_New\\_Builder\\_Pages/Resources/10-1971.doc](http://www.healthiergeneration.org/uploadedfiles/For_Schools/_New_Builder_Pages/Resources/10-1971.doc))

**What We Are Looking For:**

- Healthy eating and physical activity lessons are included in a yearly plan of instruction
- Healthy eating and physical instruction is aligned to state or national health education standards

**Resources:****National Health Education Standards: Achieving Excellence, 2nd Edition**

<http://www.aahperd.org/aahe/publications/HE-Standard.cfm>

**State Health Education Standards**

See the Healthy Schools Program Resource Database, Health Education, for contact information.

**Checklist Criteria:**

District or school utilizes the CDC's Health Education Curriculum Analysis Tool (HECAT) healthy eating and physical activity modules to assess these topics in their health education curriculum.

**Why?**

The Health Education Analysis Tool (HECAT) is a curriculum analysis tool to help school districts and schools conduct a clear, complete and consistent analysis of written health education curricula, based upon the national health education standards. School districts and schools can also use the HECAT to help identify essential health education concepts and skills that could be used in the development or revision of a scope and sequence.

**How?**

When assessing a curriculum, reviewers should consider the curriculum's compatibility with their course of study and scope and sequence. The appraisal instruments in HECAT are designed to be adapted and accommodate variations that are necessary based on state standards, local health education courses of study and local community needs.

The suggested process to assess the health education curriculum using HECAT includes:

- Identify a HECAT coordinator
- Form a health education or HECAT committee and identify the roles and responsibilities of each member
- Obtain the health education curriculum for review and assessment or use the concepts and skills outlined in HECAT to develop a scope and sequence for health education
- Determine the HECAT items that are essential for analyzing the curriculum
- Finalize the curriculum analysis tool for use by the reviewers
- Provide an orientation and direction to team members
- Determine the curriculum review assignments for the team members
- Develop a timeline for the review process
- Review selected curricula
- Reach consensus on the final scores for curricula reviewed
- Rank curricula
- Make curricula and ranking available to the public for comment
- Make curriculum recommendations for selection or improvement
- Make assignments for curriculum development, revisions, supplementation and improvement

**Action Step Example:**

The committee utilizes the CDC's Health Education Curriculum Analysis Tool (HECAT) healthy eating and physical activity modules to assess these topics in the health education curriculum.

**What We Are Looking For:**

The scores from the review of one or more health education curricula from the HECAT Overall Summary Form for the healthy eating and physical activity modules.

**Resources:**

**Health Education Curriculum Analysis Tool (HECAT) (see pages 1-2 to 1-9)**  
[www.cdc.gov/HealthyYouth/HECAT/index.htm](http://www.cdc.gov/HealthyYouth/HECAT/index.htm)

**Checklist Criteria:**

District or school ensures that their health education curriculum aligns with the CDC's Health Education Curriculum Analysis Tool (HECAT) healthy eating and physical activity modules.

**Why?**

The HECAT healthy eating and physical activity modules contain the tools to analyze and score curricula that are intended to promote healthy eating, sound nutrition, healthy dietary practices and physical activity concepts and skills. School districts can also use the HECAT to help identify essential health education concepts and skills that could be used in the development or revision of a scope and sequence.

**How?**

- Align the health education curriculum to the HECAT healthy eating and physical activity concepts and skills
- Ensure that the healthy eating and physical concepts and skills are included at each grade span
- If healthy eating and physical activity key concepts and essential skills are missing, reach consensus on which concepts and skills are essential and add to the scope and sequence
- Build into the health education curriculum or supplement the curriculum with additional resources

**Action Step Example:**

Ensure the health education curriculum aligns with the CDC's Health Education Curriculum Analysis Tool (HECAT) healthy eating and physical activity modules.

**What We Are Looking For:**

The analysis pages for each standard of the healthy eating and physical activity modules from the HECAT and highlight concepts and skills that align to the district or school health education curriculum.

