

The Essential Components of Health Education

Schools play a significant role in promoting health, safety, and well-being of students, as well as helping them establish healthy behaviors that will last a lifetime. Research also shows a link between [student health outcomes and their academic success](#) (Centers for Disease Control and Prevention [CDC], 2017). Health education provides students with the knowledge and skills necessary to practice healthy behaviors and teaches students how to recognize the influence of responsible decision-making on quality of life. By providing effective health education programming, schools can help students develop health literacy (Figure 1) skills so they are able to access information, resources, and services in order to maintain and promote healthy lifestyles. SHAPE America has been one of several leading voices in providing guidance and resources for effective health education.

The purpose of this guidance document is to outline the essential components that provide the structure for an effective health education program, as well as evidence supporting why health education is a key element of a well-rounded education for all students. This document organizes the national recommendations for health education and best practices from the field into four essential components of health education and their recommended policies and practices; however, not all programs will be able to feasibly implement every policy and practice. The best practices identified in Figures 3, 4, 5 and 7 should be used by health educators to identify both existing strengths, as well as opportunities for improvement for school-based health education programs and in advocacy efforts.

Figure 1. Health Literacy

To pursue a healthy lifestyle, a health literate individual:

- Has the ability to access, understand, appraise, apply, and advocate for health information and services in order to maintain or enhance one's own health and the health of others.

The Whole School, Whole Community, Whole Child Model

Health education plays an important role in the overall health and well-being of students and is part of the 10-component [Whole School, Whole Community, Whole Child \(WSCC\) model](#) (Association for Supervision and Curriculum Development [ASCD], 2014).

The WSCC model was developed by ASCD and the CDC as an expansion of the coordinated school health model in order to provide greater alignment between the [ASCD's Whole Child Initiative](#) and the CDC's Coordinated School Health approach (ASCD, 2014). The WSCC Model (Figure 2) is a guiding framework for school health and includes the following 10 components:

1. Health Education
2. Physical Education & Physical Activity
3. Nutrition Environment & Services
4. Health Services
5. Counseling, Psychological & Social Services
6. Social & Emotional Climate
7. Physical Environment
8. Employee Wellness
9. Family Engagement
10. Community Involvement

Figure 2. Whole School Whole Community Whole Child Model



All 10 of these components work in tandem to create a collaborative approach to health and learning. The components act as building blocks, with health education being a vital component within the larger model. Defining the essential components of health education raises awareness for the critical policies and practices that guide school districts and schools in addressing students' health and education needs.

National Recommendations

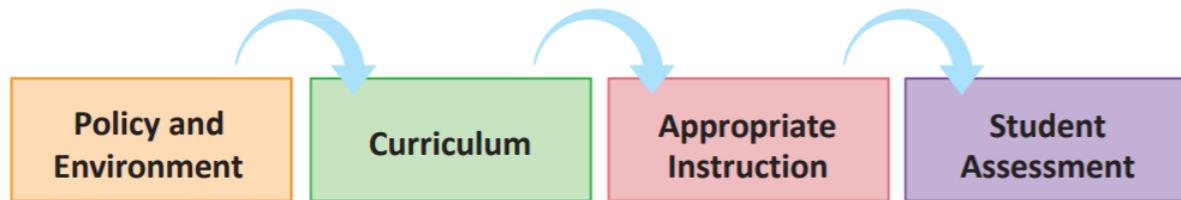
The Joint Committee on National Health Education Standards developed the [National Health Education Standards](#) (NHES), which were most recently revised in 2007. The NHES publication created a framework for providing effective health education to all students, from pre-Kindergarten through grade 12 (preK–12) that promotes personal, family, and community health among students.

