

National Health Education Standards

Model Guidance for Curriculum and Instruction 3rd Edition

Preface



The *National Health Education Standards 3rd Edition* is an initiative of the National Consensus for School Health Education (NCSHE). The National Consensus is a collaborative that was created to address the need to update health education standards for schools. It was important for key organizations to work together on this task. The nongovernmental health organizations include the American School Health Association, Eta Sigma Gamma, the Foundation for the Advancement of Health Education, the National Commission for Health Education Credentialing, the Society for Public Health Education, and the Society of State Leaders of Health and Physical Education.

Funding for the National Consensus has been provided by the Foundation for the Advancement of Health Education. No government funds were used in development or production of this work. Members of the



Management Group, Development Group, and Expert Review Group served as volunteers.

The *National Health Education Standards 3rd Edition* represents the ongoing work of national professional organizations that developed both the *National Health Education Standards: Achieving Health Literacy* (Joint Committee on National Health Education Standards, 1995) and *National Health Education Standards: Achieving Excellence* (Joint Committee on National Health Education Standards, 2007).

The National Consensus for School Health Education includes the Management Group, the Development Group, and the Expert Review Group. The Standards Writing Group which is responsible for writing the standards is comprised of members from the Development Group. A health scientist from the Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health serves as a technical advisor to the project and is an ex-officio member of the Expert Review Group. The Standards Writing Group includes individuals with expertise as health education teachers, local and state directors of health education, health education curriculum developers, university health education teacher preparation faculty, and school health educators engaged in an array of school health education initiatives conducted by local, state, and national health and education organizations.

PREFACE

The first draft of the proposed *National Health Education Standards 3rd Edition* was initially reviewed by the project's Development Group and Expert Review Group. The second version of the proposed standards was nationally reviewed by over 500 school health education stakeholders including members of the Development Group, the Expert Review Group, school health education professionals from CDC, as well as health educators who are members of the five national professional organizations involved in the National Consensus for School Health Education and the Foundation for the Advancement of Health Education which is not a membership organization. The third version of the proposed standards was reviewed by the project's Development Group, the Expert Review Group, and health education professionals from CDC.

GUIDING PRINCIPLES

- A commitment to improving health education for school-aged children and youth
- Collaborative work with a unified voice on behalf of the Health Education Profession
- Products based on both contemporary evidence and practical experience
- Work processes that involve and include as many Health Education professionals as possible
- No cost access and use by the field and the public (with attribution)
- Wide distribution to the field and the public
- Joint management, including joint approvals of National Consensus for School Health Education communications
- Jointly-held copyrights among the author organizations (a common practice in education and public health)
- Processes that align with the *Code of Ethics for the Health Education Profession*

The eight proposed standards and performance expectations reflect, update, and refine previous versions of the standards and performance indicators for health education. The eight standards and performance expectations are written for use by preK–12 teachers, local school and state directors of health education, curriculum developers, and health education teacher preparation faculty. The standards and performance expectations reflect the functional health knowledge, beliefs, and skills necessary for students to adopt and maintain healthy behaviors, achieve health literacy, and enhance health and academic outcomes. The standards and performance expectations are written so that states, school systems, school personnel, and teachers can focus on health priorities vital to the needs of their students and communities.

The standards are intended to guide the development of health education curricula, instruction, and assessment for preK–12 students. The performance expectations are designed to progressively challenge students at appropriate age and development levels. The number and scope of the performance expectations focus primarily on personal health among younger students and expand to address the health of family, peers, schools, and communities among older students.



Standard 1: Students comprehend functional health knowledge to enhance health.

Description

The acquisition of functional health knowledge is the foundation for becoming health literate and is necessary for students to meet the performance expectations for the health skills in Standards 2 through 8.

Functional health knowledge is critical for helping students establish, manage, and maintain healthy and safe behaviors. Functional health knowledge is valid and reliable information and concepts that support health beliefs, skills, and behaviors (e.g., benefits of healthy eating, characteristics of emotionally healthy people). In contrast, health information that has little influence on health beliefs, health skills, and behaviors is non-functional (e.g., memorizing the bones in the body, drug classifications). Valid means that health information is accurate, credible, and not misleading. Reliable means that health information is consistent and trustworthy.

This standard incorporates concepts related to health promotion and disease prevention supported by established health behavior theories, models, and research. Performance expectations are purposely broad so that states, school systems, school personnel, and teachers can focus on health issues and priorities that are most important to the needs of their students and communities.

Teachers foster students' self-efficacy, competence, and confidence in comprehending functional health knowledge when they:

1. Discuss the importance and relevance of applying functional health knowledge that supports healthy behaviors and well-being.
2. Explain that students have the capability of learning and applying functional health knowledge to reach conclusions that support healthy behaviors.
3. Describe how to connect functional health knowledge with health skills that support specific healthy behaviors.
4. Provide examples of how functional health knowledge supports the practice of health skills leading to healthy behaviors.
5. Use real-life scenarios to practice connecting functional health knowledge with health skills that support healthy behaviors.
6. Allow time and opportunity for students to practice connecting functional health knowledge with health skills that support healthy behaviors.
7. Provide performance-based feedback and reinforcement for connecting functional health knowledge with health skills that support healthy behaviors.



Standard 1: Students comprehend functional health knowledge to enhance health.

By the end of Grade 2, students will meet the following performance expectations:	By the end of Grade 5, students will meet the following performance expectations:	By the end of Grade 8, students will meet the following performance expectations:	By the end of Grade 12, students will meet the following performance expectations:
1.2.1 Recognize multiple dimensions of health (e.g., physical, social, emotional, and intellectual).	1.5.1 List examples of the physical, social, emotional, and intellectual dimensions of health.	1.8.1 Describe interrelationships among physical, social, emotional, and intellectual health.	1.12.1 Analyze interrelationships among physical, social, emotional, intellectual health, and well-being.
1.2.2 Identify benefits of practicing health-promoting behaviors.	1.5.2 Describe benefits of practicing health-promoting behaviors.	1.8.2 Analyze benefits of practicing health-promoting behaviors.	1.12.2 Predict how health behaviors affect the health status of self and others.
1.2.3 Identify potential consequences of practicing unhealthy behaviors.	1.5.3 Explain potential consequences of practicing unhealthy behaviors.	1.8.3 Analyze potential risks and consequences of practicing unhealthy behaviors.	1.12.3 Compare and contrast benefits and barriers to practicing health behaviors.
1.2.4 Identify safe and unsafe situations, people, and events.	1.5.4 Compare and contrast safe and unsafe situations, people, and events.	1.8.4 Assess the risk of situations, people, and events that contribute to unhealthy behaviors and outcomes.	1.12.4 Evaluate the effectiveness of personal practices and behaviors to reduce or prevent health risks.
1.2.5 Identify practices and behaviors that prevent or reduce health risks (e.g., handwashing).	1.5.5 Describe practices and behaviors that prevent or reduce health risks (e.g., eating vegetables and fruits daily).	1.8.5 Explain why it is important to be responsible for personal health behaviors.	1.12.5 Analyze how individual responsibility enhances personal, family, peer, school, and community health.
1.2.6 List ways to engage in healthy practices and behaviors (e.g., brushing teeth daily).	1.5.6 Explain ways to engage in healthy practices and behaviors (e.g., daily moderate to vigorous physical activity).	1.8.6 Analyze how personal practices and behaviors reduce or prevent health risks.	1.12.6 Predict how risk behaviors can affect injury, illness, or death.
1.2.7 List ways to prevent common childhood injuries and health problems (e.g., wearing bicycle helmets and drinking water instead of sugary beverages).	1.5.7 Explain ways to prevent common childhood injuries and health problems (e.g., recommendations for swimming safety and strategies for managing emotions).	1.8.7 Analyze health promotion and disease prevention guidelines and recommendations for healthy behaviors from credible federal, professional, and voluntary health organizations (e.g., recommendations for rest and sleep).	1.12.7 Assess the risk of situations that can contribute to unhealthy behaviors and outcomes.
		1.8.8 Predict the likelihood of personal injury or illness if engaging in unhealthy behaviors.	1.12.8 Analyze health promotion and disease prevention guidelines and recommendations for healthy behaviors from credible federal, professional, and voluntary health organizations (e.g., guidelines to prevent the spread of infectious diseases).
		1.8.9 Analyze the effects of family history, genetics, education level, and income on personal health status.	1.12.9 Analyze the likelihood of personal injury or illness if engaging in unsafe and unhealthy behaviors.
			1.12.10 Evaluate how family history, genetics, education level, employment, and income can affect personal health status.