**Resources:**

Health Education Curriculum Analysis Tool (HECAT) (see pages HE-1 to HE-28, PA-1 to PA-6 and pages A4-1 to A4-4)

[www.cdc.gov/HealthyYouth/HECAT/index.htm](http://www.cdc.gov/HealthyYouth/HECAT/index.htm)

**Checklist Criteria:**

All students are assessed in health education and results are reported on the report card every term that health education is offered.

**Why?**

Assessment serves a variety of purposes for teachers, students, administrators, other school personnel, family members and policy makers. Teachers use student assessment to evaluate student learning, assign grades and communicate with students and their families about student progress, and ultimately verify student achievement of national and state health education standards. Student assessment provides important information for planning and implementing evaluation services and interventions designed to support student learning. Student assessment also guides professional development programs for teachers. Both formative and summative assessments should be utilized: formative assessment (assessment **for** learning) to provide teachers and students with important information regarding students' understanding of health-related concepts and their ability to demonstrate health skills and summative assessment (assessment **of** learning) for accountability and reporting student progress.

**How?**

- Design health education assessments when developing the curriculum
- Provide a variety of assessments aligned to the level of cognitive demand and intent of the performance indicator/learning objective and linked to instruction
- Include assessments to document student achievement of the national or state health education standards and performance indicators
- Include multiple assessments that provide fair, valid and reliable information about student learning
- Design or select assessments that are usable by all students, to the greatest extent feasible, without the need for accommodations and adaptations
- Align assessments to the purpose of the assessment, from informal to formal, and use a variety of types, including performance assessments. Performance assessments allow students to demonstrate a variety of ways to respond to the task. True and false, multiple choice and matching are NOT performance assessments. Examples of performance assessments :
  - Draw conclusions from a health-related situation. Respond to the prompt through a display, poem, song or skit.
  - Students write a letter to a designated target audience as a writing task on advocacy that is persuasive and contains factual information. The letter elicits persuasion and clearly is meant to convince, defend, justify or persuade.
  - A authentic health issue for a service learning project.

- Students fulfill commitments in a timely manner through a journal or log. This means they keep track of their activities and make sure they complete the journal or log on time.
- Utilize interview questions that were drafted in class; set an appointment time to conduct an interview, and write a summary describing your findings, evaluate the responses and conclude with your thoughts and opinions.
- Ensure that health education is reported on the report card and carries the same weight as other academic subjects

### Action Step Example:

Assess all students in health education, including performance assessments.

Indicate health education as a separate subject on the report card and report results every term that health education is taught.

### What We Are Looking For:

- A student report card template with health education clearly delineated for every grade that health education is taught.
- A sample performance assessment that measures student learning of healthy eating and/or physical activity concepts and skills that has been administered to students in your school.

### Resources:

**National Health Education Standards: Achieving Excellence, 2nd Edition: pages 85-110 include a recommended reading list on student assessment.**

<http://www.aahperd.org/aahe/publications/HE-Standard.cfm>

### Checklist Criteria:

Health education is taught by trained teachers at the elementary school level or teachers are certified/licensed in health education at the middle and high school levels

### Why?

Many elementary classroom teachers have had little or no teacher preparation in health education. It is important that elementary classroom teachers are knowledgeable and comfortable teaching health education in the specific concepts and skills that they are responsible to teach. Initial introduction to a new or revised health education curriculum or program and follow-up support is critical for successful implementation. Middle and high school teachers should be certified or licensed from the State Department of Education in the subject they are teaching. Teachers who have been professionally trained, believe in what they are teaching, are knowledgeable about the curriculum content, and are comfortable and skilled in implementing expected instructional strategies and appropriate student assessments, are better prepared and highly qualified to teach health education.

**How?**

- Provide training for elementary classroom teachers on new or revised health education curriculum or categorical programs
- Develop a process for providing training on the health education curriculum for new teachers and teachers that move from one grade to another
- Adopt a district policy that requires middle school and high school health education teachers to be licensed or endorsed by the State Department of Education

**Action Step Example:**

Hire trained elementary school teachers and/or licensed health education teachers at the middle and high school.