In addition to the NHES, two other key resources provide guidance for effective health education programming. The Centers for Disease Control and Prevention's (CDC) [Characteristics of an Effective Health Education Curriculum](#) document provides additional guidance for what a health education curriculum should include and address to ensure students have the knowledge and skills necessary to become healthy adults. This guidance reinforces the importance of requiring health education from preK-12 and recommends the implementation of a planned, sequential curriculum that is culturally and developmentally appropriate (CDC, 2018). SHAPE America's [Appropriate Practices in School-Based Health Education](#) guidance document identifies the core principles necessary to support the development of health literate individuals that have the knowledge, skills, and confidence to enjoy a lifetime of health. Those core principles identify health education as a critical subject in a student's education.

Essential Components of Health Education

With the passage of federal education legislation known as the *Every Student Succeeds Act* (ESSA) in 2015, health educators and health education stakeholders have an [opportunity to ensure that health education is supported](#). Health education is now, for the first time, designated as part of a student's well-rounded education and the guidance outlined in *Essential Components of Health Education* can be used to support health educators in strengthening health education programming. SHAPE America has outlined best practices and policies into four essential components:

- 1) Policy and environment
- 2) Curriculum
- 3) Appropriate instruction
- 4) Student assessment



Each component is further explained below, along with best policies and practices for effective health education programming. A quick reference to *Essential Components of Health Education* and accompanying policies and practices outlined in this document can be found on page 10.

Policy and Environment

School districts and schools often define health education expectations through specific policies and/or policy guidance. Well-defined policy helps create environments where all students receive health education that is fully inclusive and is clearly aligned to learning standards, objectives and outcomes. An environment that is supportive of health education will influence both instruction and curriculum through local wellness policy and classroom practices.

The health education policies and best practices listed in Figure 3 are based on the [Appropriate Practices of School-Based Health Education](#) guidance document and the [School Health Guidelines](#). These policies and practices can support effective health education through both local wellness policies and/or classroom practices. Strong policy is important to ensuring that state requirements are implemented throughout school districts and schools at all grade levels, for all students. The examination of policy in states, school districts and schools is critical so that all students are provided with an education experience that includes effective health education programming.

Figure 3. Policy and Environment

- School districts and schools require full inclusion and mutual respect of all students in health education class, regardless of race, ethnic origin, gender, gender identity, sexual orientation, religion, or physical ability.
- The health educator collaborates with other school services and the district/school's wellness committee to enhance the classroom and school environment in supporting healthy behaviors.
- School districts and schools require inclusion of health education as part of the school's overall commitment to health and wellness in coordination with other school health services.
- Every student is required to take health education weekly in grades preK-12, totaling at least 60 hours of instruction per school year.
- Health education class size is consistent with that of other subject areas and aligns with school district and school teacher/student ratio policy.
- Health education is taught by an individual who has pre-service training in health education and is licensed and/or certified in health education.

Curriculum

An effective health education curriculum (Figure 4) is the written, clearly articulated plan for how standards and education outcomes will be attained in a school district or school. Figure 4 identifies guidelines for establishing a comprehensive health education curriculum. A well-designed, standards-based health education curriculum identifies learning objectives, outcomes, instructional activities, and strategies for student assessment for all grade levels from preK-12. The curriculum serves the purpose of standardizing health education in a school district across schools and ensuring equitable education for all students.

The [Characteristics of an Effective Health Education Curriculum](#) (CDC, 2018) underscores the importance of a curriculum that builds essential skills that support health-enhancing behaviors such as communication, refusal, decision-making, goal-setting, and self-management. Health education curriculum should also align to national and/or state health education standards, include clear health-related goals and behavioral outcomes for all students, and have developmentally and culturally appropriate units, lessons, and instructional materials that health educators can utilize for implementing the curriculum.

CDC's [Health Education Curriculum Analysis Tool](#) (HECAT) provides guidance and tools for curriculum selection and development that can help ensure schools are implementing an effective health education curricula (CDC, 2017). This analysis tool can be customized to meet the requirements of the state or school district. The HECAT can be used for review of health education resource materials, to develop a scope and sequence for health education, and to analyze health curricula for health education programs. The scope is the clearly defined set of learning objectives from grades preK-12, across the continuum and the sequence is the order in which these learning objectives are taught.

