Curriculum Framework

for Health Education

Office of Curriculum, Instruction and Student Support
Instructional Services Branch

Department of Education
State of Hawaii

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FOREWORD

Broadly defined, curriculum is the total learning experience provided by a school to its students. It includes all of the content, goals and objectives, instructional materials, instructional strategies, student support and other services, and activities provided for students by the school.

Curriculum frameworks communicate common understandings about content and performance standards, instruction, and classroom assessment in a content area. The frameworks suggest ways that classroom instruction and assessment can be designed to best address the Hawaii Content and Performance Standards (HCPS) III. The curriculum frameworks also provide a means for schools to incorporate system-wide requirements into the school curriculum to ensure educational quality and equity for all students.

This framework is one of a series of Hawaii State Department of Education publications for teachers and other educators to use in implementing the HCPS III at the classroom level. Curriculum Frameworks for each of the nine HCPS III content areas provide a framework and philosophy for curriculum, instruction, and classroom assessment in those disciplines.

Patricia Hamamoto, Superintendent

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INTRODUCTION TO THE CURRICULUM FRAMEWORK SERIES

DESCRIPTION, PURPOSES, USES

Curriculum frameworks suggest the best thinking about the knowledge, skills, and processes that characterize a particular discipline; these frameworks provide a structure within which to organize curriculum and instruction in that content area. Curriculum frameworks represent the theoretical and philosophical bases, grounded in sound research, upon which the content standards, benchmarks, performance tasks, and rubrics were developed.

The curriculum framework series for the HCPS content areas include documents that provide the rationale or statements of the values, principles, research, and assumptions which help to guide decision making and the designing of curricular and instructional programs. Curriculum frameworks provide links between theory and practice as well as up-to-date and relevant information about pedagogy, learning, and resources within a content area.

Curriculum frameworks are intended for teachers and other educators and policy-makers involved in curriculum, instruction, and other educational decision-making. The frameworks are meant to provide a level of consistency, standardization, and equity in curriculum, instruction, and assessment across all classrooms across the state. The written format allows access to this information by all educators statewide.

Curriculum frameworks can be used by teachers as a roadmap to plan and design curricular and instructional units or activities at the school level and serve as aids in selecting appropriate classroom level materials for students as well as assessments that can be used for diagnosis, progress monitoring, and measuring outcomes. The frameworks can also serve as a common reference point in discussing and aligning curriculum schoolwide or within a grade level or department.

THE SYSTEM OF STANDARDS

Fundamentally, standards provide all students with access to high expectations, challenging curricula, and effective teaching. Standards associate equity with excellence and ensure that students have the knowledge and skills necessary to participate in daily activities and in the workplace and to pursue their goals and aspirations.

The HCPS III describe educational targets in all nine content areas for *all* students in grades K-5. All students, therefore, are expected to be given the opportunity to meet all of the K-5 HCPS III standards. At the secondary level, however, the standards describe different things in different content areas. For the four CORE content areas (Language Arts, Mathematics, Science, and Social Studies) the standards describe expectations for all students, since all students are expected to take certain required courses in these areas. For the *extended core* (Health, Physical Education, Fine Arts, World Languages, and Career and Technical Education) they describe a continuum that should be expected by students who choose courses in these areas as electives. It should be emphasized that *all* courses, required or elective, are standards-based and are part of the *Hawaii Standards System*.

THE HAWAII STANDARDS SYSTEM

The Hawaii Standards System is more than the HCPS III alone. The Hawaii Standards System supports standards-based education through curriculum, instruction, and assessment components. The system also provides student instructional support components such as Special Education and English for Second Language Learners. It also includes student and family support components such as Pihana Na Mamo and Parent Community Network Coordinators. The *Hawaii Standards System* supports school level implementation of standards-based education by

- Identifying the targets for student learning such as the Vision of the Public School Graduate, General Learner Outcomes, the HCPS III, and other course standards;
- Providing curricular and behavioral support for students through direct services to students and their families; and
- Developing, acquiring, and assuring access to support for implementation of standards-based education for teachers, school leaders, and other academic staff.

The HCPS III contain

- Essential content and skills in *nine* content areas: Career and Technical Education, Fine Arts, Health, Language Arts, Mathematics, Physical Education, Science, Social Studies, and World Languages;
- Standards that describe the educational expectations for *all* students in grades K-5;
- Essential standards for all required courses in the four *core* areas: Language Arts, Math, Science, and Social Studies; and

- Essential standards that can be met through elective courses chosen by secondary students to fulfill graduation requirements in the five extended core areas: Career and Technical Education, Fine Arts, Health, Physical Education, and World Languages.

Included in the Hawaii Standards System are standards for courses not found in the HCPS III document. These standards will be found in future HCPS III publications as course standards and benchmarks as well as in the new edition of the *Approved Course and Code Numbers* (ACCN) catalog. Because *all* courses are standards-based, these specialized courses utilize

- Industry or national standards that describe essential content and skills for elective courses in areas such as Career and Technical Education and Fine Arts; and
- Content area-specific standards found in HCPS II.

THE RELATIONSHIP BETWEEN THE STANDARDS AND THE GENERAL LEARNER OUTCOMES

Content Standards define the academic content knowledge and skills that all students should know and be able to do. They are general statements of expectations for all students K-12.

Equally important to learning academic content is developing the knowledge, skills and attitudes that all students need in order to lead full and productive lives. The six General Learner Outcomes (GLOs) serve as the essential, overarching goals in the system of standards. These Outcomes are

- GLO 1: Self-directed Learner: The ability to be responsible for one's own learning
- GLO 2: Community Contributor: The understanding that it is essential for all human beings to work together
- GLO 3: Complex Thinker: The ability to be involved in complex thinking and problem solving
- GLO 4: Quality Producer: The ability to recognize and produce quality performance and quality products
- GLO 5: Effective Communicator: The ability to communicate effectively
- GLO 6: Effective and Ethical User of Technology: The ability to use a variety of technologies effectively and ethically

These Outcomes must be an integral part of teaching and learning and the heart of every Hawaii classroom. Teachers of all subjects in all grades must contribute to the development of the GLOs while promoting the learning of subject matter as well.

The real test of the standards is their ability to improve student learning. Raising expectations is but the first step; it is what we educators do with the standards—how they are realized in all classrooms for all students—that will determine whether we can fulfill the Department's vision of Hawaii public school graduates who

- realize their individual goals and aspirations;
- possess the attitudes, knowledge and skills necessary to contribute positively and compete in a global society;
- exercise the rights and responsibilities of citizenship; and
- pursue post-secondary education and/or careers without the need for remediation.

THE HCPS III IMPLEMENTATION PROCESS MODEL

The HCPS III Implementation Process Model is a framework that has been adapted from West Ed's Learning from Assessment model. It consists of a series of six steps.

- The first step in the process asks a teacher to identify relevant benchmarks. The teacher decides which benchmarks will be the central focus of a lesson or unit.
- In the second step, the teacher determines what evidence will show that the students have met the benchmarks.
- In the third step of the process, the teacher plans the strategies and experiences which will build understanding and help all students meet proficiency.
- The fourth and fifth steps require the collection of evidence of student learning. The teacher determines what this evidence indicates about the student's progress and decides what further instruction or support is needed.
- Lastly, the teacher evaluates the work and communicates the findings.

While the model numbers the steps in the process, it is important to remember that these steps are not always followed in a lock-step fashion. For example, a teacher may work through steps one to five, and as she collects the evidence of student learning (step five), she will likely gain insight that will inform step three (determine learning experiences). In her review of the work, she may notice that many students are not meeting a certain aspect of a particular benchmark. For example, the students may be able to correctly compare fractions, but may be unable to explain why they placed the fractions in a particular order. This evidence will inform step three and the teacher will likely design additional learning experiences designed to help students place fractions in a particular order.

HCPS III IMPLEMENTATION PROCESS MODEL

❶	Identify relevant benchmarks.
❷	Determine acceptable evidence and criteria.
❸	Determine ***learning experiences*** that will enable students to learn what they need to know and to do.
❹	Teach and collect evidence of student learning.
❺	Assess student work to inform instruction or use data to provide feedback.
❻	Evaluate student work and make judgment on learning results and communicate findings.

Reteach or repeat the process with the next set of benchmarks.

The table on the next page shows the six-step HCPS III Implementation Process Model. It also shows the state and school support for student success that relates to each step in this model.

HCPS III IMPLEMENTATION PROCESS MODEL

Implementation Steps	State Support for Student Success	School Support for Student Success
❶ Identify relevant benchmarks. *Which benchmarks will be the central focus of the lesson/unit?*	**Benchmark Map** (http://standardstoolkit.k12.hi.us) ~ developed by State with input from field ~ includes sets of benchmarks clustered around Big Ideas or Major Understandings; clusters mapped out by quarters ~ serves as the focal point for other state-developed supporting documents and future standardized course assessments and HSA	**Curriculum Map** [Lotus Notes curriculum mapping program available at no cost (check with your principal)] ~ developed by teachers/schools to create a cohesive and articulated curriculum ~ aligned to Benchmark Map
❷ Determine acceptable evidence and criteria. *What evidence will show that the student has met the standards?*	**Instructional Map** ~ will be developed by OCISS with input from field ~ aligned to Benchmark Map ~ includes sample assessment tasks and rubrics	**Curriculum Map** (continued) ~ includes assessment tasks (may include teacher-developed tasks, or tasks from the Instructional Map, textbook, journals, publications, websites, or other resources)
❸ Determine ***learning experiences*** that will enable students to learn what they need to know and to do. *What strategies/experiences will build understanding and help all students meet proficiency?*	**Instructional Map** (continued) ~ will include sample instructional strategies to provide opportunities for ALL students to reach proficiency **Instructional Materials Review** ~ development of Recommended Textbook List that includes resources that support standards-based instruction and assessment	**Unit/Lesson Plans** ~ developed by teachers ~ aligned to Curriculum Map ~ learning experiences may come from a variety of resources: Instructional Map, textbooks, journals, publications, websites, or other resources ~ includes plans for formative assessment
❹ Teach and collect evidence of student learning. ❺ Assess student work to inform instruction or use data to provide feedback. *What does the evidence indicate about the student's progress?* *What further instruction or support is needed?*	**Instructional Map** (continued) ~ will include student work (exemplars) for the tasks that are provided	**Formative Assessments (from Step #3)** ~ used to guide instruction and inform students of their progress **Summative Assessments (from Step #2)** ~ used to assess student's level of proficiency after the student has had a chance to learn, develop, and improve
❻ Evaluate student work and make judgment on learning results and communicate findings. *What do recent assessments indicate about the student's level of proficiency?*	**Standardized Course Assessments** ~ coming soon for high school courses	**Standards-Based Grading and Reporting** ~ used to report progress/proficiency of benchmarks that were identified in Step #1
Reteach or repeat the process with the next set of benchmarks.		