Standard 2: Students analyze the influence of family, peers, culture, social media, technology, and other determinants on health behaviors.

Description

Analyzing positive and negative influences is an essential life skill critical for helping students establish, manage, and maintain healthy and safe behaviors. Analyzing influences helps to build health literacy as students examine diverse internal and external factors and their effects on personal health practices and behaviors.

Internal influences on health behaviors include perceptions of social norms, personal attitudes, values and beliefs, self-efficacy, and health-related behaviors. External influences on health behavior include family, peers, school, community, culture, media, social media, technology, and policies along with governmental regulations and their enforcement. This standard provides students with the opportunity to examine how society impacts health behaviors. Analyzing influences also addresses equity (e.g., rights, opportunity, and unprejudiced treatment of all) and other health determinants.

Teachers foster students' confidence, self-efficacy, and skill competence in analyzing influences when they:

1. Discuss the importance and relevance of analyzing influences on health behaviors and well-being.
2. Explain that students have the capability of learning how to analyze influences on health behaviors.
3. Present strategies for analyzing influences on health behaviors.
4. Model how to analyze influences on health behaviors.
5. Use real-life scenarios to analyze influences on health behaviors.
6. Allow time and opportunity for students to practice skills related to analyzing influences on health behaviors.
7. Provide performance-based feedback and reinforcement when analyzing influences on health behaviors.



Standard 2: Students analyze the influence of family, peers, culture, social media, technology, and other determinants on health behaviors.

By the end of Grade 2, students will meet the following performance expectations:	By the end of Grade 5, students will meet the following performance expectations:	By the end of Grade 8, students will meet the following performance expectations:	By the end of Grade 12, students will meet the following performance expectations:
<p>2.2.1 Identify family influences on health behaviors.</p> <p>2.2.2 Explain how school personnel (e.g., teachers, custodians, bus drivers, food service workers) influence health behaviors.</p> <p>2.2.3 Identify ways in which media, social media, and technology (e.g., television, movies, video games, advertisements, apps, and other screen time) influence health behaviors.</p> <p>2.2.4 Recognize positive influences on personal health behaviors.</p> <p>2.2.5 Recognize negative influences on personal health behaviors.</p>	<p>2.5.1 Examine influences of family and culture on health behaviors.</p> <p>2.5.2 Describe how peers influence health behaviors.</p> <p>2.5.3 Describe ways in which schools and neighborhoods influence health behaviors.</p> <p>2.5.4 Explain how media, social media, and technology (e.g., television, movies, video games, advertisements, apps, and other screen time) influence health behaviors.</p> <p>2.5.5 Identify positive internal and external influences on personal health behaviors.</p> <p>2.5.6 Identify negative internal and external influences on personal health behaviors.</p>	<p>2.8.1 Explain how personal attitudes, values, and beliefs influence health behaviors.</p> <p>2.8.2 Analyze the influence of family and culture on health behaviors.</p> <p>2.8.3 Analyze how peers influence health behaviors.</p> <p>2.8.4 Explain how perceptions of social norms and expectations influence healthy and unhealthy behaviors.</p> <p>2.8.5 Analyze how media, social media, and technology (e.g., television, movies, video games, advertisements, apps, and other screen time) influence health behaviors.</p> <p>2.8.6 Explain how school rules, community norms, and governmental policies and laws influence health behaviors.</p> <p>2.8.7 Analyze how education level and income influence health behaviors.</p> <p>2.8.8 Identify factors that influence opportunities to obtain safe, equitable, culturally appropriate, and affordable products and services that support personal health behaviors.</p>	<p>2.12.1 Analyze how personal attitudes, values, and beliefs influence health behaviors.</p> <p>2.12.2 Analyze the influence of family and culture on health beliefs, practices, and behaviors.</p> <p>2.12.3 Analyze how peers and perceptions of norms influence health behaviors.</p> <p>2.12.4 Analyze how the availability of information and health services in school and community settings influence personal health behaviors.</p> <p>2.12.5 Analyze how laws, rules, policies, and regulations influence health promotion and disease prevention.</p> <p>2.12.6 Evaluate messages conveyed in media, social media, and technology (e.g., television, movies, video games, advertisements, apps, and other screen time) to determine their influence on health behaviors.</p> <p>2.12.7 Analyze how determinants of health (e.g., education level, employment, housing and income) influence health behaviors.</p> <p>2.12.8 Analyze the factors that influence opportunities to obtain safe, accessible, equitable, culturally appropriate, and affordable products and services that support health behaviors for themselves and others.</p> <p>2.12.9 Describe how societal issues of inequity, discrimination, and injustice influence the ability to engage in healthy behavior.</p>



Standard 3: Students demonstrate health literacy by accessing valid and reliable health information, products, and services to enhance health.

Description

Health literacy is essential to promoting health, preventing disease, leading a safe and healthy lifestyle, and achieving overall wellness. Students become health literate by being able to locate and use valid and reliable health information, products, and services to enhance health. Valid means that health information, products, and service are accurate, credible, and not misleading. Reliable means they are consistent and trustworthy.

This standard focuses on two of the many types of health literacy: functional health literacy and interactive health literacy. Functional health literacy is the ability to read, write, and speak about health. Interactive health literacy involves interpersonal communication between people and their ability to access and use audio, print, and electronic materials to enhance health.

Students use health literacy skills when learning functional knowledge that leads to healthy behaviors.

Teachers foster students' confidence, self-efficacy, and competence in applying health literacy skills for accessing valid and reliable health information, products, and services when they:

1. Discuss the importance and relevance of health literacy that supports healthy behaviors and well-being.
2. Explain that students have the capability of learning to be health literate by accessing valid and reliable health information, products, and services that support healthy behaviors.
3. Present health literacy skills to access valid and reliable health information, products, and services that support healthy behaviors.
4. Model how to be health literate by accessing valid and reliable health information, products, and services that support healthy behaviors.
5. Use real-life health literacy scenarios to access valid and reliable health information, products, and services that support healthy behaviors.
6. Allow time and opportunity for students to practice health literacy skills by accessing valid and reliable health information, products, and services that support healthy behaviors.
7. Provide performance-based feedback and reinforcement for health literacy skills by accessing valid and reliable health information, products, and services that support healthy behaviors.



Standard 3: Students demonstrate health literacy by accessing valid and reliable health information, products, and services to enhance health.