**What We Are Looking For:****Elementary School Level**

- Health education is taught by classroom teachers, specialized health education teachers or physical education/health education teachers.
- Teachers at the elementary school level who teach health education have been given appropriate professional development to teach the health education curriculum or program for their grade.
- Professional development is provided for new teachers and teachers that move from one grade to another.
- Guest speakers are used to reinforce what has been taught by the classroom teacher.

**Middle School and High School Levels**

- Health education is taught by specialized health education teachers, physical education/health education teachers or by science/health education teachers.
- Health education teachers at your school have a current license or certificate to teach health education

**Resources:**

**Contact the State Department of Education Health Education Specialist or Certification/Licensure Office.**

See the Healthy Schools Program Resource Database, Health Education, for contact information.

**Checklist Criteria:**

Healthy eating and physical activity messages are integrated into other subject areas.

**Why?**

Integrating health messages with other academic disciplines and throughout the school day reinforces knowledge and skills taught in health education classes. Integrating messages about healthy eating and physical activity provides students with consistent messages about the importance of these issues. The effectiveness of health education is enhanced when supported by messages in other subjects that reinforce healthy eating and physical activity.

**How?**

Health issues can be integrated into other subjects in a variety of ways. Some schools have established thematic instruction as a school wide practice. Often, a faculty plans thematic instruction prior to the beginning of the school year or term. Teachers design their units and lesson plans to align to the themes. In some cases, students are given cross course assignments. For example, nutrition is explored from not only a health education perspective, but also a cultural perspective in social studies, a literature perspective in English and a biochemical perspective in science. If a school environment does not lend itself to thematic instruction, there are additional ways to reinforce and support key health messages school-wide. Ideas for Integrating Nutrition and Physical Activity into Other Subject Areas:

- Social Studies: foods and activities from around the world, food customs, community health helpers such as doctors
- Science: gardening, taste and smell, recognize plants as food
- Math: calculate calories, fat calories, saturated fat, protein and carbohydrates from food labels
- Art: draw kids moving in different ways, menu collage, edible art
- Language Arts: read books that promote healthy eating and physical activity, write letters or essays on nutrition topics, develop ads or PSAs
- Music: nutrition songs, drama, puppetry, dance
- Physical Education: exercise, fitness plans, lifetime sports, food games, alphabet relay

**Action Step Example:**

Integrate healthy eating and physical activity messages into at least two subjects in addition to health education

**What We Are Looking For:**

Examples of healthy eating and physical activity messages that are being integrated into at least two other subjects where health education is not regularly taught.

**Resource:**

**Promoting and Integrating Healthy messages in your Classroom (See Appendix D)**

**Checklist Criteria:**

At the middle and high school levels, health education electives that include additional instruction on healthy eating and physical activity are offered.

**Why?**

Middle and high school students make health related decisions and choices as they take on additional responsibilities. High school students become increasingly more independent as their daily lives become more complex and diversified. Quality middle and high school health education programs provide students with critical and practical knowledge and skills so students can develop and maintain healthy behaviors. Offering health education electives allows students to pursue individualized interests and needs.

**How?**

- Conduct a survey or focus groups to identify student interests
- Meet with school administrators to present data and plan for possible health education electives
- Be creative—instruction may be part of an advisor-advisee program or a spin-off from a study hall period

**Action Step Example:**

At the middle and high school levels, offer health education electives which include additional instruction on healthy eating and physical activity.

**What We Are Looking For:**

- Class descriptions of health education electives offered.
- Additional required health education classes beyond the minimum required at each award level. For example, requiring health education in two grades at the middle school when applying for bronze recognition.

**Resources:****Health Education Curriculum Analysis Tool (HECAT)**

<http://www.cdc.gov/HealthyYouth/HECAT/index.htm>

**Checklist Criteria:**

Health education curriculum, instructional strategies and examples are responsive to and inclusive of the diversity of the student population.

**Why?**

Celebrating diversity is a value that is fundamental to school wellness and which includes the practice of respecting and representing individual differences across all elements of the school health environment. Differences include but are not limited to religious beliefs, gender, age, lifestyle choices, communication styles, sexual orientation, economic backgrounds, culture and traditions, ethnicity or race. Providing a classroom that is culturally responsive is linked to student motivation and therefore, increased student academic success.