THE STANDARDS-BASED CLASSROOM

The standards-based classroom does not have one particular form. Rather, it can take on many forms. Characteristics to look for include the following:

What are students doing?

- Working in collaborative groups, talking and sharing ideas about the subject matter and solving problems or conducting investigations together
- Listening actively to each person's ideas and being critical friends when someone needs help understanding a difficult concept
- Demonstrating persistence in performing complex tasks and learning challenging concepts
- Communicating thoughts, ideas, findings, solutions to others
- Using and knowing when to use various resources (such as printed materials, tools, and technology) to learn about the subject matter
- Reflecting on their progress toward learning goals

What are teachers doing?

- Asking good questions to get students to think more deeply about a posed problem or task
- Constantly assessing where students are with respect to the focus of the lesson and adjusting the lesson based on feedback about student understanding
- Creating a climate for risk-taking and encouraging subject-matter dialogue where students exchange a variety of ideas and feel confident about asking questions
- Providing opportunities for students to learn at their own pace using strategies for differentiation
- Using text materials, tools, technology, multimedia, guest speakers, and/or field experiences to enhance learning
- Making every effort to show links between and among disciplines and how the subject matter is connected and relevant to other areas and real contexts

REFERENCE

Jamentz, K. (1998). *Standards: From document to dialogue.* San Francisco, CA: WestEd.

PREFACE

"Healthy children make better students, and better students make healthy communities."

-The Association of State and Territorial Health Officials (ASTHO) and The Society of State Directors of Health, Physical Education, and Recreation (SSDHPER), 2002, Slide #57.

Students value good health for themselves and their families. However, many students do not know how to positively pursue healthy lifestyles without proper education. Today's school health education helps young people learn and practice the personal and social skills they need to deal with the important health issues and decisions that they encounter as they grow from childhood and adolescence into young adulthood.

The publication of the National Health Education Standards in 1995 (Joint Committee on National Health Education Standards, 1995, revised 2005) and the *HCPS III Health Education Standards* in 1999 (Hawaii Department of Education, 1999) marked this important change in focus for school health education. Health education offers a coherent vision of what it means to be health literate. For students to be health literate, they need to obtain, interpret, and understand health information in ways which enhance health. The content includes the most important and enduring ideas, issues, and concepts related to achieving good health. The skills include ways of communicating, reasoning, and investigating which characterize a health-literate person. Both content and skills are essential for effective health education.

The *HCPS III for Health Education* specifies the knowledge, skills, and practices that students need to promote and protect their own health and the health of others. *The Curriculum Framework for Health Education* provides research-to-classroom guidance for educators in best practices for planning, implementing, and assessing the health education standards in K-12 educational settings.

The seven *HCPS III for Health Education* standards encompass a range of important personal and social skills that young people apply in the context of seven priority risk/content areas. For example, health education students learn and practice a variety of effective self-management, communication, and decision-making skills. Students also learn to compare and contrast the best use of those skills in situations such as managing stress, eating a healthy diet, engaging in daily physical activity, refusing tobacco, suggesting alternatives to risky behaviors (e.g., drinking and driving) that could lead to injury, setting personal limits related to sexual behavior (e.g., refusing unwanted sexual activity) and walking away from volatile situations that might result in violence.

This framework integrates seven health education standards (skills) and seven priority risk/content areas. This "seven by seven" curriculum focus (Pateman, 2002) includes the health education standards of: 1) acquiring core concepts, 2) accessing health information, products, and services, 3) self-management, 4) analyzing internal and external influences,

5) interpersonal communication, 6) decision-making and goal-setting, and 7) advocacy for health. The health standards are taught in the context of the priority risk/content areas of 1) mental and emotional health, 2) personal health and wellness, 3) healthy eating and physical activity, 4) promoting safety and preventing violence and unintentional injury, 5) tobacco-free lifestyle, 6) alcohol and other drug-free lifestyle, and 7) sexual health and responsibility.

1. GENERAL DESCRIPTION OF THE HEALTH EDUCATION PROGRAM

"You can't educate a child who isn't healthy, and you can't keep a child healthy who isn't educated." These words by former U.S. Surgeon General, Jocelyn Elders (1994, p. xi), indicate the important link between health and learning. Young people who are experiencing poor nutrition, physical inactivity, violence, injury, unwanted pregnancy, sexually transmitted disease, illegal substance use, or depression are less likely to do well in school, regardless of the most innovative academic program.

Children and adolescents who have the support of their families, schools, and communities can learn to keep themselves and others healthy and safe. School-based health education can play an important role in that learning. The *HCPS III for Health Education* provides opportunities for young people to acquire functional knowledge and important personal and social skills related to promoting good health. Reviews of evaluation research (Association of State and Territorial Health Officials (ASTHO, 2002); Council of Chief State School Officers (CCSSO, 2002) indicate that skills-based programs can make a positive difference in keeping children healthy.

DEFINITION OF THE HEALTH EDUCATION PROGRAM

The American Association for Health Education (AAHE) Joint Committee on Health Education Terminology defined two important terms related to this framework.

COORDINATED SCHOOL HEALTH PROGRAM

The coordinated school health program is an organized set of policies, procedures, and activities designed to protect, promote, and improve the health and well-being of students and staff, thus improving a student's ability to learn. It includes but is not limited to school health education, school health services, a healthy school environment, school counseling, psychological and social services, physical education, school nutrition services, family and community involvement in school health, and school-site health promotion for staff (AAHE, 2002).

SCHOOL HEALTH EDUCATION

School health education is that part of the coordinated school health program that includes the development, delivery, and evaluation of planned, sequential, and developmentally

appropriate instruction, learning experiences, and other activities designed to protect, promote, and enhance the health literacy, attitudes, skills, and well-being of students, pre-kindergarten through grade 12. The content is derived from the National Health Education Standards, and guidelines that are available in some states (AAHE, 2002).

Modern school health programs purposefully integrate the efforts and resources of education, health, and social service agencies in a coordinated approach to school health (Kolbe, 2002). This framework specifically focuses on health education as one of the essential components of the coordinated school health program. Hawaii's K-12 health education is designed to help students develop the knowledge and skills they need to keep themselves healthy and safe, thus enhancing their ability to learn.

This framework integrates seven health education standards (skills) and seven priority risk/content areas. This "seven by seven" curriculum focus (Pateman, 2002) includes the health skills of 1) acquiring core concepts; 2) accessing health information, products, and services; 3) self-management; 4) analyzing internal and external influences; 5) interpersonal communication; 6) decision-making and goal-setting; and 7) advocacy for health. These standards are taught in the context of the priority health risk/content areas of 1) mental and emotional health, 2) personal health and wellness, 3) healthy eating and physical activity, 4) promoting safety and preventing violence and unintentional injury, 5) tobacco-free lifestyle, 6) alcohol and other drug-free lifestyle, and 7) sexual health and responsibility.

RATIONALE FOR THE HEALTH EDUCATION PROGRAM

The CCSSO (2002) and the ASTHO (2002) stated that "healthy children make better students, and better students make healthy communities." The professional literature in health and education identifies key research findings and recommendations that describe effective health education. These findings and recommendations are presented here as beliefs and assumptions about successful health education programs.

BELIEFS AND ASSUMPTIONS ABOUT HEALTH EDUCATION

The professional literature in health and education provides the following guidance for promoting effective school health education.

Interrelationship of Education and Health

- The primary goal of schools is education.
- Education and health are linked. Educational outcomes are related to health status, and health outcomes are related to education.

- There are certain basic health needs of children and young people. These include nurturing and support; timely and relevant health information, knowledge, and skills necessary to adopt healthful behaviors; and access to health care.
- The school has the potential to be a crucial part of the system to provide these basic health needs. Schools are where children and youth spend a significant amount of their time, and schools can reach entire families. However, the school is only part of the broader community system; the responsibility does not and should not fall only on the schools (Allensworth, Lawson, Nicholson, & Wyche, 1997, pp. 17-18).

Curriculum

An effective school health education curriculum

- Is research-based and theory-driven.
- Focuses on behavioral outcomes.
- Incorporates learning strategies, teaching methods, and materials that are culturally sensitive (Telljohann, Symons, & Pateman, 2006, p. 53).
- Includes teacher information and professional development and training that enhances effectiveness of instruction and student learning (Telljohann, Symons, & Pateman, 2006, p. 53)
- Includes basic, accurate information that is developmentally appropriate.
- Uses interactive, experiential activities that actively engage students.
- Provides students with opportunities to model and practice relevant social skills.
- Addresses social and media influences on behaviors.
- Strengthens individual values and group norms that support health-enhancing behaviors.
- Is of sufficient duration to allow students to gain the needed knowledge and skills (Lohrmann & Wooley, 1998, p. 44).

Programs

Effective school health education programs include

- A developmentally and age-appropriate planned scope and sequence of instruction from pre-kindergarten through twelfth grade, with a specified number of hours of instruction.
- An organizing framework based on the *National Health Education Standards* to ensure that all performance indicators are addressed at the appropriate grade level.
- Health content and skills introduced in the early grades and reinforced in later grades.
- Student assessments that measure skill acquisition as well as functional knowledge.
- Consideration of the needs of diverse learners, including bilingual students, students from different cultures, and students with cognitive, physical, and sensory disabilities (Lohrmann & Wooley, 1998, pp. 48-49).

Instructional Time

The guidelines for allocating instructional times for health classes in elementary schools are as follows: grades K through 3, 40 minutes per week; grades 4 through 6, 115 minutes per week.

The time allocation guideline for middle schools (grades 6 through 8) is 200 minutes per subject per week.

The time allocation guideline for grades 9 through 12 is an average of 200 minutes per week. One semester course credit (one-half credit) is required for graduation.

Professional Development

Substantive preparation in health education content and methodology during preservice college training can give elementary generalist teachers strategies for infusing health instruction into the curriculum and prepare upper elementary teachers to lay the groundwork for the intensive middle school health education program.

Qualified health education teachers interested in teaching the subject are needed to implement effective secondary health education (Allensworth et al., 1997, pp. 6-7).

Professional development for health education teachers needs to focus on teaching strategies that actively engage students and facilitate their mastery of critical health information and skills. Through interactive training that includes modeling, practice, and feedback on teaching skills, teachers can hone their skills and learn to use effective teaching strategies such as cooperative learning, peer-led instruction, skills demonstration and practice, and service learning (Lohrmann & Wooley, 1998, p. 54).

LEGAL AUTHORITY FOR THE HEALTH EDUCATION PROGRAM

Legal authority for the Health Education Program is derived primarily from the Hawaii State Board of Education Curriculum and Instruction 2000 series policies. The primary policies and regulations that impact Health Education, sexuality education and HIV/STD prevention education are also listed on the following pages.