By the end of Grade 2, students will meet the following performance expectations:	By the end of Grade 5, students will meet the following performance expectations:	By the end of Grade 8, students will meet the following performance expectations:	By the end of Grade 12, students will meet the following performance expectations:
<p>3.2.1 Use functional health literacy (e.g., reading, writing, and speaking) to access trustworthy health information to learn functional health knowledge.</p> <p>3.2.2 Locate a trusted adult in the school building in order to access valid and reliable health services (e.g., teacher, administrator, counselor, speech language pathologist, occupational therapist, social worker, school nurse).</p> <p>3.2.3 Demonstrate interactive health literacy by talking with a trusted adult to obtain valid and reliable health information.</p> <p>3.2.4 Describe the role of trusted adults in clinical and community settings in order to obtain valid health information and services.</p> <p>3.2.5 Discuss reasons for going to a health appointment (e.g., eye doctor, dentist, psychologist, healer, pediatrician).</p> <p>3.2.6 Read visual-textual health and safety signage at school.</p>	<p>3.5.1 Use functional health literacy skills (e.g., reading, writing, and speaking) to access valid and reliable health information to learn about health behaviors.</p> <p>3.5.2 Access multimodal health messages (e.g., words, pictures, numbers, and/or gestures) in print or electronic materials to practice interactive health literacy.</p> <p>3.5.3 Discuss which trusted adults and resource people in the community (e.g., doctor, dentist, nurse, police officer, firefighter, faith-based leader, elders) can help a person obtain credible health information and trustworthy services.</p> <p>3.5.4 Document interactive health literacy by talking with a trusted adult or health professional about health information to be a proactive, well-informed patient.</p> <p>3.5.5 Read a variety of print material (e.g., books, magazines, billboards) from valid and reliable health resources to develop functional health knowledge.</p> <p>3.5.6 Interpret visual and numerical representations (e.g., graphs, figures, tables, charts) to understand a health product.</p> <p>3.5.7 Write about a health-related product that supports a health decision or health habit.</p> <p>3.5.8 Evaluate healthy and unhealthy messages depicted in the media and in advertisements.</p>	<p>3.8.1 Demonstrate functional health literacy by decoding health information that is represented in visual, textual, gestural, and/or linguistic ways.</p> <p>3.8.2 Engage in an interpersonal conversation about a health-related product or technology to make an informed health decision.</p> <p>3.8.3 Interpret numerical and graphical information to make an informed health decision.</p> <p>3.8.4 Analyze the validity of health information in print and electronic sources (e.g., news articles, magazines, visual signage, social media, podcasts, and websites) using established criteria.</p> <p>3.8.5 Analyze health-related messages in print and electronic materials to determine credibility of the health message.</p> <p>3.8.6 Demonstrate interactive health literacy by talking about print media and social media that address different populations, perspectives, and practices.</p> <p>3.8.7 Describe why it is important to seek valid and reliable health care to be a proactive, well-informed patient.</p> <p>3.8.8 Read to interpret health-related product information with a trusted adult to determine the benefits and risks.</p> <p>3.8.9 Access credible websites or health-related applications using technology to support health behaviors.</p> <p>3.8.10 Explain health literacy as a determinant of health that can reduce health inequities.</p>	<p>3.12.1 Demonstrate functional health literacy (e.g., reading, writing, and speaking) to evaluate valid and reliable health information about a health behavior.</p> <p>3.12.2 Interpret signs and symptoms including symbols (i.e., numerical expressions, letters, abbreviations) that prevent disease and promote health.</p> <p>3.12.3 Access valid and reliable health information from print and electronic materials that are available from credible health organizations (e.g., federal, professional, voluntary).</p> <p>3.12.4 Write about a health-related issue using valid and reliable sources of information.</p> <p>3.12.5 Use written, gestural, and/or spoken language to practice interactive health literacy with a trusted person or health professional.</p> <p>3.12.6 Make inferences from a valid and reliable written document to comprehend health-related information that supports a health decision.</p> <p>3.12.7 Read textual or digital information to support healthy behaviors.</p> <p>3.12.8 Use technology to access multiple sources of valid and reliable health information to locate a health-related product or health care provider.</p> <p>3.12.9 Analyze written documents to determine validity and reliability of health information or health products using established criteria (e.g., written by a current and credible source).</p> <p>3.12.10 Analyze why health literacy is a determinant of health that can reduce health inequities.</p> <p>3.12.11 Access healthcare professionals, providers, and insurance websites to be a proactive, well-informed patient.</p>



Standard 4: Students demonstrate effective interpersonal communication skills to enhance health.

Description

Interpersonal communication is an essential life skill critical for helping students establish, manage, and maintain healthy and safe behaviors.

Effective communication skills are necessary for building healthy relationships with family, friends, coworkers, and significant others as well as conveying personal health needs, beliefs, and priorities.

Interpersonal communication encompasses both what is said and how it is said along with the non-verbal messages sent through tone of voice, facial expressions, gestures, and body language.

This standard includes a series of interpersonal communication sub-skills including effective verbal and nonverbal cues for speaking and listening; identifying and communicating needs, wants, and feelings; using refusal skills to set boundaries; using negotiation and collaboration skills for managing and resolving conflict.

Teachers foster students' confidence, self-efficacy, and skill competence in interpersonal communication when they:

1. Discuss the importance and relevance of interpersonal communication skills that support healthy behaviors and well-being.
2. Explain that students have the capability of learning how to communicate that support healthy behaviors.
3. Present elements of interpersonal communication skills that support healthy behaviors.
4. Model interpersonal communication skills that support healthy behaviors.
5. Use real-life scenarios for practicing interpersonal communication skills that support healthy behaviors.
6. Allow time and opportunity for students to practice interpersonal communication skills.
7. Provide performance-based feedback and reinforcement for interpersonal communication skills.



Standard 4: Students demonstrate effective interpersonal communication skills to enhance health.

By the end of Grade 2, students will meet the following performance expectations:	By the end of Grade 5, students will meet the following performance expectations:	By the end of Grade 8, students will meet the following performance expectations:	By the end of Grade 12, students will meet the following performance expectations:
4.2.1 Identify how effective interpersonal communication can benefit personal health and well-being.	4.5.1 Explain how effective interpersonal communication can benefit personal health and well-being.	4.8.1 Examine how effective interpersonal communication can benefit personal health and well-being.	4.12.1 Analyze how effective interpersonal communication can benefit personal health and well-being.
4.2.2 Demonstrate effective listening skills and non-verbal communication skills (e.g., paying attention).	4.5.2 Demonstrate effective verbal and nonverbal interpersonal communication skills.	4.8.2 Demonstrate the use of verbal and nonverbal communication skills that enhance well-being.	4.12.2 Demonstrate the use of verbal and nonverbal communication skills that enhance health and well-being.
4.2.3 Demonstrate how to effectively identify and communicate needs, wants, and feelings in healthy ways.	4.5.3 Demonstrate how to effectively identify and communicate needs, wants, and feelings in healthy ways.	4.8.3 Demonstrate how to effectively identify and communicate needs, wants, and feelings in healthy ways.	4.12.3 Demonstrate how to effectively identify and communicate needs, wants, and feelings in healthy ways.
4.2.4 Demonstrate how to tell a trusted adult when feeling threatened, harmed or unsafe.	4.5.4 Demonstrate how to ask for help to support personal health.	4.8.4 Demonstrate how to ask for assistance to improve personal health.	4.12.4 Demonstrate asking for assistance to improve the health of self and others.
4.2.5 Demonstrate refusal skills including firmly saying no and moving away from unhealthy situations, unsafe people and risky events.	4.5.5 Demonstrate refusal skills to avoid or reduce health risks.	4.8.5 Demonstrate refusal skills to avoid or reduce health risks.	4.12.5 Demonstrate refusal skills to avoid or reduce health risks.
4.2.6 Demonstrate how to communicate kindness, empathy, compassion, and care toward others.	4.5.6 Demonstrate how to communicate kindness, empathy, compassion, and care toward others.	4.8.6 Demonstrate how to effectively communicate kindness, empathy, compassion, and care for others.	4.12.6 Demonstrate how to effectively communicate kindness, empathy, compassion, and care for others.
4.2.7 Demonstrate how to ask for permission and appropriately respond (e.g., sharing, compromising, accepting “no”).	4.5.7 Identify ways to show respect for another person’s consent or non-consent (e.g., personal space).	4.8.7 Demonstrate effective ways to show respect for another person’s consent or non-consent.	4.12.7 Demonstrate effective ways to show respect for another person’s consent or non-consent.
	4.5.8 Explain how to use collaboration and negotiation skills that support healthy behaviors and relationships.	4.8.8 Demonstrate effective collaboration and negotiation skills that support healthy behaviors and relationships.	4.12.8 Demonstrate effective collaboration and negotiation skills that support healthy behaviors and relationships.
	4.5.9 Demonstrate healthy ways to manage and resolve conflict.	4.8.9 Demonstrate effective ways to manage and resolve conflict.	4.12.9 Demonstrate effective interpersonal communication strategies to prevent, manage, or resolve conflict.