According to Ginsberg (2005), “designing lessons that help elicit students’ stories, opinions, values and interests as a catalyst for learning is fundamental to encouraging intrinsic motivation across student groups.” As well, “what is culturally and emotionally significant to a person evokes intrinsic motivation. Therefore, teachers need to be committed to acquiring information about the cultural particularities of specific ethnic groups represented within their classroom to make schooling more interesting and stimulating, representative of, and responsive to ethnically diverse students.”

Statistics demonstrate why it is critical to ensure that any and all efforts to create healthier school environments take cross-cultural needs into consideration: overweight and obesity in the U.S. occur at higher rates in African Americans and Hispanic Americans, compared with white Americans. Asian-Americans have a relatively low prevalence of obesity. Women and persons of low socioeconomic status within minority populations appear to particularly be affected by overweight and obesity.

**How?**

To work effectively in schools to promote a culturally appropriate healthy school environment, it is suggested that all school staff have an understanding of the student population and the local community. Culturally competent schools value diversity, are conscious of the dynamics inherent when cultures interact, and develop adaptations to the classroom reflecting an understanding of diversity between and within cultures. These elements are reflected in attitudes, physical environment, policies and services.

To develop culturally appropriate health education in schools, it is important to understand and address the key aspects of diversity such as culture, language, belief systems, perceptions, values and norms including embracing the differences of customary eating habits and diverse cultural norms of students and communities. Use communications strategies that are culturally responsive to ensure messages are getting through in an appropriate manner (watch for non-verbal clues). Tips on becoming a culturally competent teacher that incorporate learning strategies, teaching methods and materials that are culturally inclusive include:

- Use curricular materials that are free of culturally biased information, but also include information, activities and examples that are inclusive of diverse cultures and lifestyles (e.g., gender, race, ethnicity, religion, age, physical/mental ability and appearance)
- Use teaching strategies that promote values, attitudes and behaviors that support the cultural diversity of students; optimize relevance to students from multiple cultures; strengthen students’ skills necessary to engage in intercultural interactions and build on the cultural resources of families and communities

**Action Step Example:**

Use health education curriculum, instructional strategies and examples that are inclusive of the diversity of the student population.

**What We Are Looking For:**

Detailed description of how health education curriculum and instructional strategies are responsive to and inclusive of the diversity of the student population.

Provide examples such as how:

- Health education curriculum includes objectives describing the influence of culture on health beliefs, practices and behaviors
- Health education instructional strategies and student assessments include an opportunity for students to express ideas from a perspective that represents their culture, gender, etc. and allow for a wide range of learning styles and intelligence preferences
- Health education strategies include ways that incorporate aspects of different cultures into instruction and assignments to reach diverse student populations
- Pictures, posters and media resources are selected that are reflective of the diverse cultures and backgrounds of students
- A variety of examples and explanations are used to reach diverse student populations
- Health education instruction utilizes the languages of the English as a Second Language students

**Resources:****Aligning Learning with Learners Guide**

<http://www.rmc.org/allguide/>

**Health Education Curriculum Analysis Tool**

<http://www.cdc.gov/healthyyouth/HECAT/index.htm>

**AAHE Position Statement on Cultural Competency in Health Education**

<http://www.aahperd.org/aahe/advocacy/positionStatements/upload/Cultural-Competence-2006.doc>

**National Health Education Standards: Achieving Excellence, 2nd Edition: pages 53–66**

<http://www.aahperd.org/aahe/publications/HE-Standard.cfm>

Ginsberg, M. (2005). *Cultural diversity, motivation, and differentiation. Theory Into Practice*, 44 (3), 218-225.

## Steps for Designing and Coordinating Health Education Curriculum, Instruction and Assessment

A majority of states set requirements for health education in public schools. School districts and schools can use the steps below, based on best practices in the professional literature, to successfully develop or revise their health education curriculum. Designing and implementing a comprehensive health education curriculum is a complex process. Following the 12 steps minimizes problems and insures that the end product, the curriculum, is comprehensive, sequential, follows best practice and promotes healthy behaviors.