ACADEMIC PROGRAM
(HAWAII STATE BOARD OF EDUCATION POLICY 2100)

The Board of Education recognizes that one of the key components to student achievement and success is a quality, standards-based academic program. Therefore, the Department of Education shall provide an academic program to equip each student with the knowledge, skills, attitudes, and values needed to attain the Hawaii Content and Performance Standards and to give responsible direction to one's own life. The Department of Education shall provide standards-based learning experiences to develop and nurture a variety of intelligences.

Effective learning shall be facilitated through the maximum and active participation of each student in the learning process, insuring that personal meaning is derived from curriculum content, appropriate and relevant teaching and learning strategies, and self-assessment as well as standards-based assessment, grading and reporting procedures. The learning experiences shall be included in concepts commonly taught in, but not limited to, language arts, mathematics, science, social studies, health, physical education, fine arts, world languages, and career and life skills, or a combination of the above subject areas.

Each school shall offer a comprehensive program of academic education to meet the needs, interests, and abilities of all students.

Adopted: 10/70
Amended: 8/86, 03/88, 01/99, 01/05/06

ACADEMIC PROGRAM
(DEPARTMENT OF EDUCATION REGULATION 2100.1)

1. It is the right of every student to have access to a learning program which will permit optimum development as an educated person.
2. The academic program shall include a desirable mix of appropriate and comprehensive learning activities in the areas of (a) communications, (b) humanities, and (c) environmental studies.
3. The basic program, to be offered at each school, shall consist of the knowledge, skills and processes, and attitudinal development to be required of each student as the foundation for attainment of higher academic learning.
4. The minimum elective program enhances the basic program and consists of desirable courses in the major subject areas which may be scheduled in accordance with student interest, staffing and related considerations.
5. The specialized elective program, which shall be planned to meet the unique needs and interests of students and school committees, shall reflect current and emerging concerns of the community, the nation, and the world.

Adopted: 10/70
Amended: 8/86, 3/88

K-12 LITERACY
(HAWAII STATE BOARD OF EDUCATION POLICY 2010)

The development of student literacy in all content areas and in all grade levels is an educational and cultural imperative. Literacy shall be attained through an appropriate framework of curriculum and instruction. Literacy is the ability in any content or context to read, write, and communicate. Literacy shall include mathematical and scientific literacy. Other skills that enhance literacy include relating, expressing, speaking, understanding, listening, critical thinking, analyzing, and problem-solving.

The language arts standards in the Hawaii Content and Performance Standards specify what all students should know and be able to do to become literate. To attain this goal, all schools shall provide a balanced and comprehensive reading and writing program that includes the direct teaching of: (1) comprehension of content and language in both oral and written forms; (2) organized and explicit skills instruction, that includes phonemic awareness, phonic analysis, and decoding skills, especially in the early grades; and (3) fluency and vocabulary development that includes an understanding of how words work. The reading and writing program shall also provide: (4) ongoing diagnosis and assessment that ensures accountability for results; (5) effective writing practices to be integrated into the reading and writing program; and (6) timely intervention services to assist students who are at risk of failing attainment of literacy.

An effective early reading and writing program shall be implemented to assure that every child will become a proficient reader and writer, as defined by the Department of Education, by the end of third grade.

In the instructional program for grades 4-12, all content areas shall further support the development of literacy skills such that students can access and communicate subject area content and concepts using a wide variety of print and non-print materials.

Students identified by the Department of Education as not proficient will receive appropriate assistance and support.

Adopted: 10/94 (Curriculum and Instructional Policy)
Amended: 4/98; 6/02; 10/19/06

CURRICULUM AND INSTRUCTION IN THE EDUCATION PROCESS (DEPARTMENT OF EDUCATION REGULATION 2010.1)

The roles of the curricular and instructional programs for the public schools of Hawaii shall be both broad and inclusive, bringing focus to experiences which will equip students for a lifetime of effective living and learning, permitting them to meet successfully today's problems and opportunities as well as on those in the yet-unknown future.

Curriculum and instruction shall provide experiences which will enable students to learn to think and act intelligently in achieving maximum self-fulfillment and in attaining the knowledge, skills, abilities, attitudes, and appreciations essential for preserving and contributing to the strength of the community, state, nation, and world.

Effective learning shall be predicated on maximum participation of each student in the learning process, insuring that personal meaning is derived from curriculum content, instructional modes, and evaluative procedures.

Provisions shall be made for incorporating many diverse experiences throughout the school years to assist learners in realizing to the fullest their unique potentialities, as well as to make certain that appropriate attention is directed toward the problems and progress of society. The emphasis and degree of sophistication of these experiences shall be appropriate to the needs and characteristics of the learners.

School experiences which contribute to self-fulfillment and productive life shall include the following:

1. Development of basic skills for learning and communication, including, speaking, reading, writing, listening, computing, and thinking.
2. Development of positive self-concept, including understanding and accepting self and understanding and relating effectively with others.
3. Development of decision-making and problem-solving skills.
4. Development of independence in learning, including demonstrating initiative and responsibility for continuous learning.
5. Development of physical, social and emotional health, including demonstrating good health, fitness and safety practices.
6. Recognition and pursuit of career development as an integral part of growth and development.
7. Development of a continually growing philosophy based on belief and values and including responsibility to self and others.
8. Development of creative potential and aesthetic sensitivity.

Adopted: 10/70
Amended: 03/88, 10/94

HAWAII CONTENT AND PERFORMANCE STANDARDS
(HAWAII STATE BOARD OF EDUCATION POLICY 2015)

To ensure high academic expectations, challenging curriculum, and appropriate assessment and instruction for all students, the Department of Education shall implement the Hawaii Content and Performance Standards as approved by the Board of Education. The standards shall specify what students must know and be able to do.

Schools shall articulate and align their curricular, assessment and instructional program—by grade level, subject area, courses, and/or other appropriate units—with the Hawaii Content and Performance Standards and evaluate the effectiveness of their efforts to help all students attain the standards. The school's articulated curricular, assessment and instructional program shall be shared with parents and students with the intent of involving parents/guardians as partners in the education of their children.

The Superintendent shall develop and implement a plan to create a standards-based and performance-oriented education system that will ensure that all students attain the standards.

Approved: 10/95
Amended: 11/01; 06/23/05

HAWAII CONTENT AND PERFORMANCE STANDARDS
(DEPARTMENT OF EDUCATION REGULATION 2015.1)

1. The Hawaii Content and Performance Standards shall be implemented as approved by the Board of Education and distributed to the schools.
2. Each school shall describe its implementation of the standards in its Standards Implementation Design (SID).
3. The Department of Education shall develop and implement a continuum of professional development activities that enable teachers to implement the standards.
4. The Department of Education shall develop an assessment and accountability system that measures and reports on student attainment of the standards and holds everyone accountable for that performance.
5. The Department of Education and the Board of Education shall coordinate the review and revision of the standards every five years.

DOE: 11/01

RESPONSIBILITY FOR CURRICULUM DEVELOPMENT AND IMPLEMENTATION (HAWAII STATE BOARD OF EDUCATION POLICY 2030)

The Department of Education shall provide guidance to schools in developing and implementing curriculum and instruction for the public school system.

The responsibility for developing curriculum shall be shared by the Superintendent and the schools. The responsibility for developing and delivering the instructional program shall rest primarily with the schools. The Superintendent shall provide the general direction in curriculum and instruction by providing guidance in the use of effective teaching, learning, and assessment strategies appropriate to the Hawaii Content and Performance Standards.

Former Code No. 6123.2
Former Policy Approved: 07/60
Amended: 10/70, 03/88; 03/99

CURRICULUM DELIVERY (HAWAII STATE BOARD OF EDUCATION POLICY 2101)

The Board of Education recognizes that a strong, challenging curriculum is key to student success and achievement. Therefore, all elementary (grades K-5) and secondary schools (middle/intermediate and high) shall design a program of studies—or curriculum—that enables all students to attain, to the highest degree possible, the Hawaii Content and Performance Standards (HCPS). The curriculum shall include:

- Units of study or lessons, delineating content or topics to be taught;
- Relevant instructional activities and materials to be used, aligned with the HCPS;
- Specific learner outcomes or expectations that result in student attainment of grade level benchmarks;
- A timeframe in which outcomes are expected to be achieved; and
- Assessment tools and methods, including collection and analysis of student work, to measure student attainment of outcomes and benchmarks.

With continued emphasis on improving student achievement, the articulation and coordination of curriculum and curricular services between and among grade levels and subject areas shall be addressed at every school. Articulation of services between schools within a complex shall also be addressed.

The curriculum or program of studies shall include academic courses, subjects, and/or units as well as planned, systematic co-curricular activities and student academic support services, such as assessment, counseling, and guidance to facilitate student attainment of standards. The Department of Education shall adopt regulations to assist schools in the implementation of this policy.

Approved: 11/03/05

INSTRUCTIONAL MATERIALS
(HAWAII STATE BOARD OF EDUCATION POLICY 2240)

The Board of Education understands that implementation of standards-based education requires instructional materials that are aligned with the Hawaii Content and Performance Standards (HCPS). Therefore, printed materials, media and technology which overtly address the HCPS benchmarks shall be selected for classroom use.

The Office of Curriculum, Instruction and Student Support shall provide a list of recommended textbooks and other instructional materials for select curricular areas. It shall also provide general and content-specific evaluation criteria for schools to use when evaluating instructional materials.

Schools that select texts and instructional materials not on the list of recommended texts and instructional materials shall demonstrate that these materials will better support their students' learning needs. Evidence shall include statewide assessment results and other data documenting student achievement.

Schools shall also develop and implement a multi-year textbook acquisition/replacement plan that is based on instructional needs. This shall be a key component of a schools' academic and financial plan. Schools shall inform parents and make available to their school communities, the textbook acquisition/replacement plan, its adequacy in meeting students' needs for textbooks in a given year, and the textbook series, by subjects, used in classrooms.

Former Code Nos. 6134 Textbooks and Reference Materials
6134.1 Approval of Reference Materials Offered by Special Interest Groups
Former Policy 6134.1 Approved 01/55; Reviewed 07/60; Revised and included above 4/70
Approved: 10/70
Amended: 03/88; 05/95; 03/97; 09/98; 01/05/06

ABSTINENCE-BASED EDUCATION
(HAWAII STATE BOARD OF EDUCATION POLICY 2110)

In order to help students make decisions that promote healthy behaviors, the Department of Education shall instruct students that abstention from sexual intercourse is the surest and most responsible way to prevent unintended pregnancies, sexually transmitted diseases such as HIV/AIDS, and consequent emotional distress. The abstinence-based education program shall:

a. support abstention from sexual intercourse and provide skill development to continue abstention;

b. help youth who have had sexual intercourse to abstain from further sexual intercourse until an appropriate time; and

c. provide youth with information on and skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy.