Standard 5: Students demonstrate effective decision-making skills to enhance health.

Description

Decision making is an essential life skill critical for helping students establish, manage, and maintain healthy and safe behaviors. Decision making is the ability to select between two or more alternatives to reach the best outcome in a specified time frame.

Effective health decision making demonstrates someone who is health literate. Decision making requires the use of accurate and reliable information while progressing through a set of steps intended to help students take deliberate actions to enhance health.

These steps include: identify when a decision is needed; identify what information is needed to inform a decision to improve health; determine if help is needed to make the decision; generate options and predict their outcomes; choose a decision that aligns with personal values and beliefs; act on the decision; and reflect on the healthy and unhealthy consequences of the decision.

Decision making is nonlinear and complex, and students may apply steps out of order, or even repeat steps many times, based on the context and health situation they encounter.

Teachers foster students' confidence, self-efficacy, and skill competence in effective decision making when they:

1. Discuss the importance and relevance of decision-making skills that support healthy behaviors and well-being.
2. Explain that students have the capability of learning decision-making skills that support healthy behaviors.
3. Present steps for decision-making skills that support healthy behaviors.
4. Model decision-making skills that support healthy behaviors.
5. Use real-life scenarios for practicing decision-making skills that support healthy behaviors.
6. Allow time and opportunity for students to practice decision-making skills.
7. Provide performance-based feedback and reinforcement for decision-making skills.



Standard 5: Students demonstrate effective decision-making skills to enhance health.

By the end of Grade 2, students will meet the following performance expectations:	By the end of Grade 5, students will meet the following performance expectations:	By the end of Grade 8, students will meet the following performance expectations:	By the end of Grade 12, students will meet the following performance expectations:
5.2.1 Identify situations that need a health decision.	5.5.1 Identify procedural steps in decision making.	5.8.1 Examine situations when the procedural steps of decision making are needed.	5.12.1 Analyze situations when the procedural steps of decision making are needed.
5.2.2 Determine when help is needed and when it is not needed to make a health decision.	5.5.2 Assess when help is needed and when it is not needed to make a health decision.	5.8.2 Distinguish when health decisions should be made individually or with the help of others.	5.12.2 Discuss the consequences of being indecisive when making a health decision.
5.2.3 Explain how family, peers, and trusted adults can affect a health decision.	5.5.3 Explain how family, peers, trusted adults, and media can affect a health decision.	5.8.3 Explain how family, peers, culture, media, technology, and other factors can affect a health decision.	5.12.3 Justify when individual or collaborative decision making is appropriate.
5.2.4 Predict the outcome of a health decision that leads to a healthy behavior.	5.5.4 Identify options when making a health-related decision.	5.8.4 Analyze how personal beliefs can affect decisions about a health behavior.	5.12.4 Summarize people, organizations, and resources in the community when making a health decision.
5.2.5 Choose a health-promoting option when making an effective decision.	5.5.5 Predict the potential consequences of each option.	5.8.5 Discuss alternatives when making health decisions.	5.12.5 Analyze how family, peers, culture, media, technology, and other factors influence personal beliefs when making a health decision.
5.2.6 Reflect on healthy and unhealthy consequences of a decision.	5.5.6 Choose a health-promoting option that aligns with personal values when making an effective decision.	5.8.6 Distinguish between healthy and unhealthy consequences for each alternative.	5.12.6 Generate alternatives to risky behaviors or stressful situations when making a health decision for self or others.
	5.5.7 Reflect on the outcomes of an effective health decision.	5.8.7 Choose a health-promoting option when making an effective decision.	5.12.7 Predict potential healthy and unhealthy consequences for each alternative.
		5.8.8 Analyze the outcomes of an effective health decision.	5.12.8 Choose a health-promoting option when making an effective decision.
			5.12.9 Evaluate the consequences of an effective health decision.



Standard 6: Students demonstrate effective goal-setting skills to enhance health.

Description

Goal setting is an essential life skill critical for helping students establish, manage, and maintain healthy and safe behaviors and becoming a health literate individual. Setting and achieving short-term and long-term health goals can have positive health benefits and contribute to other life outcomes.

Learning to set and reach goals can also help students prioritize what is most important to them and work meaningfully to achieve these important priorities. Because goals are more deliberate than desires and momentary intentions, goal setting means that a person has committed thoughts, emotions, and behaviors towards attaining the goal.

Goal-setting skills involve the assessment of personal health practices and the development of an action plan to motivate and guide a person toward reaching a goal. Successful goal setting consists of procedural steps which include the creation of a goal statement that is **S**pecific, **M**easurable, **A**ttainable, **R**ealistic, and **T**ime bound (SMART).

Students gain confidence in their abilities to set and achieve health goals and have a higher probability of success by assessing their personal health practices; creating a SMART goal; then identifying the benefits and barriers to reaching a goal; implementing strategies to achieve a personal health goal (e.g., accessing information, resources, and supportive networks; tracking progress; setting reminders; taking small steps; overcoming barriers; and revising the goal based on life circumstances); and persisting when facing barriers and challenges.

Teachers foster students' confidence, self-efficacy, and skill competence in goal setting when they:

1. Discuss the importance and relevance of goal-setting skills that support healthy behaviors and well-being.
2. Explain that students have the capability of learning goal-setting skills that support healthy behaviors.
3. Present steps for goal-setting skills that support healthy behaviors.
4. Model goal-setting skills that support healthy behaviors.
5. Use real-life scenarios for practicing goal-setting skills that support healthy behaviors.
6. Allow time and opportunity for students to practice goal-setting skills.
7. Provide performance-based feedback and reinforcement for goal-setting skills.



Standard 6: Students demonstrate effective goal-setting skills to enhance health.