### Step 1: ORGANIZE A HEALTH EDUCATION CURRICULUM COMMITTEE

The school/community health education curriculum committee is given the responsibility for the overall design of the curriculum and/or selection of textbooks and classroom materials. The committee includes representation from administration, teachers from all grade levels, other school staff, school board, health-related groups, family and community members and students. The committee secures administrative authorization, resources and clear guidelines for its work. The committee becomes knowledgeable about comprehensive school health education and the process for curriculum design.

### Step 2: FRAME THE WORK PLAN

The committee frames an annual plan for their work utilizing these 12 steps. The committee work plan includes specific tasks, responsibilities, resources needed and timeline. Some elements to include in the plan are strategies to document decisions and recommendations and conduct a process evaluation.

### Step 3: INVESTIGATE LITERATURE, LEGISLATION AND POLICIES

The committee becomes familiar with up-to-date health education research, issues and trends. Key documents include the National Health Education Standards and CDC's Health Education Curriculum Analysis Tool (HECAT). Committee members become familiar with federal legislation and programs, state requirements, rules and regulations and local school policies and procedures related to health education.

### Step 4: COMMUNICATE AND ADVOCATE

At key points throughout the curriculum development process the committee, a) communicates with stakeholders including teachers and administrators, school board members and family and community members, and b) advocates for decision makers to take action to effectively adopt, implement and maintain a quality health education program. The committee develops and implements communication and advocacy strategies that inform stakeholders and promote the benefits of health education. During implementation, special attention is given to generating visibility and highlighting success stories through school newsletters and press releases.

### Step 5: ASSESS COMMUNITY AND STUDENT NEEDS

The assessment process provides an opportunity for family and community members to identify areas of health perceived as most critical for children and youth. The committee conducts a well-designed needs assessment for family and community members that promotes public relations, provides information and secures support for the committee's ongoing efforts. Student ideas are solicited to determine their health needs and interests through surveys and/or discussion groups. Local student health data are analyzed.

**Step 6: ASSESS THE HEALTH EDUCATION PROGRAM**

Assessing the effectiveness of the current health education program is important. Conducting a survey or focus groups with teachers will identify specific topics and/or programs currently being taught, the amount of time allotted to each, teaching methods used and the process used to assess student achievement. Teachers reflect on the effectiveness of their current instructional practices and indicate which health education concepts and skills they think should be emphasized based on the needs of their students. The committee considers how health education links with other health-related school initiatives such as school meals, the before and after school program and the employee wellness program.

**Step 7: DEVELOP A VISION AND MISSION**

The committee develops a vision for health education that incorporates input from school staff, students, family members and community. They develop a mission statement for the committee that reflects the beliefs of the school and community while supporting the overall school vision and mission.

**Step 8: REVIEW RESOURCES**

The committee reviews existing resources prior to writing or selecting a curriculum, program or textbook series. Many excellent health education resources, both comprehensive and categorical, are available. A number of effective programs and materials can be acquired from state and national health-related agencies and organizations including those that promote healthy eating and physical activity. Utilizing the Health Education Curriculum Analysis Tool ensures that critical health concepts and skills are included in the curriculum. Healthy Schools Program members can use the HSP Resource Database to find free and low-cost resources.

**Step 9: DESIGN THE CURRICULUM**

The curriculum developed by the committee is sequential and comprehensive. The curriculum details what students should know and be able to do at each grade. Data gathered from previous steps are used to inform the development of the curriculum. The process involves adopting, adapting or compiling components of existing health education programs or selecting a textbook series. Diversity of the student population is reflected in the curriculum and instructional strategies. Curriculum, instructional strategies, and student assessments are aligned to State and/or National Health Education Standards. For schools with an established health education program, it is only necessary to revise and update the existing curriculum. The curriculum links objectives, essential health content and skills, instructional methods and assessment strategies. Effective instruction engages students and allows time for skill development. Many health issues, such as healthy eating and physical activity, extend across the curriculum; therefore the committee coordinates integration of healthy messages with other subject areas.