Approved: 9/95

CONTROVERSIAL ISSUES
(HAWAII STATE BOARD OF EDUCATION POLICY 2210)

Student discussion of issues which generate opposing points of view shall be considered a normal part of the learning process in every area of the school program. The depth of the discussion shall be determined by the maturity of the students.

Teachers shall refer students to resources reflecting all points of view. Discussions, including contributions made by the teacher or resource person, shall be maintained on an objective, factual basis. Stress shall be placed on learning how to make judgments based on facts.

Former Code No.6126
Former Policy Approved: 1947
Amended: 7/60, 10/70, 3/88 (renumbered)

CONTROVERSIAL ISSUES
(DEPARTMENT OF EDUCATION REGULATION 2210.1)

I. Parent Notification/student exclusion

A. The instructional staff or administration will notify parents/legal guardian of controversial issues that will be discussed in the classroom or through other school activities. This may be done through a general letter/syllabus about the course or through a specific letter about the lesson/activity.

B. Parents/legal guardians may ask in writing that their child be excluded from a specific lessonor activity and be provided an alternate learning activity. Parents/legal guardians who request that their child be excused from participation in a particular activity must notify the school in writing prior to the lesson/ activity.

II. School Responsibility

A. The school administration will inform instructional staff of the procedures for handling controversial issues.

B. The instructional staff will ensure that the inclusion of controversial issues is consistent with the aims of the instructional program and necessary to meet the standards of the Department of Education.

C. The instructional staff has academic freedom. However, they must exercise reasonable judgement and discuss any potentially controversial topic/presentation with the principal prior to inclusion in the lesson.

D. The instructional staff will communicate with guest speakers prior to the presentation to discuss the purpose of the presentation and the expectations of the presenter.

E. The instructional staff will review all materials for accuracy and appropriateness prior to distribution to students.

DOE: 11/00

PROPHYLACTICS IN THE PUBLIC SCHOOLS
(HAWAII STATE BOARD OF EDUCATION POLICY 2245)

The Board of Education is committed to the health education of our students which may include, within its study of human reproduction, a discussion of birth control devices but the distribution of condoms and other prophylactic devices to students shall be prohibited in the classroom, on the school campus or at any school-related activities.

Approved: 11/94

GOALS OF THE HEALTH EDUCATION PROGRAM

VISION AND MISSION

"Healthy Keiki, Healthy Hawaii"—This catch phrase embodies the vision of school health programs. Schools, families, and community members, together with government agencies and community organizations, can promote effective school health programs that enable young people to achieve higher standards of health and learning. The ASTHO (2002) and the CCSSO (2002) stated simply and powerfully, "Healthy children make better students, and better students make healthy communities." Healthy communities, in turn, make a better Hawaii.

The mission of school health programs is to empower learners to act to promote and protect their own health and to advocate for the health of others. Children and adolescents need the combined support of families, schools, and communities to achieve their full potential as healthy learners and educated, productive citizens. Standards-based health education provides one important aspect of that support in helping students acquire the knowledge, skills, and practices they need to act for their own health and the health of their families and communities.

GOALS OF THE HEALTH EDUCATION PROGRAM

The Division of Adolescent and School Health, Centers for Disease Control and Prevention (DASH, CDC), identified four major goals of modern school health programs (Kolbe, 2002). These goals reflect the research base and evaluation of best practice in school health.

1. Improve health literacy through knowledge, skills, and practices

What knowledge can be more important than the knowledge young people can use throughout their lives to keep themselves and others alive and healthy, productive, and content (Kolbe, 2002)? In addition to improving essential knowledge about health, school health education aims to help young people develop the related life skills, reflected in the HCPS III for Health Education, of investigation and analysis, self-management and coping, communication, decision-making, goal-setting, and advocacy. The Hawaii Department of Education is a member of the State Collaborative on Assessment and Student Standards (SCASS) for Health Education, established by the CCSSO, to help states assess health literacy among school-age youth.

2. Improve health behaviors and health outcomes

Modern school health education programs can be one of the most efficient means states employ to prevent the most serious health problems among young people and adults (Kolbe, 2002). Most deaths and injuries among young people ages 10 to 24 years in the

U.S. result from only four causes: motor vehicle crashes; other unintentional injuries, such as falls, fires, and drowning; homicide; and suicide. In the U.S., more than half of new HIV (human immunodeficiency virus) infections occur in individuals younger than 25 years of age. Moreover, American teenagers experience three million cases of sexually transmitted diseases, other than HIV, and nearly one million pregnancies each year. Among adults ages 25 and older, the leading causes of morbidity and mortality are due to heart disease, stroke, cancer, chronic obstructive pulmonary disease, and diabetes. These conditions result largely from behaviors related to injury and violence, alcohol and other drug use, sexual risk behaviors, tobacco use, unhealthy dietary patterns, and physical inactivity. These behaviors often are established in youth and are interrelated (Kolbe 2002). Large-scale evaluation studies of school health curricula have demonstrated that high quality health education contributes to significant improvements in students' health behaviors (Collins et al. 2002).

The Hawaii Department of Education's Youth Risk Behavior Surveys (YRBS) from the Centers for Disease Control conducted biennially of middle and high school students, in 2001, revealed gradual improvements in certain categories of health-risk behaviors since 1997 (e.g., reductions in specific risk behaviors related to injury, violence, tobacco, alcohol and other drugs, and sexual behaviors). Although current data do not indicate a link between improved school health policy and program efforts with adolescent behaviors, health and education professionals acknowledge standards-based school health programs as one of many positive influences for improvement in the lives of Hawaii's youth.

3. Improve educational outcomes

Children who experience violence, hunger, substance abuse, unintended pregnancy, and despair cannot possibly focus on academic excellence. There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind (American Cancer Society [ACS], 1992). Health and education are interdependent. Joint reports by the CCSSO (2002) and the ASTHO (2002) summarize the research on links between health status, health behavior, and academic achievement. The reports provide greater understanding of the influence of school health programs on student success and identify student health as the missing element essential to school reform. Antonia Novello, former U.S. Surgeon General, stated that "Health and education go hand in hand: one cannot exist without the other. To believe any differently is to hamper progress. Just as our children have a right to receive the best education available, they have a right to be healthy. As parents, legislators, and educators, it is up to us to see that this becomes a reality. (Novello, Degraw, & Kleinman, 1992, p.3).

4. Improve social outcomes

Schools influence the intellectual and physical development of children, as well as their psychological, emotional, and social development. Schools and communities have the capacity to help prevent health, education, and social *problems*, and to help young people develop important positive *assets* (Kolbe, 2002). For example, ASTHO (2002) reported

the findings of a two-year social decision-making and problem-solving program in elementary schools that showed more prosocial behaviors and less antisocial and self-destructive behaviors when students were followed up in high school four to six years later. Similarly, CCSSO (2002) reported the benefits of coordinated school health programs around the country in terms of reduced school absenteeism, fewer behavior problems in the classroom, and improved student performance. School and community programs have helped young people bond with their families, schools, and communities; develop resilience, self-determination, self-efficacy, a clear and positive identity, belief in the future, and prosocial norms; and engage in prosocial activities. Modern school health programs can be designed to help students develop good character by promoting such core ethical values as caring, honesty, fairness, responsibility, and respect for self and others (Kolbe, 2002).

2. THE HEALTH EDUCATION STANDARDS

THE NEED FOR STANDARDS

Education reform is making great strides in helping schools, parents, and communities envision new strategies and the highest possible academic goals for America's students. Essential preparation for success in work, family, and community settings includes acquisition of problem-solving, decision-making, critical thinking, communication, literacy, and numerical skills. However, educational excellence focused only on traditional content areas (i.e., language arts, mathematics, science, and social studies) may not be sufficient to secure the future of our state. Such a narrow focus ignores poor health status as a major threat to Hawaii's citizens. Alcohol, tobacco, and other drug use; low levels of physical fitness; poor nutrition; injuries; and stress contribute to lowered health status and result in loss of school and work time (Joint Committee on National Health Education Standards, 1995).

The Association of State and Territorial Health Officials (ASTHO, 2002) and the Council of Chief State School Officials (CCSSO, 2002) identify student health as the missing piece in school reform. According to the U.S. Department of Education, too many of the nation's children start school unready to meet the challenges of learning, and are adversely influenced by drug use and alcohol abuse, random violence, adolescent pregnancy, AIDS, and other health-risk behaviors. (U.S. Department of Education, 2000).

Good health is necessary for academic success (ASTHO, 2002). Standards-based school health education is one component of a broader coordinated school health program designed to support student health and academic achievement. The *HCPS III for Health Education* were added as a discrete content area to the *HCPS II* in 1999. The Health Education standards support students' knowledge, skills, and abilities to promote and protect their health and the health of their families, friends, and communities.

Before the establishment of the *HCPS III for Health Education,* health teaching in grades K-12 was random, at best. Although many teachers believed that health education was important, few had professional preparation in how to teach in ways that were engaging to students and conducive to the acquisition of necessary knowledge, skills, and practices. Although health education was a required subject at the middle and high school levels, health education classes typically were distributed among faculty members from various fields whose teaching loads needed to be filled, or to physical education teachers whose pre-service education did not necessarily prepare them to teach about health beyond the topics of physical activity and nutrition. With health education lines being shredded in the public schools, newly-graduated health education teachers simply could not find jobs. Consequently, the teacher education program in health education was dropped from the curriculum in the College of Education, University of Hawaii at Manoa (UHM).

The inclusion of health education in *HCPS II* brought life and focus back into this important content area in the Department of Education and the University of Hawaii. Pre-service elementary teachers at UHM now take a required course in Personal and Social K-6 Health Skills. The College of Education is working to rebuild the secondary major in health education. The Master of Education (M.Ed.) degree in Curriculum Studies now includes the opportunity to specialize in health education. A series of summer credit institutes is available each year at decreased tuition rates for K-12 teachers, counselors, and administrators who want to learn more about the *HCPS III for Health Education.* Regular professional development, in the form of spring district workshops and a fall statewide conference, occurs annually. Professional development in health education is supported by the school-community Hawaii Partnership for Standards-Based School Health Education and the Hawaii Department of Health's Healthy Hawaii Initiative (HHI). Hawaii's efforts have been recognized nationally through publications and presentations about this partnership.

THE SETTING OF THE STANDARDS

To ensure that the HCPS III are clear and usable, the Hawaii Department of Education used the following guidelines adapted from the U.S. Department of Education and the CCSSO (Hansche, 1998) , in developing the standards.