Figure 4. Curriculum

- The health education curriculum is written, sequential, comprehensive, and planned for grades preK-12.
- The health education curriculum is based on national and/or state standards and aligns with the school- and district-level goals/outcomes.
- The curriculum is skills-based and includes a progression to higher-order thinking and multiple opportunities for practicing health-related skills.
- The health education curriculum is included in routine/ regularly scheduled review and updates, similar to other content areas.
- The health education curriculum includes lessons that meet the guidelines of all students individualized educational programs (IEPs) or any special accommodation a student would need to master the lesson.

Appropriate Instruction

A health education classroom contains as many unique needs as there are students, and a health educator is responsible for providing a customized education experience that meets the needs of each student. Appropriate instruction (Figure 5) in health education considers the diverse developmental levels of students in all grade levels and uses formative assessment strategies to help monitor student progress. Differentiated instruction is essential for providing effective health education instruction and health educators can meet the diverse needs of students by using a variety of methods to engage all students in instruction and using modification of instruction for students of all ability levels. By implementing differentiated instruction and a skills-based approach to learning, health educators can use a variety of techniques and strategies to meet the needs of all learners and help students develop the skills and functional knowledge to lead healthy lives.

Figure 5. Appropriate Instruction

- The health educator delivers instruction that is guided by, and focused on, the achievement of learning objectives.
- The health educator uses formative assessment to monitor student progress toward objectives and to modify instruction.
- The health educator delivers instruction that facilitates skill development leading to proficiency.
- Differentiated instruction, diverse modes of delivery, and a variety of approaches are used to engage all students and meet the needs of all learners.

A Skills-Based Approach: Delivering Effective Health Education

Effective health education provides students with the ability to acquire knowledge, foster health-enhancing attitudes, develop skills, and adopt behaviors to promote personal, family, and community health. A skills-based health education program includes a curriculum that is implemented through participatory methods to ensure that students develop the skills, attitudes, and beliefs to lead healthy lives (Benes & Alperin, 2016).

The approach of skills-based health education is often used interchangeably with standards-based health education although there is a distinction between the two terms. Standards-based health education refers to a program that is aligned with the National Health Education Standards, whereas skills-based health education, which should also be standards-based, refers to “the written curriculum, instructional style, and implementation” (Benes & Alperin, 2016) which focuses on skill development and proficiency.

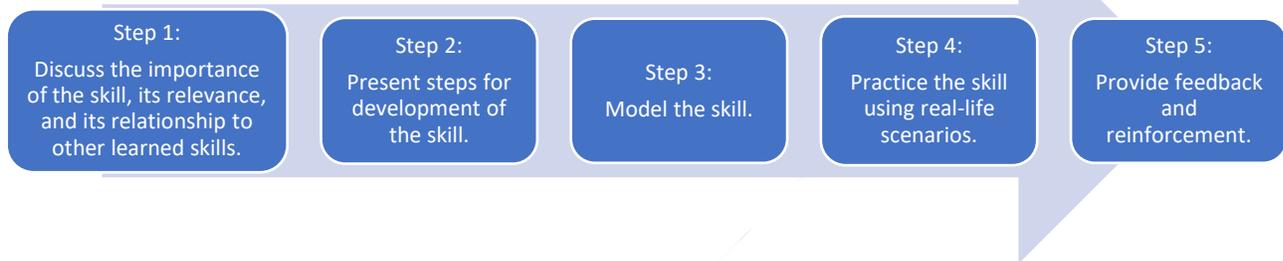
CDC’s [Characteristics of an Effective Health Education Curriculum](#) emphasize a health education curriculum that teaches functional health information and develops the essential health skills required to adopt, practice, and maintain health-enhancing behaviors (CDC, 2018). During health education, students gain personal competency and self-efficacy by addressing health with a skills-based approach.