**Step 10: SECURE CURRICULUM APPROVAL**

The committee presents the curriculum for consideration to families and the community through appropriate forums, i.e. community meetings, PTA. Following the review, the committee considers input and makes appropriate revisions. The final curriculum is presented to the school board for approval. The committee chairperson periodically updates the school board on the status of implementation of the health education curriculum.

**Step 11: CONDUCT PROFESSIONAL DEVELOPMENT**

It is of utmost importance that teachers responsible for implementing the curriculum be knowledgeable and comfortable with the curriculum, classroom resources and student assessments. The committee works with

administrators to plan and provide appropriate, quality professional development for teachers and staff to introduce the health education curriculum. Ongoing support is provided based on needs identified by the teachers. Teacher support includes time for attending building or grade-level meetings to share ideas and concerns, plan lessons, resolve common issues and learn about specific health content. Annual orientation is provided for new teachers and administrators, teachers who have changed assignments or teachers requiring additional support.

### **Step 12: IMPLEMENT, MAINTAIN, AND EVALUATE THE CURRICULUM**

Once the curriculum is developed and teachers are prepared, the curriculum is ready for initial implementation. To encourage teachers to initiate the new or revised curriculum, the committee establishes a timeline for field-testing a set of lessons or a unit and develops a feedback process to allow for periodic updates such as discussions at grade level meetings or maintaining a health education blog. The committee establishes a systematic maintenance plan that safeguards the integrity of the curriculum. The plan includes the following strategies, 1) gathering teacher feedback and updating the curriculum, including instructional ideas and classroom materials, on a yearly basis, and 2) initiating a screening process for adding new materials and programs. The committee ensures that there is a process for evaluating and documenting curriculum effectiveness based on teacher observations and feedback as well as student assessment data.

## Writing the Health Education Curriculum

### Developing the Scope and Sequence

The health education standards and performance indicators provide a *'framework'* for the curriculum. The scope and sequence determines what will be taught at each grade level or grade. It identifies what knowledge and skills will be taught as outlined in the health education standards and performance indicators and can serve as grade level expectations.

### Considerations

- Link to other school/system initiatives
- Consider all data gathered: community needs assessment; student input
- Consider what health education is currently being taught by a majority of teachers and what is taught in other program areas, including the guidance educational program

### Scope and Sequence Process

- Develop or revise scope and sequence for content and skills – one grade at a time or one content area/skill at a time
- Consider the health education standards and performance indicators for each grade or grade span **and** the health education content areas across each grade or grade span
- Check for gaps by utilizing CDC's Health Education Curriculum Analysis Tool (HECAT)  
[www.cdc.gov/healthyyouth/HECAT/index.htm](http://www.cdc.gov/healthyyouth/HECAT/index.htm)
- Revise as the work is progressing
- Plan backwards from the health education standards and performance indicators checking alignment at benchmark grades (example: grades 2, 5, 8, 12)

### Suggestions

- Use chart paper to brainstorm list or provide a place to put post-its
- Keep all sheets up until the process is complete.
- Have teachers review the scope and sequence to provide feedback, eliminate duplication and fill in any gaps

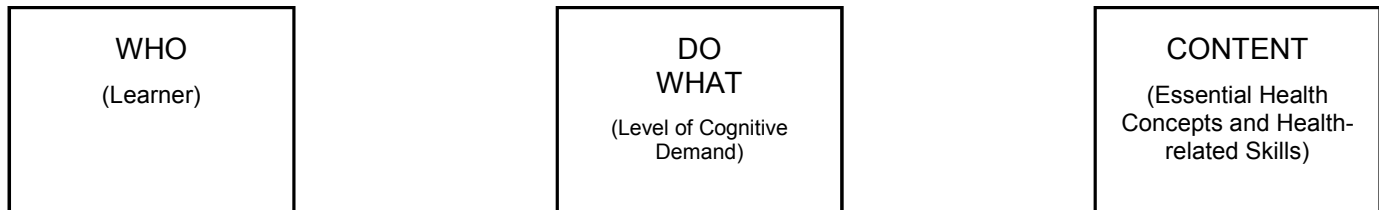
### Writing the Curriculum

Once the scope and sequence is developed or revised, the committee is ready to develop or revise the health education curriculum. Curriculum development is a process that needs time and coordinated effort. Determine how the committee will work; when the committee will meet; what resources are needed to provide guidance; what materials and equipment are needed to conduct the work; the process for

engaging school or community experts and additional classroom teachers, as appropriate; who will facilitate the grade level groups; who will provide the support needed to type and print drafts; and who needs to review the drafts between work sessions.