- **Content standards are accurate and sound and are concerned with "big ideas."** Standards should contain the major concepts that are essential to the discipline. Limiting standards to the most essential knowledge and skills is difficult. The standards must focus attention on what is important. They should reflect the most recent, widely accepted scholarship in the discipline.

- **Content standards are clear and useful.** They should help schools organize the knowledge and skills of the health education program and serve as a point of reference for assessment and curriculum development.

- **Content standards are parsimonious**. They should reflect the depth of learning. Standards should be few and brief, and short enough to be memorable because they are strong, bold statements, not details of content description (the details of the curriculum).

- **Content standards are built by consensus**. Standards must be arrived at by most of the constituency who will use them. Conversations about standards are as important as the standards themselves.

- **Content standards are visionary**. Standards should be the goal of student learning. They should not describe "what is" but rather "this is where we want out students to be."

THE RELATIONSHIP BETWEEN THE HEALTH EDUCATION STANDARDS AND NATIONAL STANDARDS

The *HCPS III for Health Education* was patterned after the *National Health Education Standards*, established in 1995 (updated in 2005). A joint committee of education, health, university, and community representatives developed local benchmarks and performance indicators to address health education needs in Hawaii.

The *National Health Education Standards* and *HCPS III for Health Education* are directed toward health literacy. Health literacy is the capacity of individuals to obtain, interpret, and understand basic health information and services and the competency to use such information and services in ways that enhance health (Joint Committee, 2005).

THE RELATIONSHIP BETWEEN THE HEALTH EDUCATION STANDARDS AND THE GENERAL LEARNER OUTCOMES

The Joint Committee on National Health Education Standards (ACS, 2005) identified four characteristics of a health literate person. These characteristics closely mirror the Hawaii General Learners Outcomes (GLO). A health literate person is:

- **A self-directed learner (GLO 1)**—Health-literate individuals are self-directed learners who have a command of the dynamic health promotion and disease prevention knowledge base. They use literacy, numerical skills, and critical thinking skills to gather, analyze, and apply health information as their needs and priorities change throughout life. They also apply interpersonal and social skills in relationships to learn about and from others and, as a consequence, grow and mature toward high-level health status.

- **A community contributor (GLO 2)**—Health-literate individuals are responsible, productive citizens who realize their obligation to ensure that their community is kept healthy, safe, and secure so that all citizens can experience a high quality of life. This obligation begins with self. Health literate individuals are those who avoid behaviors that pose a health or safety threat to themselves and others or an undue burden on society. Finally, they apply democratic and organization principles in collaboration with others to maintain and improve individual, family, and community health.

- **A complex thinker (GLO 3)**—Health-literate individuals are critical thinkers and problem solvers who identify and creatively address health problems and issues at multiple levels, ranging from personal to international. They utilize a variety of

sources to access the current, credible, and applicable information required to make sound health-related decisions. Furthermore, they understand and apply principles of creative thinking along with models of decision making and goal setting in a health promotion context.

- **A producer of quality products and performances (GLO 4)**—Health literate individuals identify and adopt healthy behaviors to accomplish short-term and long-term health goals. They monitor and improve those behaviors to maintain positive quality of life and to achieve their aspirations and plans for the future.

- **An effective communicator (GLO 5)**—Health-literate individuals are effective communicators who organize and convey beliefs, ideas, and information about health through oral, written, artistic, graphic, and technologic mediums. They create a climate of understanding and concern for others by listening carefully, responding thoughtfully, and presenting a supportive demeanor that encourages others to express themselves. They conscientiously advocate for positions, policies, and programs that are in the best interest of society and intended to enhance personal, family, and community health.

- **An effective and ethical user of technology (GLO 6)**—Health literate individuals analyze the effects of media and technology on health behaviors. They can identify and understand the diverse internal and external factors that influence health practices and behaviors among youth—including one's personal values, beliefs, and perceived norms. They use technology to access valid health information and health-promoting products and services which are critical in the prevention, early detection, and treatment of health problems.

THE SYSTEM OF STANDARDS

The *HCPS III for Health Education* is based on a system of content standards, benchmarks, sample performance assessments, and rubrics. There is a relationship between these standards and the National Standards. There also is a clear relationship between the *HCPS III for Health Education* and the GLOs. These relationships are imbedded in the system of standards of health education in the HCPS III.

CONTENT STANDARDS

The content standards provide a means for organizing the most important health knowledge and skills that students should acquire in grades K-12. Content standards specify what students should know and be able to do regarding their health. The standards clarify the "big picture" of what is expected of health-literate individuals who are prepared for success in today's workplace and communities. The standards provide educators with a structure for teaching in the priority risk/content areas. Having students merely give back health information on a test is not standards-based health education. Students must be able to

access and explain the most important health knowledge for themselves and their families, in addition to demonstrating skills (e.g., self-management, communication, and decision-making) for dealing with challenging health-risk situations from childhood to adolescence.

BENCHMARKS

Benchmarks provide guidance for educators in applying the content standards at different grade levels. The content standards specify what students should know and be able to do. The benchmarks specify when and how certain aspects of the health curriculum should be taught. For example, children in the lower elementary grades practice the skill of interpersonal communication by using kind and caring words to speak with others, asking for help from adults and peers, and expressing needs and feelings clearly. Children in the upper elementary grades continue to practice their communication skills by helping to resolve conflicts and to refuse unwanted pressure to participate in risky behaviors. In middle and high school, students compare and contrast the best use of communication skills in more complex health risk situations and hone their skills to become effective advocates for family and community health. The benchmarks provide a progression in skill development in the context of priority risk/content areas.

SAMPLE PERFORMANCE ASSESSMENTS (SPA)

Sample performance assessments are generalized descriptions of how a student can demonstrate significant aspects of the benchmark (one per benchmark, a way of showing achievement of a significant aspect of the benchmark). The benchmarks specify when and how certain aspects of the health curriculum should be taught. Therefore, the SPA state various examples of ways in which students can demonstrate proficiency levels of achieving standards. These SPA are part of the instructional maps that are being developed for each standard and benchmark.

RUBRICS

Rubrics are tools to assess the quality of a student's achievement of the benchmarks at a specific taxonomic level. Each rubric is a set of criteria that describe levels of understanding and performance. It provides clear performance targets to students and lets them know where they are in relation to where they need to be to meet proficiency on the benchmark for the standard. Rubric scales provide descriptions for judging performance. These descriptors in the HCPS III are *advanced, proficient, partially proficient, and novice*. Although the descriptive scale remains constant for every rubric, the criteria for each benchmark may vary.

STUDENT WORK

Student work is the result of the student's understanding and achievement of the performance task that is assessing the selected benchmark. It gives the teacher evidence of what the student has learned in the instruction, understanding the performance assessment task and expressing it in a visual medium (e.g., drawing, essay, performance, peer assessment). Student work is rated according to the rubric for the assessment task with teacher commentaries. Student work helps the teacher to reflect, adjust, and/or re-teach the instruction leading to the achievement of the identified benchmark for the standard.

THE ORGANIZATION OF THE STANDARDS

There are seven health education standards. The standards articulate the knowledge and skills that are essential for health literacy. Knowledge includes the most important and enduring ideas, issues, and concepts related to achieving good health. Skills include the ways of communicating, reasoning, and investigating that characterize a health-literate person (Joint Committee, 1995).

KEY FEATURES

The skills reflected in the *HCPS III for Health Education* are the organizers for the health education curriculum. The seven skills include:

1. Acquiring Core Concepts;
2. Accessing Health Information, Products, and Services;
3. Self-Management;
4. Analyzing Internal and External Influences;
5. Interpersonal Communication;
6. Decision-Making and Goal-Setting; and
7. Advocacy.

Students learn to apply their skills in the *context* of seven priority health/risk content areas:

1. Mental and Emotional Health;
2. Personal Health and Wellness;
3. Healthy Eating and Physical Activity;
4. Promoting Safety and Preventing Violence and Unintentional Injury;
5. Tobacco-Free Lifestyle;
6. Alcohol and Other Drug-Free Lifestyle; and
7. Sexual Health and Responsibility

The *HCPS III for Health Education* brings an important change in emphasis to health education curriculum and pedagogy. Health education instruction traditionally has emphasized the acquisition of health facts and information. The belief was that if young people were informed about the inherent dangers in certain behaviors (e.g., smoking can lead to lung cancer), they would make healthy decisions. The large number of smokers in the United States attests to the failure of this approach in school and community settings. Today's approach to school health includes helping students learn to access functional knowledge (that which they must know to stay healthy and safe) and practice skills they need to navigate their way safely through the risky situations that they in all likelihood will face as young people.

HEALTH EDUCATION STANDARDS AT-A-GLANCE

The chart below displays the seven health education standards and the seven priority health/risk content areas.

HCPS III HEALTH EDUCATION STANDARDS AT-A-GLANCE

A. CONTENT STANDARDS	TOPICS
Standard 1: CORE CONCEPT— Understand concepts related to health promotion and disease prevention	Mental and Emotional Health Healthy Eating and Physical Activity Promoting Safety and Preventing Violence and Unintentional Injury Personal Health and Wellness Tobacco-Free Lifestyles Alcohol and Other Drug-Free Lifestyle Sexual Health and Responsibility
Standard 2: ACCESSING INFORMATION—Access valid health information and health-promoting products and services	Health Information, Products, and Services Across Topic Areas
Standard 3: SELF MANAGEMENT—Practice health-enhancing behaviors and reduce health risks	Mental and Emotional Health Personal Health and Wellness
Standard 4: ANALYZING INFLUENCES—Understand the influences of culture, family, peers, media, technology, and other factors on health	Factors Influencing Health Across Topic Areas
Standard 5: INTERPERSONAL COMMUNICATION—Use interpersonal communication skills to enhance health	Communication Skills Across Topic Areas Promoting Safety and Preventing Violence and Unintentional Injury
Standard 6: DECISION-MAKING AND GOAL SETTING—Use decision-making and goal-setting skills to enhance health	Decision-Making Across Topic Areas Goal-Setting across Topic Areas
Standard 7: ADVOCACY—Advocate for personal, family, and community health	Advocacy Across Topic Areas

The *HCPS III for Health Education* is organized into a "seven by seven" matrix of skills and priority risk/content areas.