By the end of Grade 2, students will meet the following performance expectations:	By the end of Grade 5, students will meet the following performance expectations:	By the end of Grade 8, students will meet the following performance expectations:	By the end of Grade 12, students will meet the following performance expectations:
6.2.1 Identify a realistic personal short-term health goal with the help of a trusted adult.	6.5.1 Set a realistic personal health goal.	6.8.1 Assess personal health practices.	6.12.1 Assess personal health practices and behaviors.
6.2.2 Identify the health and related benefits of reaching a short-term health goal.	6.5.2 Explain the health and related benefits of reaching a personal health goal.	6.8.2 Set a SMART personal health goal.	6.12.2 Set a SMART personal health goal.
6.2.3 Identify people, information, and resources to help achieve a personal health goal.	6.5.3 Develop a basic plan for achieving a personal health goal.	6.8.3 Predict the health and life benefits of reaching a personal health goal.	6.12.3 Predict the health and life benefits of reaching a personal health goal.
6.2.4 Develop a basic plan for achieving a personal health goal.	6.5.4 Describe people, information, and resources to help achieve a personal health goal.	6.8.4 Develop a detailed plan, with a timeline, for achieving a personal health goal.	6.12.4 Develop a detailed plan, with a timeline, for achieving a personal health goal.
6.2.5 Take steps to achieve a personal health goal (e.g., tracking progress, setting reminders, taking small steps).	6.5.5 Determine potential barriers in achieving a personal health goal.	6.8.5 Assess the barriers to achieving a personal health goal.	6.12.5 Assess the barriers to achieving a personal health goal.
6.2.6 Recognize that effort, will power, and resilience can help toward achieving a personal health goal.	6.5.6 Implement strategies toward achieving a personal health goal (e.g., tracking progress, setting reminders, taking small steps, overcoming barriers).	6.8.6 Apply strategies to overcome barriers to achieving a personal health goal.	6.12.6 Apply strategies to overcome barriers to achieving a personal health goal.
	6.5.7 Explain that effort, determination, and resilience can help toward achieving a personal health goal.	6.8.7 Implement strategies toward achieving a personal health goal (e.g., tracking progress, setting reminders, taking small steps, overcoming barriers, and revising the goal based on life circumstances).	6.12.7 Implement strategies toward achieving a personal health goal (e.g., tracking progress, setting reminders, taking small steps, overcoming barriers, and revising the goal based on life circumstances).
		6.8.8 Apply effort, determination, and resilience toward achieving a personal health goal.	6.12.8 Apply effort, determination, and resilience toward achieving a personal health goal.
			6.12.9 Formulate an effective long-term plan to improve health and other life outcomes (e.g., exercise plan, stress management plan, healthy eating plan).



Standard 7: Students demonstrate observable health and safety practices.

Description

Observable health and safety practices with the potential to become health and safety habits are essential to both maintaining optimum health and preventing disease and injury.

Observable health and safety practices can be seen and measured in a classroom or school setting. Examples include, but are not limited to, washing hands, flossing and brushing teeth, safely crossing streets, practicing stress management techniques, wearing a bike helmet correctly, measuring heart rate, and selecting a nutrient-dense snack.

This standard also helps students to recognize the importance of incorporating health and safety habits into their daily routines for a lifetime.

Teachers foster students' confidence, self-efficacy, and skill competence in observable health and safety practices when they:

1. Discuss the importance and relevance of health and safety practices.
2. Explain that students have the capability of learning health and safety practices.
3. Present steps for performing health and safety practices.
4. Model health and safety practices.
5. Allow time and opportunity for students to demonstrate health and safety practices using real-life scenarios.
6. Provide performance-based feedback and reinforcement when demonstrating healthy habits and practices.



Standard 7: Students demonstrate observable health and safety practices.

By the end of Grade 2, students will meet the following performance expectations:	By the end of Grade 5, students will meet the following performance expectations:	By the end of Grade 8, students will meet the following performance expectations:	By the end of Grade 12, students will meet the following performance expectations:
<p>7.2.1 Demonstrate age and developmentally appropriate observable health and safety practices.</p> <p>7.2.2 Reflect on the ability to perform observable health and safety practices.</p> <p>7.2.3 Explain how health and safety practices can become habits.</p>	<p>7.5.1 Demonstrate age and developmentally appropriate observable health and safety practices.</p> <p>7.5.2 Reflect on the ability to perform observable practices that promote health and prevent or reduce the risk of disease and injury.</p> <p>7.5.3 Explain the importance of making health and safety practices into health habits.</p>	<p>7.8.1 Demonstrate age and developmentally appropriate practices that promote health and prevent or reduce the risk of disease and injury.</p> <p>7.8.2 Assess the ability to perform observable health and safety practices.</p> <p>7.8.3 Document personal health and safety habits and practices in a variety of settings and situations.</p> <p>7.8.4 Analyze the impact of making health and safety practices into personal health habits.</p>	<p>7.12.1 Demonstrate age and developmentally appropriate health and safety practices that prevent or reduce the risk of disease and injury and improve quality of life.</p> <p>7.12.2 Assess the ability to perform observable health and safety practices.</p> <p>7.12.3 Document personal health and safety practices in a variety of settings and situations.</p> <p>7.12.4 Compare the advantages and disadvantages of making health and safety practices into routine and consistent habits.</p>



Standard 8: Students advocate for behaviors that support personal, family, peer, school, and community health.

Description

Advocacy skills are essential for providing equitable health opportunities for all. This standard empowers students with confidence to apply functional health knowledge and health literacy to persuade others to adopt healthy behaviors.

Advocacy is the ability to take action to secure conditions that support the health and quality of life of self and others. Advocacy involves influencing others to act in ways that support personal, family, peer, school, and community health.

Advocacy skills can include identifying needs, formulating a plan of action, creating messages, and applying strategies to promote health. Students use advocacy skills to encourage others to adopt health-enhancing norms, beliefs, and behaviors as well as to implement policies, programs, and environments that support health.

Teachers foster students' confidence, self-efficacy, and skill competence in advocacy when they:

1. Discuss the importance and relevance of advocacy skills that support healthy behaviors and well-being.
2. Explain that students have the capability of learning advocacy skills that support healthy behaviors.
3. Present elements of advocacy skills that support healthy behaviors.
4. Model advocacy skills with confidence that support healthy behaviors.
5. Use real-life scenarios for practicing advocacy skills that support healthy behaviors.
6. Allow time and opportunity for students to practice advocacy skills that support healthy behaviors.
7. Provide performance-based feedback and reinforcement for advocacy skills.



Standard 8: Students advocate for behaviors that support personal, family, peer, school, and community health.

By the end of Grade 2, students will meet the following performance expectations:	By the end of Grade 5, students will meet the following performance expectations:	By the end of Grade 8, students will meet the following performance expectations:	By the end of Grade 12, students will meet the following performance expectations:
<p>8.2.1 Demonstrate how to make requests that promote personal health and safety (e.g., asking others for help to avoid exposure to secondhand smoke).</p> <p>8.2.2 Demonstrate how to encourage family and peers to make healthy choices (e.g., persuading others to follow safety rules and procedures).</p>	<p>8.5.1 Demonstrate how to persuade others to make healthy choices (e.g., persuading others not to bully).</p> <p>8.5.2 Demonstrate how to persuade others to make positive health choices (e.g., persuading others to avoid all tobacco products).</p>	<p>8.8.1 Use valid and reliable information to identify advocacy positions that meet personal, family, peer, and school health needs.</p> <p>8.8.2 Create an action plan with advocacy strategies related to a position that promotes personal, family, peer, and school health.</p> <p>8.8.3 Create an advocacy message about a position using valid and reliable information that support the health of self and others.</p> <p>8.8.4 Demonstrate how to adapt health-related messages to persuade different audiences.</p> <p>8.8.5 Demonstrate confidence (e.g., strong voice, body language) when persuading others to make health choices that enhance quality of life and promote equitable health opportunities for all.</p> <p>8.8.6 Collaborate with others to advocate for personal, family, peer, school, and community health.</p>	<p>8.12.1 Use valid and reliable information to identify advocacy positions that meet personal, family, peer, school, and community health needs.</p> <p>8.12.2 Create an action plan with advocacy strategies related to a position that promotes personal, family, peer, school, and community health.</p> <p>8.12.3 Create a persuasive advocacy message about a position using peer and societal norms, supported by valid and reliable sources, that influence the health of self and others.</p> <p>8.12.4 Adapt health messages and advocacy strategies that meet the needs and interests of specific audiences.</p> <p>8.12.5 Demonstrate confidence (e.g., strong voice, body language) when using advocacy messages and strategies to persuade others to engage in actions that enhance quality of life and promote equitable health opportunities for all.</p> <p>8.12.6 Collaborate with others to advocate for personal, family, peer, school, and community health.</p>

Glossary

Accessing Valid and Reliable Health Information, Products, and Services (Accessing Health Resources)

"...the ability to locate and use...valid and reliable health information, products, and services to enhance health" (Tappe et al., 2009, p. 249).