### Developing Student Objectives

Student objectives (learner outcomes) direct what the learner should know (essential health concepts) and be able to do (health-related skills) at a specific level of cognitive demand.



### Building Teacher “Buy-in”

The more user-friendly the curriculum is (includes helpful information for teachers), the greater the likelihood that teachers will implement it. A draft curriculum gives teachers a trial period and the opportunity to pilot, implement and provide feedback. The feedback enables the committee to revise the curriculum based on input from teacher and others.

### Considerations

The health education curriculum is written using a similar format to other core content areas in your school district and/or school.

#### Useful information for teachers

- Teaching Activities
- Potential Resources
- Classroom Assessment Strategies/Common Assessments
- Family and Community Involvement Ideas (i.e. extension ideas; utilizing community resources)

### Curriculum Writing Process

- Decide which format the committee will use when writing the curriculum and have copies of the template available (or loaded on computers or on the school website) for the writing sessions - have sample curriculums and resources available
- Use the scope and sequence to guide curriculum development
- Write objectives that address the content and provides the opportunity to learn and practice skills that will ultimately lead toward student achievement of the performance indicators
- Match the instructional practice with the intent of the performance indicator
- Draw on grade level teachers to suggest activities, resources and connections to other subjects

- Include suggestions for classroom assessment ideas or develop common grade level assessments

## **Considerations**

- The entire committee develops one or two objectives together and then breaks into grade level groups to continue the work - groups should check in frequently
- Link the activities and resources directly to each objective
- Be clear about the purpose of the suggested activity or resource
- Have teachers review the draft curriculum as each grade level is completed and provide feedback

## **Step-by-Step Process**

- Choose a grade
- Choose a health content area/health behavior
- Combine a performance indicator (check level of cognitive demand) at a grade level with one or more essential concepts and/or health-related skills
- Identify one or more teaching strategies that will help students learn and master the essential concepts and health-related skills
- Identify possible classroom resources
- Identify student assessments that will provide evidence of students' achievement

If the committee prefers to work backwards from the assessment, use the Backward Design Process.

## **Backward Design Process**

- Choose a standard and one or more performance indicators and health behavior
- Identify assessments that will provide evidence of students' achievement
- Identify one or more teaching strategies that will help students learn and master the essential concepts and health-related skills
- Identify classroom resources

## **Incorporating Categorical Programs**

- Incorporate program objectives when designing the curriculum
- Enhance already existing curriculum in a systematic way
- Decide which objectives and lessons are appropriate by matching standards, performance indicators and grade levels
- Utilize the Health Education Curriculum Analysis Tool to determine if the program includes core health concepts and skills

## Checklist

- Is the categorical program comprehensive or does it focus on one or more health areas, such as healthy eating and physical activity?
- Does the categorical program align with state and national health education standards?
- Does the program include essential health concepts and skills outline in CDC's Health Education Curriculum Analysis Tool?
- How do the objectives of the categorical program match the objectives in the curriculum?
- Are there activities currently being taught that are similar to ones being suggested and how does the committee eliminate duplication?
- Should all or part of the categorical program be included in the curriculum?
- Are student assessments included in the program and do they directly link to one or more health education standards/performance indicators?
- At what grades should the categorical program be incorporated into the curriculum? Which objectives are more appropriate at a different grade level than suggested?
- Is the program research-based?
- What does the research say regarding the percentage of the program that must be taught in order to meet the fidelity requirements?

## Promoting and Integrating Healthy Messages in Your Classroom

**Food Pyramid Challenge:** Make teaching about the food pyramid interactive! Challenge your students to keep track of their daily intake and then compare it with the recommended daily allowances. *Modification: Fruit & Vegetable Challenge* - Set a goal for your class to eat a certain number by the end of each week or month.