Hawaii's 7 X 7 Curriculum Focus for Standards-Based School Health Education		
Build knowledge and skills through teaching **7** Health Education Standards		Promote healthy behaviors in the context of **7** Priority Risk/Content Areas
1. CORE CONCEPTS (functional knowledge) 2. ACCESSING INFORMATION, PRODUCTS, AND SERVICES 3. SELF-MANAGEMENT 4. ANALYZING INFLUENCES 5. INTERPERSONAL COMMUNICATION 6. DECISION MAKING AND GOAL SETTING 7. ADVOCACY	×	1. Mental and Emotional Health; 2. Personal Health and Wellness; 3. Healthy Eating and Physical Activity; 4. Promoting Safety and Preventing Violence and Unintentional Injury; 5. Tobacco-Free Lifestyle; 6. Alcohol and Other Drug-Free Lifestyle; 7. Sexual Health and Responsibility

DESCRIPTION OF TOPICS

The topics are the "big ideas" that define a content area; they are the seven priority risk/content areas. Health education standards are addressed through the following content contexts.

1. **Mental and Emotional Health:** To promote a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life. It also includes promoting a positive self-image, interpersonal relationships and communications, resources and support, stress management, and management of mental health problems.

2. **Personal Health and Wellness:** To promote healthy living. Personal health and wellness entails components of personal hygiene, dental and oral care, preventing the spread of germs, allergies, diabetes, epilepsy, skin cancer prevention, and sleep and rest.

3. **Healthy Eating and Physical Activity:** To promote healthy eating by making healthy food choices (e.g., eating in moderation, balancing caloric intake and expenditure, preparing food safely, drinking plenty of water). It includes promoting a lifestyle of physical activity by getting the recommended amounts of moderate and vigorous daily physical activity, as well as regularly engage in activities that enhance cardio respiratory endurance, flexibility, muscle endurance, and muscle strength.

4. **Promoting Safety and Preventing Violence and Unintentional Injury:** To promote fire safety, water safety, first aid prevention and care, traffic safety, personal safety, preventing violence and abuse, transportation safety, use of protective equipment, suicide prevention, work safety, and accident prevention.

5. **Tobacco-Free Lifestyle:** To promote a tobacco-free lifestyle by looking at the short-term and long-term risks and influences on tobacco use, the benefits of choosing to be tobacco free, and tobacco cessation.

6. **Alcohol and Other Drug-Free Lifestyle:** To promote an alcohol and other drug free lifestyle by looking at the short-term and long-term benefits and consequences, positive and negative influences, healthy choices, and communicating healthy choices about alcohol and other drugs.

7. **Sexual Health and Responsibility:** To promote healthy families and relationships, growth and development, an abstinence-based approach to building healthy and respectful relationships with others, and preventing unintended pregnancy and sexually transmitted diseases, including HIV infection.

3. ASSESSMENT, CURRICULUM, AND INSTRUCTION

BELIEFS AND ASSUMPTIONS ABOUT TEACHING AND LEARNING

- Curriculum and instruction provide for equal access to quality instruction and content for all students.
- All children will learn and meet standards given quality curriculum, instruction, and opportunities to learn. Teachers implement a curriculum that specifically addresses the Hawaii Content and Performance Standards and apply differentiated instructional strategies to meet the needs of all students.
- Curriculum, instruction, and assessment are connected and must be aligned.
- Curriculum and instruction are based on current scientific research that informs "best practice."
- Curricular and instructional practices should be informed by student achievement data which is derived, in part, from meaningful assessments administered in a timely manner. Data should not only be collected, but should also be analyzed. Practice should be adjusted when appropriate in the interest of greater quality and coherence.
- Effective teaching and learning is student-centered and responsive to diverse learning needs. Student needs, as revealed by standards-based assessments, are the primary determiners of what and how things are taught.
- Classroom instruction is characterized by an appropriate balance between discrete skills instruction and holistic instruction. While skills are best practiced and reinforced in connected contexts, not all students acquire skills in this way. When appropriate, skills must be explicitly taught and practiced.
- Learning opportunities for students extend beyond traditional textbooks and include technology, applied learning, work experience, service-learning, and community resources as appropriate. Learning opportunities also make effective and creative use of existing learning time and may also make use of extended learning time such as after-school instruction, summer instruction, and year-round schooling.
- Technology should be used as tools to enhance learning.
- Curriculum content recognizes multicultural, global views as well as the Western/ European viewpoints and cultures.
- Students should be actively engaged in the learning process:
  - Students should be able to describe what is expected of them and why.
  - Students should be able to discuss their work in terms of its quality (assessment).
  - As appropriate, students should be given opportunities to give input into what they need to learn, how they need to learn it, and how their work will be assessed.

- Student learning is frequently monitored by using valid performance and standards-based assessments that provide credible and useful data to decision-makers at all levels.
- Teachers develop reflective practices that will be used to evaluate the effects of their actions on students and others in the learning communities.
- The communication and language skills (e.g., reading, writing, speaking, listening) as thinking skills should be used across the curriculum as tools for learning. Language is a common denominator in all subject areas and is a powerful learning tool. It should not be thought of as the exclusive domain of the English/language arts class.

STANDARDS-BASED EDUCATION

Standards provide a clear picture to students, teachers, school administrators, parents, and the community as to what is expected of students. In this way, they help to demystify teaching, learning, and assessment by making public what, why, and how students need to learn. Standards serve as clear and consistent targets of performance, and serve as reference points for aligning all parts of the educational system—its policies, programs and classroom practices, its curricular support as well as facilities and business services. All of the decisions made at all levels in our school system are made with the idea of supporting schools' and teachers' efforts to have students accomplish the standards.

Standards-based education reverses traditional notions of schooling. A traditional education system holds the inputs—e.g., time, curriculum, instruction—steady, while the output—student achievement—varies. In contrast, in a standards-based educational system, the outcome—i.e., student achievement—is held steady while the inputs vary. Standards are the same for all students; time and opportunity to achieve them are variable. The system is responsible for seeing that all students meet the standards, no matter how different their needs may be. Time, curriculum, and instruction are varied according to student needs to help all students achieve the standards. A student's achievement relative to the standards is what counts, not a student's achievement relative to other students.

The HCPS III set high expectations for all students and form the foundation of what is taught (challenging curriculum), learned, and assessed in the school and classroom. This, in turn, links to increased student engagement, equity in education, and improved learning.

STANDARDS-BASED ASSESSMENT

Assessment of student work in health education has changed tremendously with the development of national, state, and local standards. In the past, teachers may have relied primarily on easily graded true-false, fill-in-the-blank, or matching items to assess students' knowledge. Students often could "cram" for a test, give back the answers teachers expected on the tests, and promptly forget the information they memorized for the short term.

Assessment in today's health education calls for students to provide evidence of core concepts (i.e., functional knowledge that is essential to staying healthy and safe) and personal and social skills for managing health-risk situations of all kinds. The CPS III identify what students should know and be able to do.

Shifting from program-based results to standards-based results requires new thinking about student assessment. Measuring student progress toward health education standards involves not only understanding health content but also demonstrating the use of health skills, such as accessing health information, communicating effectively with peers, and making healthy lifestyle decisions. In standards-based health education classrooms, students are asked to respond to performance tasks that involve collaborative group work, research, and presentation, completed over several days or weeks. Rather than the familiar "teach and test," standards-based assessment affords students multiple formats (i.e., written, oral, visual, and kinesthetic) for demonstrating their achievement of the health education standards (RMC, 2002).

PURPOSES AND USES OF ASSESSMENT DATA IN HEALTH EDUCATION

In health education, student assessment has two primary purposes: accountability and instructional improvement. Accountability assessments are used to diagnose how well schools are doing and to determine program effectiveness. Alternatively, assessments used for instructional improvement can: 1) diagnose student strengths and needs, 2) provide feedback on student learning, and 3) inform and guide instruction (RMC, 2002).

In health education, the primary emphasis is performance assessment for instructional improvement and increased health literacy among Hawaii's youth. The Hawaii Department of Education is a member of the CCSSO State Collaborative on Assessment and Student Standards (SCASS) Health Education Assessment Project (HEAP). The SCASS-HEAP was begun in 1993 to identify and develop assessment measures in the content area of health education. The mission of the project is to develop effective health education assessment resources through a collaborative process and to increase members' capacity to align curriculum, instruction, and assessment to improve student health literacy through improved health instruction (CCSSO 1998). Through membership in the SCASS-HEAP, the Hawaii Department of Education has access to field-tested assessment items developed during the project.

STANDARDS-BASED CURRICULUM

A curriculum includes the learning experiences and sequence of units that help students achieve standards. This sequence is not linear or fixed, but rather is spiraled and recursive. Wiggins and McTighe (1998) describe what this means.

> The spiral image guides the teacher in making the student's experience continually developmental while also enabling the student from the outset to encounter what is essential. An explanatory logic is deductive; spiral logic is inductive . . . . The issue is one of timing, not exclusion. Formal explanations come after inquiry, not before (or in place of) inquiry (p. 153).

The standards acknowledge the spiraling nature of the curriculum, so they should not be confused with or used as curriculum. The standards are fixed by the Department of Education, but the determination of curriculum is left to teachers. Hansche (1998) describes the relationship between standards and curriculum as follows.

> Think of curriculum as a bridge, or conduit, between the broad vision of what is important in lay terms and what teachers should teach in their classrooms. The curriculum is simply an elaborated or "technical" version of the content standards. Content standards and curricula are related tools; they do not contain different content to be learned, and they are not in conflict. The sets of content standards are the models, and the curricula are the blueprints for building those models. If they are created in this way, they automatically align (p. 22).

Too often, teachers assigned to teach health education have relied on moving through a student textbook for health. In many instances, the textbooks were outdated, contained too many units to cover in the allotted time, or seemed unrelated to the genuine concerns and interests of the students. The *HCPS III for Health Education* provides teachers with a framework for assessing health education curriculum materials. Do the materials provide for student inquiry about health? Do the materials provide opportunities for students to explore and acquire functional knowledge, that which they must know to stay healthy and safe? Do the materials provide opportunities for students to learn and practice health skills in a variety of contexts and with increasing complexity? Rather than being driven by textbooks, which may or may not be relevant to Hawaii, teachers can use the standards to make intelligent decisions about selection of health education curriculum materials.

The Division of Adolescent and School Health, Centers for Disease Control and Prevention (CDC), has in draft a *Health Education Curriculum Analysis Tool (HE-CAT)* to help educators use and/or create school health education curricula (Centers for Disease Control, 2003). The *HE-CAT* provides an important addition to two other CDC tools currently in use in Hawaii:

- *The School Health Index: A Self-Assessment and Planning Guide* (2000).
- *Fit, Healthy, and Ready to Learn: A School Health Policy Guide* (developed by the National Association of State Boards of Education, with CDC support in 2000).

Criteria in the *HE-CAT* are science-based. The criteria are derived from:

- Findings of CDC's guidelines for school health programs.

- Guidance from the U.S. Department of Education and National Institute on Drug Abuse.
- National Health Education Standards.
- Expertise of health education practitioners.