Analyzing Influences

"...the ability to examine diverse internal and external factors and their [positive and negative] effect on personal health practices and behaviors" (adapted from Tappe et al., 2009, pp. 248-249, National Consensus for School Health Education, 2022).

- **Internal Factors:** Internal factors include perceptions of social norms, personal attitudes, values and beliefs, self-efficacy, and health-related behaviors (National Consensus for School Health Education, 2022).
- **External Factors:** External factors include family, peers, school, community, culture, media, social media, technology, and policies along with governmental regulations and their enforcement (National Consensus for School Health Education, 2022).

Attitudes

"...a person's evaluation of how favorable or unfavorable...performing a particular behavior would be" (Yzer, 2012, p. 24).

Beliefs

"Statements or propositions about health, health behaviors or practices, or oneself that are accepted as being true" (Board of Trustees of the Leland Stanford Junior University, 2013, p. 24).

Body Language

"...patterns of breathing, eye movements, facial expression, gestures, mannerisms, body positions and movements, nonverbal behaviors, emotions, and proxemics that can be expressed and interpreted...for health communication (Ubbes & Njoku, 2022, p. 27).

Characteristics of Effective Health Education Curricula

"A summary of curriculum attributes that research findings indicate promote health-enhancing behaviors or reduce health risk-taking behaviors" (Centers for Disease Control and Prevention, 2021b, p. GL-1).

Comprehensive Health Education Curriculum

"A set of instructional strategies and learning experiences, for students in pre-Kindergarten through grade 12, that provides multiple opportunities to acquire the knowledge, attitudes, and skills required to make health-promoting decisions, achieve health literacy, adopt health-enhancing behaviors, and promote the health of others. A comprehensive health education curriculum is one that is broad in scope and content and addresses numerous health problems, issues, or topics" (Centers for Disease Control and Prevention, 2021b, p. GL-1).

Consent

To agree or to give another person permission to do something (National Consensus for School Health Education, 2022).

Consequences

"The results or outcomes of an action or event" (Telljohann et al., 2020, p. 203).

Cultural Competence

“The ability of an individual to understand and respect values, attitudes, beliefs, and morals that differ across cultures” (Centers for Disease Control and Prevention, 2021b, p. GL-1).

Culture

“...refers to integrated patterns of human behavior that include the language, thoughts, communication, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups” (Centers for Disease Control and Prevention, 2021a, para. 3).

Curriculum

“...an educational plan incorporating a structured, developmentally appropriate series of intended student learning outcomes and associated learning experiences; generally organized as a detailed set of text, graphics/images, instructional strategies, and materials” (Centers for Disease Control and Prevention, 2021b, p. GL-1).

Decision Making

The ability to select between two or more alternatives to reach the best outcome in specified time frame. Decision making requires the use of accurate and reliable information while progressing through a set of steps intended to take deliberate actions to enhance health.

- **Decision Making Steps:** These steps include:
 - identify when a decision is needed;
 - identify what information is needed to inform a decision to improve health;
 - determine if help is needed to make the decision;
 - generate options and predict their outcomes;
 - choose a decision that aligns with personal values and beliefs;
 - act on the decision; and
 - reflect on the healthy and unhealthy consequences of the decision.

- **Note:** Decision making is nonlinear and complex, and students may apply the steps out of order, or even repeat steps many times, based on the context and health situation they encounter (National Consensus for School Health Education, 2022).

Developmentally Appropriate

“Curriculum materials that are consistent with an individual’s cognitive, mental, emotional, physical, moral, and social development” (Centers for Disease Control and Prevention, 2021b, p. GL-1).

Disease Prevention

“The processes of avoiding, preventing, reducing, or alleviating distress and promote, preserve, and restore health” (Centers for Disease Control and Prevention, 2021b, p. GL-1).

Diversity

“The differences among individuals and groups of people based on factors such as race, ethnicity, sex, gender identity and expression, age, socioeconomic status, class, language, culture, religion, sexual orientation, ability, and geographic area” (Centers for Disease Control and Prevention, 2021b, p. GL-1).

Equity (see also Health Equity)

“Fairness, evenhandedness, impartiality...” (Last, 2007, p. 111).

Functional Health Knowledge

Is valid and reliable information and concepts that support health beliefs, skills, and behaviors. Examples of functional health knowledge: benefits of healthy eating and characteristics of emotionally healthy people. In contrast, health information that has little influence on health beliefs, health skills, and behaviors is non-functional. Examples of nonfunctional information includes memorizing the bones in the body and drug classifications (National Consensus for School Health Education, 2022).

Functional Health Literacy (see Health Literacy)

Gesture

Gesture refers to expressive motions of the body, limbs, and hands to emphasize speech or convey information in a visual-spatial way (adapted from Clough & Duff, 2020, adapted by National Consensus for School Health Education, 2022).

Goal Setting

The process of determining a desired health-related behavior or practice to achieve over a specific time period. This process is more deliberate than desires and momentary intentions and involves committed thoughts, emotions, and behaviors toward attain the goal.

- **Goal Setting Skills:** Goal-setting skills involve the assessment of personal health practices and the development of an action plan designed to motivate and guide a person toward reaching a goal. Successful goal setting consists of procedural steps which include creation of a goal statement that is Specific, Measurable, Attainable, Realistic, and Time bound (SMART). Students gain confidence in their abilities to set and achieve health goals and have a higher probability of success by:
 - assessing their personal health practices,
 - creating a SMART goal,
 - identifying the benefits and barriers to reaching a goal,
 - implementing strategies to achieve a personal health goal (e.g., accessing information, resources, and supportive networks; tracking progress; setting reminders; and revising the goal based on life circumstances);
 - and persisting when facing barriers and challenges (National Consensus for School Health Education, 2022).
- **Goal Setting Subskills:** (Note: The subskills are defined in a sequence aligned with the performance expectations for goal setting)
 - **Self-Assessment:** “...the ability to identify and evaluate one’s health-related practices and health status” (Tappe et al., 2009, p. 251).
 - **Creating a SMART Goal:** Specific, Measurable, Attainable, Realistic, and Time Bound (Centers for Disease Control and Prevention, 2021b, p. CHE-39).
 - **Action Plan:** “a set of things to do in order to achieve something, especially one that has been considered in detail in advance” (Oxford University Press, n.d.a). An action plan for a health goal may include the benefits and barriers to reaching the goal, strategies to make progress and overcome barriers to achieving the goal, and a plan to track progress toward the goal (National Consensus for School Health Education, 2022).
 - **Identifying Benefits:** Examining the positive outcomes of making progress toward and achieving a health-related goal (National Consensus for School Health Education, 2022).
 - **Identifying Barriers:** Examining things that hinder or block progress toward a health-related goal (National Consensus for School Health Education, 2022).
 - **Implementing Strategies:** Approaches used to make progress and overcome barriers to achieve a health-related goal. These approaches include tracking progress, setting reminders, taking small steps, and revising the goal based on life circumstances (National Consensus for School Health Education, 2022).
 - **Self-Monitoring (Tracking Progress):** “...the ability to observe and record over time one’s progress toward a health-related goal” (Tappe et al., 2009, p. 251).