**Healthy Popular Culture:** As you teach about important health topics, ask students to go home and keep their eye on social themes in media (i.e. TV, movies, internet, video games, newspaper, or radio) that show, or contribute to, negative behaviors such as inactivity and over-eating. Have your students record what they found and provide alternative solutions to the negative behaviors—what would they do differently? *Modification: Sports Screeners* - Examine how physical activity and sports are depicted in movies and on television. Hypothesize how images of physical activity and sports depictions in entertainment can influence our attitudes and behaviors.

**Grocery Store Scavenger Hunt:** Have your students write down the types of foods they find at the grocery store. Can they find the fat and sugar content on the label?

*Modification: Class Experiment* - Conduct an observational experiment and examine the food choices of classmates.

**Sous Chef Needed:** Partner with a local chef to make a “Healthy Harvest Salad” or have them show your class how to prepare one of their easy and healthy dishes.

**Mini-Chef Contest:** A contest between classrooms and/or a home-school project where students follow-up their nutrition unit with a healthy recipe contest. Students create a recipe based on what they have learned about heart-healthy and nutritionally-packed food choices.

**Mentor Program:** Ask students from a high school or middle school consumer science class to speak/teach younger students about the food pyramid and healthy food choices. They can share samples of healthy food recipes that they have prepared in class.

**Get Drawing:** A great way to reinforce what has been taught in class-- have students participate in a poster contest focused on nutrition, physical activity and healthy habits.

**A Feast for All:** Invite family members to eat breakfast or lunch on special days of the month. Get even more interactive! Have your class create a healthy lunch menu using the nutritional information they have learned and make them the “teacher” as they share this information with their guests.

**Create a Recipe Book:** Bring nutritional information to families and community members by having your students create their very own Healthy Choices cookbook. For motivation, have your students create a healthy vegetable or fruit salad in class! Check out a few recipes from the American Heart Association's Healthy Family Meals Cookbook for some ideas to get you started.

<http://www.americanheart.org/presenter.jhtml?identifier=3067670>

**Pyramid Relay:** Get your class up and moving with this fun game! Create a food pyramid on your playground and have students race to match up foods with the food group they belong in.

*Modification:* **Matching Game** - Don't have enough room? Create a matching game that can be duplicated and completed in the classroom. Cut out pictures from food ads and magazines to match up with their food group.

**That's a Wrap:** Have your students role-play certain scenarios that demonstrate good eating habits. Each role play scene should be followed by a discussion on the different healthy choices that were chosen. You may want to discuss some of the obstacles your students face when trying to make healthy choices (lack of equipment, no safe areas to play, time constraints and cost) and brainstorm ways your students can find healthy and fit alternatives.

**Read All About It:** Why not incorporate nutrition into your reading class? The Food and Nutrition Information Center of the USDA has created a list of children's books about food and nutrition. Many of these titles can be found at your local library – check it out!

**Mission Nutrition:** What could be more interactive than having a Health Fair at your school? This can certainly be modified for all grade levels, but the key is to have your students host the event. Students could set up informational booths or tables in the cafeteria, offer nutrition lessons and activities, as well as demonstrate physical activities to keep them healthy! You could even open this up to local grocery stores or health professionals in your area allowing them to share some of their expertise about healthy eating and keeping fit.

**Healthy Lifestyles:** Have a class discussion about the impact that food sources, diet, availability of clean water, and healthy lifestyles have had on populations around the world (e.g. life span, politics, culture). Encourage students to think critically about how American lifestyles and diets have impacted our health over the years. Possible extensions could include showing videos and documentaries about food to offer different points of view, or creating a time line that represents how our healthy habits have been impacted as our food sources, diets and technologies have changed.

**It's a Date:** Transform your lunch or classroom calendar by adding a healthy activity or fun fact each day. Simple activities such as taking a 10 minute walk around your school (count the number of steps), trying a new fruit or vegetable, counting the number of push-ups/sit-ups you can do in two minutes and having a student lead a five minute stretch after lunch. This is a great daily "habit" that will surely inspire your students to keep active in the years to come!