The *HE-CAT* consists of five components:

- *Preliminary Screen*—Assesses the accuracy, acceptability, affordability, and feasibility of the curriculum to determine whether it merits consideration for adoption and, therefore, is worth the time and effort to analyze using the *HE-CAT*.

- *Section I: Curriculum Profile*—Identifies features of the curriculum that is not rated but should be considered in the review. This component includes items such as number of sessions, year of publication, and types of technology utilized.

- *Section II: Curriculum Fundamentals*—Rates components and characteristics that apply to curricula for any academic area, such as instruction support for teachers, student assessment materials, appropriateness, and production quality.

- *Section III: National Health Education Standards*—Rates the extent to which the curriculum effectively addresses each of the seven health education standards. Priority risk/content areas (e.g., injury and violence prevention) are infused within the health education standards.

- *Summary Sheet*—Records and compares the totaled scores for each of the curricula under consideration.

STANDARDS-BASED INSTRUCTION

Today's health education presents an extremely interesting subject to young people. Health education is about the students themselves, their families, and their classmates. Learning about oneself should never be boring! Given this starting place, health education can be one of the most inviting subjects that students encounter in school.

The following list provides examples of instructional strategies for each of the seven health education standards.

Standard 1: ACQUIRING CORE CONCEPTS

- Create Know-Wonder-Learn charts (KWL) about different risk/content areas.
- Read children's literature and other books that contain health concepts and skills.
- Create a class question box or message board to bring up important issues.
- Use learning games that include questions about essential health information.
- Think, pair, share about health questions and issues.

- Have students design bulletin boards to provide information on health issues.
- Have students develop games based on popular TV shows to teach about health.
- Have students prepare for and debate health issues of interest.
- Have students stage mock legislative hearings on important health issues.

Standard 2: ACCESSING INFORMATION, PRODUCTS, AND SERVICES

- Invite school health helpers as guest speakers in the classroom.
- Interview an adult about a health topic.
- Look up information in the library or in classroom resource books.
- Identify safe adults to whom children can go for help. Role-play asking for help.
- Have students identify and invite community guest speakers on health topics of interest.
- Have students access and report on health-related issues, websites, and hotlines.
- Compare the quality and price of different health-related products and services.
- Have students compile and distribute a list of health-related community resources.
- Role-play taking steps to access health counseling and testing.

Standard 3: SELF-MANAGEMENT

- Role-play self-management skills in teacher- and student-created health scenarios.
- Demonstrate ways to manage stress and anger, and how to mediate a conflict in various situations.
- Demonstrate basic health skills (e.g., tooth brushing and flossing, hand washing).
- Demonstrate how to stop simple bleeding (nosebleeds, scrapes) for oneself.
- Design plans for healthy nutrition in one's family and school.
- Create environmental cues for good health (e.g., walking shoes placed by the door).
- Demonstrate simple CPR skills and how to access help in emergency situations.
- Design a personal and family health plan for regular physical activity.
- Demonstrate healthy "self talk" for mental and emotional health in a variety of situations.

Standard 4: ANALYZING INFLUENCES

- Create advertisements and commercials for healthy products and lifestyles.
- Have students identify health practices in their families, at school, and in their communities that lead to healthy or unhealthy habits.
- Identify feelings that are internal influences and develop a class Feelings Book.
- Demonstrate a range of healthy practices to manage strong feelings.
- Discuss important cultural traditions and celebrations in families and communities.
- Analyze advertisements and commercials for different types of messages.
- Create and videotape counter-advertisements ("Truth Ads") in a variety of risk areas.

- Identify the most influential sources of pressure in various risk situations and how to "talk back" to pressure sources.
- Identify "product placements" in movies and television shows.

Standard 5: INTERPERSONAL COMMUNICATION

- Demonstrate ways to ask family, other teachers, and friends for help.
- Role-play various peer resistance techniques for teacher- and student-created scenarios.
- Act out ways of being a good listener and a poor listener and discuss how that feels.
- Plan and rehearse a skit using communication skills to perform for class members.
- Role-play a range of conflict mediation techniques for student-created risk scenarios.
- Demonstrate how body language and non-verbal communication can affect intended messages.
- Compare and contrast the use of communication skills across the range of risk/content areas (e.g., refusing tobacco vs. refusing sexual involvement).
- Identify verbal and non-verbal communication that constitutes sexual harassment, and describe what to do in a sexual harassment situation (e.g., speaking up for friends, reporting).
- Identify "inviting" and "disinviting" verbal and non-verbal styles of communication.

Standard 6: DECISION MAKING AND GOAL SETTING

- Identify healthy decisions people make every day and discuss why they make them.
- Identify simple decision-making steps and apply them to various health-related scenarios.
- Set a short-term health-related goal and list simple steps just for today. Track progress.
- Set a class goal and steps for reaching it. Track class progress and ideas for improvement.
- Identify pros and cons of various decisions and goals. Which are most important?
- Compare and contrast the relative difficulty of decision making across a range of risk situations and settings.
- Set achievable short- and long-term goals and the steps needed to achieve the goals.
- Identify barriers to reaching goals and make plans to overcome barriers.
- Identify the most important supports to have in place to reach goals.

Standard 7: ADVOCACY

- Write and perform a skit to advocate for a health issue. Perform for other classes.

- Make posters, videos, table tents, and other advocacy tools to promote a health message.
- Demonstrate taking strong versus weak positions on health issues and compare the effects.
- Select and develop school and community advocacy campaigns for health issues of interest.
- Testify before decision-making groups (e.g., school board, city council, legislature).
- Analyze different target audiences and compare and contrast advocacy campaign designs.
- Identify and eliminate "mixed messages" in advocacy campaigns.
- Write a class advocacy letter to a school decision maker (e.g., principal, cafeteria manager).
- Create a class song or rap to advocate for a health issue at your school.
- Create and print health advocacy bumper stickers as a school fund-raiser.

THE STANDARDS-BASED CLASSROOM IN HEALTH EDUCATION

Standards-based classrooms in health education look, sound, and feel very differently from those most parents and educators experienced as schoolchildren. Health education in years past has been characterized mainly by the acquisition of knowledge and facts. Given the tremendous explosion of knowledge about health during the past decade, trying to keep up merely by memorizing is clearly inadequate for attaining health literacy.

Today's standards-based health education classroom actively involves children and adolescents in seeking out the health information, services, and products that they and their families need. Health Education Standards 1 and 2 help students learn the functional knowledge they must have to stay safe and healthy and know about ways to access the health-related information, products, and services that they need, and help students answer questions such as: *Where do I find what I need, and how do I know my source is valid and dependable?*

Students build a personal toolkit of self-management strategies to help them deal with stress and strong feelings in healthy ways, maintain a regular schedule of exercise and rest, eat nutritiously, and avoid or manage difficult risk situations. Health Education Standard 3 helps students learn important skills for managing their own health and behaviors, and help students answer questions such as: *Everyone gets angry, and so do I. What are the best ways for me to manage my anger so that I don't hurt anyone, including myself?*

In a standards-based classroom, students try to answer an age-old question: Why do people do what they do, especially when some of the things they do can be hurtful to themselves or others? Students analyze influences that come from within and from outside. Health Education Standard 4 helps students learn to analyze influences within themselves and in the

world around them, and help students answer questions such as: *My mom says I shouldn't worry about what the other kids say about my new braces—but I still feel worried about going to school tomorrow. Why is this bothering me so much and what can I do about it?*

Students who learn to become good communicators develop a repertoire of responses to various kinds of pressure situations. Health Education Standard 5 helps students learn to communicate effectively to keep themselves healthy while maintaining friendships at the same time, promoting behaviors such as: *Cigarettes? No thanks—I don't want to hurt my chances in the half-marathon on Saturday. Say, do you want to work out with Malia and me tomorrow? We're going to meet at Ala Moana Beach Park.*

Good decision makers and goal setters learn to make plans and identify solutions that keep them going in the face of difficulties. Health Education Standard 6 helps students learn and work through a decision-making process for dealing with risk situations and a goal-setting process that provides reasons to stay healthy, teaching strategies such as: *I want to go to the picnic on Saturday, but I think some of the older kids might bring beer, and I don't want to drink. I could stay home or go to the party by myself—or I could ask Nathaniel and Jeremy to come with me. They don't drink either.*

Finally, students in standards-based health education classrooms learn to take a stand for themselves and others on important health issues. They learn to communicate a clear position, back it up with facts, target their audience clearly, and speak with conviction. Health Education Standard 7 helps students learn to become effective advocates for good health in their families, schools, and communities, generating solutions such as: *Stocking our school vending machines with bottled water and 100% juices will go a long way to improve the nutrition of our student body and faculty—and the data from other schools show that we will make the same amount or even more money for our band uniforms!*

Standards-based classrooms in health education are characterized by student engagement and participation as co-teachers and co-learners, positive stances and actions for health, and collaboration for common goals. The standards-based health education classroom is filled with students' questions and discussions more often than teachers' instruction. Students have important opportunities to practice new skills in a safe and caring environment before trying them out in the world beyond the classroom.

INTEGRATION

In 2002, the Hawaii State Department of Education published *Healthy Keiki, Healthy Hawaii: Teaching with the Hawaii Health Education Standards—A Handbook for K-12 Educators*. The handbook provides a wide range of standards-based instructional and assessment strategies for K-12 health education.

Health education is a discrete content area that is important enough to stand alone in the K-12 curriculum. However, health education's focus on real-world issues for young people lends

itself readily to integration with other subject areas. The *Healthy Keiki, Healthy Hawaii* handbook provides strategies for integrating health education with all areas in HCPS III.

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- Physical Activity
- Sexual Behaviors: Guidelines to Prevent AIDS
- Skin Cancer
- Tobacco Use

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GLOSSARY

HEALTH EDUCATION STANDARDS

Core Concepts—Health content knowledge; functional knowledge: that which students must know to keep themselves and others healthy and safe.

Accessing Information, Products, and Services—Learning to identify, find, interpret, and compare the most reliable and valid sources of health information, products, and services.

Self-Management—Learning to practice healthy behaviors (e.g., stress and anger management, simple first aid, getting help in an emergency, personal hygiene, healthy nutrition and physical activity, adequate rest).

Analyzing Influences—Learning to examining internal (e.g., curiosity, feelings, likes, dislikes, fears, moods) and external (e.g., family, peers, culture, media, technology) factors that affect health decisions and behaviors.

Interpersonal Communication—Learning to express oneself clearly through verbal and nonverbal means and to resist pressure from peers and others to engage in risky behaviors.

Decision Making and Goal Setting—Learning and applying the steps of simple decision-making (e.g., problem, alternatives, consequences, action, evaluation) and goal-setting (e.g., achievable goal statement, steps to achieve, barriers, supports, evaluation) models to real-life situations.

Advocacy—Learning to publicly support a health position (i.e., develop a health-enhancing statement, support with data, target an audience, show conviction).