Habit (see Health Habits)

Health

“A state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity; a functional state which allows a person to achieve goals and activities for a healthy life” (Centers for Disease Control and Prevention, 2021b, p. GL-2).

- **Dimensions of Health:** The dimensions or facets of health vary widely between the many definitions and models of health and wellness. The dimensions of health identified in the National Consensus for School Health Education, 2022 include physical, social, emotional, and intellectual.
 - **Physical:** “A healthy body” (Substance Abuse and Mental Health Services Administration, 2016, p. 7).
 - **Social:** “...involves healthy relationships with friends, family, and the community, and having an interest in and concern for the needs of others and humankind” (Substance Abuse and Mental Health Services Administration, 2016, p. 17).
 - **Emotional:** “...involves the ability to express feelings, adjust to emotional challenges, cope with life’s stressors, and enjoy life” (Substance Abuse and Mental Health Services Administration, 2015, p. 21).
 - **Intellectual:** “...involves many things that keep our brains active and our intellect expanding” (Substance Abuse and Mental Health Services Administration, 2016, p. 9).

Health Advocacy

The ability to take action to secure conditions that support the health and quality of life of self and others. Health advocacy involves influencing others to act in ways that support personal, family, peer, school, and community health (National Consensus for School Health Education, 2022).

- **Advocacy Skills:** Skills used to identify needs, formulate a plan of action, create messages, and apply strategies to promote health. Students use advocacy skills to encourage others to adopt health-enhancing norms, beliefs, and behaviors as well to implement policies, programs, and environments that support health (National Consensus for School Health Education, 2022).

Health Behavior

“The actions people undertake that influence their health status. These actions are influenced by the combination of understanding, insight, beliefs (values), and practices that define the patterns of actions that influence people’s health status, and may promote, preserve, and protect good health, or if aspects of behavior are harmful, may lead to injury, death, or chronic disease” (Last, 2007, p. 155).

Health Disparities

“a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion” (Office of Disease Prevention and Health Promotion, 2022, para. 22).

Health Education

“A formal, structured combination of planned learning experiences that provide the opportunity to acquire information and skills needed to making health-promoting decisions, achieve health literacy, adopt health-enhancing behaviors, and promote the health of others” (Centers for Disease Control and Prevention, 2021b, p. GL-2).

Health Education Curriculum

“A set of instructional strategies and learning experiences that provide students with opportunities to acquire the attitudes, knowledge, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of self and others. A health education curriculum should have:

- A set of intended learning outcomes or learning objectives that are directly related to the students’ acquisition of health-related knowledge, attitudes, and skills.
- A planned progression of developmentally appropriate lessons or learning experiences that lead to achieving these objectives.
- Continuity between lessons or learning experiences that clearly reinforce the adoption and maintenance of specific health-enhancing behaviors.
- Accompanying content or materials that correspond with the sequence of learning events and help teachers and students meet the learning objectives.
- Assessment strategies to determine if students achieved the desired learning” (Centers for Disease Control and Prevention, 2021b, p. GL-2).

Health Equity

“...the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically” (National Academy of Sciences, Engineering, and Medicine, 2016, p. xiii).

Health Habits

“A [health] behavior that has become a customary or regular part of life, often to the extent that it is done without conscious thought, or almost automatically, and recognized as a way to render life orderly” (adapted from Last, 2007, p. 149).

Health Instruction

The process, including the delivery of lessons, facilitation of learning, directing of activities, events, and other components of classroom experience, designed to help students acquire developmentally appropriate health knowledge and attitudes and improve health-enhancing skills and behaviors (Centers for Disease Control and Prevention, 2021b, GL-3).

Health Literacy

“The capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services to enhance health” (Centers for Disease Control and Prevention, 2021b, p. GL-3).

- Functional Health Literacy: “...the ability to read, write, and speak about health” (Ubbes & Ausherman, 2018, p. 31).
- Interactive Health Literacy: “...interpersonal communication between people, including their interactive use of print and electronic materials to enhance health (Ubbes & Ausherman, 2018, p. 31).
- Critical Health Literacy: “...addresses issues of access and equity for health information and services. This process includes critical problem posing with creative solutions to empower people who have a variety of backgrounds, health needs, and interests” (Ubbes & Ausherman, 2018, p. 31).

Health and Safety Practices

Health behaviors people perform on a regular basis and often do not require significant thought or decision making (National Consensus for School Health Education, 2022).

Health Promotion

“Any planned combination of educational, political, environmental, regulatory, and organizational mechanisms that support actions and conditions of living that are conducive to the health of individuals, families, groups, and communities” (Centers for Disease Control and Prevention, 2021b, p. GL-3).

Health-Related Skills

“Abilities to translate knowledge and readiness into the performance of actions that enable students to deal with social pressures, avoid or reduce risk-taking behaviors, enhance and maintain personal health, and promote the health of others” (Centers for Disease Control and Prevention, 2021b, p. GL-3).

- Health-related skills include:
 - analyzing influences,
 - accessing valid and reliable health information, products, and services,
 - interpersonal communication,
 - decision making,
 - goal setting; and
 - advocacy (National Consensus for School Health Education, 2022).

Healthy Behaviors (see Risk Behavior and Risk Reduction)

Actions that support health (National Consensus for School Health Education, 2022).

- Examples of healthy behaviors for children and adolescents include:
 - “use prescription and over-the-counter and prescription medications correctly...,”
 - eat lots of fruits and vegetables...,”

- express feelings in a healthy way...,”
- practice appropriate hygiene habits...,”
- engage in moderate to vigorous physical activity for at least 60 minutes every day...,”
- follow appropriate safety rules when riding in or on a motor vehicle...,”
- establish and maintain healthy relationships...,”
- avoid using (or experimenting with) any form of tobacco,
- manage interpersonal conflict in nonviolent ways” (adapted from Centers for Disease Control and Prevention, 2021b, pp. CHE-2-CHE-3).

Interactive Health Literacy (see Health Literacy)

Interpersonal Communication

Encompasses both what is said and how it is said, along with the non-verbal messages sent through tone of voice, facial expressions, gestures, and body language. Interpersonal communication includes a series sub-skills including effective verbal and nonverbal cues for speaking and listening; identifying and communicating needs, wants, and feelings; using refusal skills to set boundaries; using negotiation and collaboration skills for managing and resolving conflict (National Consensus for School Health Education, 2022).

- **Interpersonal Communication Skills** (Note: The subskills are defined in a sequence aligned with the performance expectations for interpersonal communication).
 - **Nonverbal Communication:** “...the ability to use or interpret another person’s use of space, time, movement, touch, eye contact, tone of voice, posture, facial expressions, and gestures to communicate feelings or information and enhance or protect health...[includes] matching nonverbal behavior when conveying verbal messages” (adapted from Tappe et al., 2009, p. 249).