Skills-based health education incorporates the use of participatory instructional methods that allow students to develop skill proficiency; address attitudes toward healthy decision-making; and build functional knowledge that will enable them to make decisions regarding their own health, wellness, and safety. A skills-based approach to health education also supports the development of skills aligned with the National Health Education Standards and allows for integration of social and emotional learning (SEL) due to the overlapping nature of the five SEL competencies,

which include seven skill standards. The Collaborative for Academic, Social, and Emotional Learning (CASEL) has developed a [Framework for Systemic Social and Emotional Learning](#) that identifies the five core competencies of social and emotional learning: 1) Self-awareness; 2) Self-management; 3) Responsible decision-making; 4) Relationship skills; and 5) Social awareness (CASEL, 2017).

Additionally, the NHES and the World Health Organization (WHO) both provide models for skill development in health education. Figure 6 combines those two models and gives a framework for how each step is integrated into each skill taught in the curriculum (Benes & Alperin, 2016). Although the steps are listed in order, previous steps can be addressed at any time, as needed.

Figure 6. Steps of Health Education Skill-Development



Student Assessment

Student assessment in health education allows for the measurement of student performance, including knowledge acquisition and skill development, which enables the health educator to ensure students are progressing in their learning. Student assessment should include both formative assessments to support learning through feedback to students, as well as summative assessments to monitor progress and skill development towards desired learning objectives and outcomes (Benes & Alperin, 2016). Health educators collect and track assessment results that measure student achievement of curricular objectives and growth.

Appropriate formative and summative assessments provide concrete evidence of whether students can demonstrate knowledge and skill level of curricular objectives, allow health educators to reflect on effectiveness of instruction, and provide evidence of program success. Formative assessments provide an opportunity for the instructor to evaluate and adjust ongoing teaching and learning to improve students' achievement of intended outcomes. Summative assessments measure a student's knowledge, skills, and/or concept proficiency through assessment strategies such as selected response, constructed response, and/or performance tasks (Benes & Alperin, 2016). A wide variety of authentic assessments that are meaningful and relevant to a student's learning (Benes & Alperin, 2016) should be utilized to ensure student growth and allow students to take responsibility for their personal learning.

Figure 7. Student Assessment

- The health educator designs and implements assessments that measure student achievement of curricular objectives to reach desired educational outcomes.
- Student assessment includes practices that measure student achievement in all areas of instruction, including students' functional knowledge acquisition and skills performance.
- The health educator follows school district and school protocols for reporting and communicating student progress to students and parents.
- Student assessments should align with all national and/or state standards and be included in written curriculum.

Effective Health Education Programming: A Call to Action

SHAPE America is committed to supporting strong health education programs for all students in grades preK-12, and rigorous health education policies and practices across the United States. Effective health education programs and policies require coordination of a variety of national, state, and local laws and initiatives. By collaborating with community and national partners, schools can support the WSCC model and ensure that health education programs implement best practices and policies that support student learning and health. SHAPE America's detailed definition of the essential components of health education programs provides school leaders and other education stakeholders with a clear blueprint of the critical policies and practices that guide school districts and schools in addressing students' education needs.

References

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Resources to Support Health Education Programs

Policy and Environment

- [Shape of the Nation Report](#)
- [School Health Guidelines](#)
- [School Health Index](#)
- [Virtual Healthy School](#)
- [State School Health Policy Database](#)
- [Students Find Value in Health and Physical Education Poster](#)
- [Health Education Is a Critical Component of a Well-Rounded Education](#)
- [Every Student Succeeds Act: Game Changer for Health and Physical Education](#)

Curriculum

- [Appropriate Practices in School-Based Health Education](#)
- [National Health Education Standards](#)
- [Characteristics of an Effective Health Education Curriculum](#)
- [Health Education Curriculum Analysis Tool \(HECAT\)](#)
- [Developing a Scope and Sequence for Sexual Health Education](#)

Appropriate Instruction

- [Appropriate Practices in School-Based Health Education](#)
- [SHAPE America's Skill-Based Health Education Learning Activities](#)

Student Assessment

- [Appropriate Practices in School-Based Health Education](#)

Quick Reference

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