HEALTH EDUCATION TERMS

Abstinence—to refrain from something by one's own choice

Adolescence—the period of development from the onset of puberty to maturity

Alcohol and Other Drug Use Prevention—Short-term and long-term benefits and consequences, positive and negative influences, healthy choices, and communicating healthy choices about alcohol and other drugs.

CDC—abbreviation for the Center for Disease Control and Prevention

Chronic diseases—Diseases that last a long time or frequently reoccur

Communicable diseases—Diseases that are contagious and transmitted between people

Communication strategies—e.g., using "I" messages, being assertive, polite language, attentive listening, non-aggressive body language, sending clear messages, restating other points of view, offering alternative solutions

Concepts—A general idea derived or inferred from specific instances or occurrences

Conflict resolution strategies—strategies to resolve conflict, e.g., negotiation, refusal, conflict management, attentive listening

CPR—Cardiopulmonary Resuscitation

Decision-making model—The model elements include: identifying the problem, barriers, and alternatives; choosing the best alternative; evaluating choice

Detection—the act or process of discovering something

Emotional health—A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.

Environmental elements—e.g., exposure to excessive sun, second hand smoke, mildew, asbestos

Exposure—The act of being subjected to or exposed to an action or influence

Feelings—e.g., anger, joy, sadness, frustration

Goal-setting skills—The skill of setting a clear objective and ensuring the understanding of what is expected from him or her, if this objective is to be achieved.

Harmful substances—e.g., medicines, illegal drugs, toxic household items

Health-enhancing—To make a health statement or idea greater, as in value or effectiveness; to augment.

Health-promoting—To contribute to the progress or growth of health

Internal and external factors—Influences that affect decision or behaviors. Internal factors include such things as cultural beliefs, and external factors include such things as cultural beliefs, and external factors include such things as suggestive television advertisements

Lifestyle—a way of living that reflects the attitudes and values of a person or group

Mental health—Positive self-image emotional health, interpersonal relationships and communications, resources and support, stress management, and mental health problems.

Non-communicable diseases—Diseases that are not contagious or transmitted between people

Nonverbal—Communication without words e.g., facial expressions, body posture

Nutrition—Healthy eating, accessing nutrition information and products, influences on food choices, balancing food intake and physical activity, and food safety

Personal hygiene—e.g., brushing and flossing teeth prevents cavities; hand washing prevents the spread of germs

Physical health—Concerns the health of the human body and its functions

Puberty—The stage of adolescence when one becomes physiologically capable of sexual reproduction

Refusal skills—e.g., saying no to harmful substances, refusing to get into a car with a stranger

Risk/Content Area/Topic—The areas identified by the CDC that are associated with the morbidity (death) of children and adolescents; traditional health education content areas.

Sexual health—families and relationships, growth and development, sexual behavior, HIV and other STD prevention, and pregnancy prevention.

Stress Management Strategies—e.g., sharing with a friend, talking with parents or another trusted adult, practice and rehearsal, brainstorming

Stressor—a stimulus that causes stress to an individual

Tobacco Use Prevention—short-term and long-term risks, influences on tobacco use, benefits and choosing to be tobacco free, and cessation of tobacco use.

Well-being—the state of being healthy, happy, and prosperous

Wellness—the condition of good physical and mental health, especially when maintained by proper diet, exercise, and habits.

5. APPENDICES

Appendix A: Instructional Resources and Materials list

Appendix B: Assessment Strategies for Health Education

Appendix C: Scope and Sequence for Health Education

APPENDIX A: INSTRUCTIONAL MATERIALS FOR HEALTH EDUCATION

The Hawaii State Department of Education provides curriculum materials and related professional development for standards-based health education. Health education materials are distributed during annual professional development opportunities for health education, which include spring district-level workshops, summer institutes at UHM, and fall statewide conferences. Contact DOE for more information on the following health education materials.

- Telljohann, S., Symons, C., & Pateman, B. (2006). *Health Education: Elementary and Middle School Applications, 5th Edition*. Dubuque, IA: McGraw-Hill.
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APPENDIX B: ASSESSMENT STRATEGIES FOR HEALTH SKILLS

Students can complete many kinds of individual and group projects to demonstrate their understanding of the skills in the *HCPS III for Health Education.*

Written	Oral	Visual	Kinesthetic
Advertisement	Audiotape	Advertisement	Community outreach
Biography	Balagtasan (Poetry Festival)	Banner	Dramatization
Book report	Debate	Campaign flyer	Field trips
Book review	Discussion	Cartoon	Letter writing
Brochure	Dramatization	Chart	Oral interviews
Campaign speech	Haiku	Collage	Play
Crossword puzzle	Interview	Collection	Service learning
Editorial	Newscast	Computer graphic	Simulations
Essay	Oral presentation	Construction	Role-play
Experiment record	Oral report	Data display	Skit
Game	Poetry reading	Design	Scavenger hunt
Journal	Rap	Diagram	
Lab report	Role-play	Display	
Letter	Skit	Diorama/shoebox	
Log	Speech	Drawing	
Magazine article	Song	Graph	
Memo	Teach a lesson	Map	
Newspaper article		Mobile	
Poem		Model	
Position paper		Painting	
Proposal		Photograph	
Questionnaire		Poster	
Research report		Scrapbook	
Script		Sculpture	
Story		Slide show	
Test		Storyboard	
Yearbook		Venn Diagram	
		Videotape	

APPENDIX C: SCOPE AND SEQUENCE FOR HEALTH EDUCATION

	Safety & Violence and Unintentional Injury Prevention	Alcohol & Other Drugs Free Lifestyle	Sexual Health and Responsibility	Tobacco Free Lifestyle	Healthy Eating & Physical Activity	Mental & Emotional Health	Personal Health and Wellness
Grade K							
1. Core Concepts	X				X	X	X
2. Access Information	X				X	X	X
3. Self-management	X				X	X	X
4. Analyze Influences							
5. Communication	X				X	X	X
6. Decisions/Goals	X				X	X	X
7. Advocacy							
Grade 1							
1. Core Concepts	X				X	X	X
2. Access Information	X				X	X	X
3. Self-management	X				X	X	X
4. Analyze Influences							
5. Communication	X				X	X	X
6. Decisions/Goals							X
7. Advocacy							
Grade 2							
1. Core Concepts	X			X	X	X	X
2. Access Information	X			X	X	X	X
3. Self-management	X			X	X	X	X
4. Analyze Influences							
5. Communication	X			X	X	X	X
6. Decisions/Goals	X			X	X	X	X
7. Advocacy	X						
Grade 3							
1. Core Concepts	X			X	X	X	X
2. Access Information	X			X	X	X	X
3. Self-management	X			X	X	X	X
4. Analyze Influences	X						
5. Communication	X			X	X	X	X
6. Decisions/Goals	X			X	X	X	X
7. Advocacy	X						

	Safety & Violence and Unintentional Injury Prevention	Alcohol & Other Drugs Free Lifestyle	Sexual Health and Responsibility	Tobacco Free Lifestyle	Healthy Eating & Physical Activity	Mental & Emotional Health	Personal Health and Wellness
Grade 4							
1. Core Concepts	X	X	X	X	X	X	X
2. Access Information	X	X	X	X	X	X	X
3. Self-management	X	X	X	X	X	X	X
4. Analyze Influences	X	X	X	X	X	X	X
5. Communication	X	X	X	X	X	X	X
6. Decisions/Goals	X	X	X	X	X	X	X
7. Advocacy	X	X	X	X	X	X	X
Grade 5							
1. Core Concepts	X	X	X	X	X	X	X
2. Access Information	X	X	X	X	X	X	X
3. Self-management	X	X	X	X	X	X	X
4. Analyze Influences	X	X	X	X	X	X	X
5. Communication	X	X	X	X	X	X	X
6. Decisions/Goals	X	X	X	X	X	X	X
7. Advocacy	X	X	X	X	X	X	X
Middle School							
1. Core Concepts	X	X	X	X	X	X	X
2. Access Information	X	X	X	X	X	X	X
3. Self-management	X	X	X	X	X	X	X
4. Analyze Influences	X	X	X	X	X	X	X
5. Communication	X	X	X	X	X	X	X
6. Decisions/Goals	X	X	X	X	X	X	X
7. Advocacy	X	X	X	X	X	X	X
High School							
1. Core Concepts	X	X	X	X	X	X	X
2. Access Information	X	X	X	X	X	X	X
3. Self-management	X	X	X	X	X	X	X
4. Analyze Influences	X	X	X	X	X	X	X
5. Communication	X	X	X	X	X	X	X
6. Decisions/Goals	X	X	X	X	X	X	X
7. Advocacy	X	X	X	X	X	X	X

This Health Education Scope and Sequence is a suggested format for delivering a doable and comprehensive Health Education Program. The sequence of Topic Areas' delivery should be linked to the school community's health needs identified from the following state and national assessment tools: The Youth Risk Behavior Survey (YRBS); The Youth Tobacco Survey (YTS); and the school's School Implementation Action Plan (SIP), the School Status and Improvement Report (SSIR), and Positive Behavior Support Systems (PBS) data.

	Mental & Emotional Health	Personal Consumer	Nutrition & Activity	Injury & Violence	Tobacco	Alcohol & Drugs	Sexual Health
Kindergarten	CC AI SM IC DM/GS	CC AI SM IC DM/GS	CC AI SM IC DM/GS				CC AI SM IC DM/GS
First	CC AI SM IC DM/GS	CC AI SM IC DM/GS	CC AI SM IC DM/GS				CC AI SM IC DM/GS
Second	AI SM INF IC DM/GS	INF IC AV	CC AI SM INF IC DM/GS				INF IC AV
Third	SM	CC AI	CC AI INF IC DM/GS AV				CC AI SM AV INF IC DM/GS
Fourth	**In grades 4 through high school, the 7X7 (7 health education standards and 7 health education topics) should be used as guidance for the scope and sequence for health education. In the upper elementary grades 4 and 5 or if there is a sixth grade, teachers would ideally collaborate and plan which of the 7X7 would be target for each grade in the school.**						
Fifth							
Sixth							
Seventh							
High School							

Health Education Standards	Health Education Topics:
CC: Core Concepts	MEH: Mental and Emotional Health
AI: Accessing Information	HEPA: Healthy Eating and Physical Activity
SM: Self Management	SVI: Safety and Violence and Unintentional Injury Prevention
INF: Analyzing Influences	TOB: Tobacco Free Lifestyle
IC: Interpersonal Communication	AOD: Alcohol and Other Drugs Free Lifestyle
DM/GS: Decision Making/ Goal Setting	PHW: Personal Health and Wellness
AV: Advocacy	SHR: Sexual Health and Responsibility