GLOSSARY

- **Listening:** "...the ability to show respect for, and attend to, the thoughts and feelings communicated by others to enhance or protect health" (Tappe et al., 2009, p. 249).
- **Assertive Communication:** "...the ability to confidently express in healthy ways what one needs, wants, and feels with regard to physical..., [intellectual], ...emotional, and social health" (adapted from Tappe et al., 2009, p. 249).
- **Requesting Help:** "The ability to ask for...assistance when one is threatened or harmed or when assistance is needed to enhance or protect health" (adapted from Tappe et al., 2009, p. 250).
- **Refusal Skills:** "...the ability to use verbal and nonverbal communication skills to resist pressure and say no to avoid or reduce health risks" (adapted from Tappe et al., 2009, p. 250).
- **Respecting Consent or Non-Consent:** The ability to show ways to acknowledge and abide by another person's consent or non-consent to do something (National Consensus for School Health Education, 2022). (see Consent)
- **Collaboration Skills:** The ability to cooperate with others to do something to enhance physical, intellectual, emotional, and social health (National Consensus for School Health Education, 2022).
- **Negotiation Skills:** "...the ability to discuss a mutual issue or concern with others and cooperatively agree on a compromise or settlement that enhances or protects physical..., [intellectual], ... emotional, and social health" (adapted from Tappe et al., 2009, p. 250).
- **Conflict Resolution:** "...the ability to work out disagreements and differences with others to prevent, manage, or resolve the discord and protect physical..., [intellectual], ...emotional, and social health" (adapted from Tappe et al., 2009, p. 250).

Language

"...a symbolic system through which people communicate and through which culture is transmitted" (City University of New York Open Educational Resources, 2022, p. 3).

Media

"The printed press, newspapers and magazines, radio, television, ...Internet sites [and apps (i.e., social media)] that purvey news, information, misinformation, and all shades of opinion" (adapted from "mass media", Last, 2007, p. 225, National Consensus for School Health Education, 2022).

National Health Education Standards

"Written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, [peer], and community health. The standards provide a framework for curriculum development and selection, instruction, and assessment of student knowledge and skills in health education" (adapted from Centers for Disease Control and Prevention, 2021b, p. GL-3, National Consensus for School Health Education, 2022).

Norms (see Social Norms)**Observable Health and Safety Practices** (see Health Practices)

A healthy or safety practice that can be seen and measured in a classroom or school setting. Examples include, but are not limited to, washing hands, flossing and brushing teeth, safely crossing streets, practicing stress management techniques, wearing a bike helmet correctly, measuring heart rate, and selecting a nutrient-dense snack (National Consensus for School Health Education, 2022).

Opportunity to Learn Standards

“Descriptors that identify policies, resources, and activities to enable schools, communities, institutions of higher education, and state and national health and education agencies to support the implementation of the National Health Education Standards” (adapted from Joint Committee on National Health Education Standards, 1995, p. 75).

Performance Expectations

The developmentally appropriate specific concepts and skills that students should know, believe, and be able to do to demonstrate achievement of the National Health Education Standards by the end of grades 2, 5, 8, and 12. Performance expectations help educators focus on essential health knowledge, beliefs, and skills that are basic to the development of students learning of each standard and serve as a blueprint for curriculum, instruction, and assessment in health education (National Consensus for School Health Education, 2022).

Product

“a thing that is grown, produced or created, usually for sale” (Oxford University Press, n.d.b). In health education, examples of products include foods, deodorant, sunscreen, prescription and over-the-counter drugs, bicycle helmets, and athletic shoes.

Protective Factors

“Assets (internal to individuals) and resources (external to individuals) that counteract, reduce, or eliminate the adverse effects of risk factors” (Centers for Disease Control and Prevention, 2021b, p. GL-4).

Reliable

Means consistent and trustworthy (National Consensus for School Health Education, 2022).

Resilience

“...the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress...” (American Psychological Association, 2020, para. 4).

Risk Avoidance

“Places an emphasis on eliminating or avoiding behaviors that lead to adverse health outcomes. Examples include: not smoking, not drinking alcohol or using other drugs; not engaging in sexual intercourse; and not engaging in violence” (Centers for Disease Control and Prevention, 2021b, p. GL-4).

Risk Behavior

“An activity that places a person at increased risk of suffering a particular condition, illness, or injury” (Centers for Disease Control and Prevention, 2021b, p. GL-4).

Risk Reduction

“Places emphasis on lessening or reducing the frequency of behaviors that lead to adverse health outcomes, or adopting additional behaviors that reduce the risk of adverse health outcomes” (Centers for Disease Control and Prevention, 2021b, p. GL-4).

Self-Efficacy

“...beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments” (Bandura, 1997, p. 3). This includes “The belief in one’s capability to learn and/or perform specific tasks to achieve desired goals and that influence events that affect their life” (Centers for Disease Control and Prevention, 2021b, p. GL-4).

Services

“the particular skills or help that a person is able to offer” (Oxford University Press, n.d.c). Examples of school-based services include nursing, counseling, psychological, occupational therapy, and social and nutrition services. Examples of community-based services including doctors, dentists, pharmacists, firefighters, emergency medical technicians, law enforcement officers, public health workers (National Consensus for School Health Education, 2022).

Social Determinants of Health

“...the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, function, and quality-of-life outcomes and risks.” The five domains of the social determinants of health include: “economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social community content” (Office of Disease Prevention and Health Promotion, n.d., para. 1-2).

Social Justice

“The concept and implementation of equity” (Last, 2007, p. 348).

Social Media

“websites and applications that enable users to create and share content or to participate in social networking” (Oxford University Press, n.d.d).

Social Norms

“Standards, models, beliefs, or patterns of behavior considered to be typical for a specific group. A social norm is an implied agreement or understanding among a groups’ membership about how members in a group behave or should behave” (adapted from “norms”, Centers for Disease Control and Prevention, 2021b, p. GL-3, National Consensus for School Health Education, 2022).

Symbols

Cultural representations that occur in verbal and nonverbal communication and written and unwritten communication. Symbols convey specific meanings through letters that make words, numerals that make numbers, and shapes that are culturally specific. Symbols can be words, gestures, signs, and signals to help people understand the world (adapted from City University of New York Open Educational Resource, 2022).

Trusted Adults

“...people in the lives of... [children] who care about them and help them to be healthy.” Examples include parents, guardians, and other adult family members, friends, and people at school and in the community who care about them (adapted from Telljohann et al., 2017, p. 17, (National Consensus for School Health Education, 2022).

Valid

Health information that is accurate, credible, and not misleading (National Consensus for School Health Education, 2022).

Values

“Principles, standards, or qualities regarding as worthwhile or desirable” (Centers for Disease Control and Prevention, 2021b, p. GL-5).

Well Being

“...includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning” (Centers for Disease Control and Prevention, 2018, para. 6) and “...encompasses physical health, social health, intellectual health, spiritual health, and emotional health dimensions” (Wiley & Cory, 2013, p. 662).

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The Management Group, with representatives from each of the six founding organizations, shares collaborative decision making on all aspects of the initiative. Member representatives are the president (or designee) and executive director of each organization. We strive for consensus, though in the unusual occurrence when a vote is necessary, each organization holds one vote. The Foundation for the Advancement of Health Education serves as the convening organization.

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The Development Group is comprised of over 20 experts in school health education from throughout the United States. This group was selected by the Management Group for its expertise, leadership, and previous experience with standards development, using multiple factors for diverse representation. The Development Group drafts products that focus on what students and out-of-school youth need to know and be able to do to create and maintain a healthy lifestyle and to succeed in school. Their work is driven by contemporary evidence and practical experience. Leaders of the Development Group were also leaders during the 1995 National Health Education Standards development process and its subsequent revision in 2007.

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