

# **High School Health Education: Rationale and Plan**

**Developed for Superintendents,  
Curriculum Directors,  
and Building Principals**

**A Companion Document to the  
Teacher Resource  
“Better Than a Band-Aid”**

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## A Companion Document to the Teacher Resource “Better Than a Band-Aid”

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### Purpose

High school health education instructors often ask the following questions:

- What should be included in a semester health course at the high school level?
- How can I fit everything into ninety days of instruction?
- What are the most important health topics to include?
- What aspects of health education are most likely to result in positive health behaviors?

This document is designed to help answer these questions. The answers are not simple or easy. However, health research, current statistics, health experts, educators, families, and students have provided us with guidelines to follow as we plan for effective high school health education. The good news is that most high schools offer health education for their students. In fact, according to the School Health Education Profile (SHEP) report, over ninety percent of high schools require health education for graduation.

### Background Information

#### Critical Health Issues

Research conducted by the Centers for Disease Control and Prevention (CDC) indicates that the following categories of behavior cause the most adverse health and social outcomes:

- Tobacco Use
- Alcohol and Other Drug Use
- Intentional and Unintentional Injuries
- Lack of Physical Activity
- Unhealthy Eating Patterns
- Sexual Behaviors That Lead to HIV Infection, Infection With Other STDs, and Unwanted Pregnancies

At both the national and state levels, the Youth Risk Behavior Surveys report that young people are choosing risk behaviors related to these six categories. These behaviors are often established during youth, extend into adulthood, and are interrelated. They can have a significant impact, not only on health status, but on educational achievement and economic productivity. The tragic, and yet fortunate, fact about all of these behaviors is that they are preventable. Clearly, age-appropriate instruction to prevent these risk behaviors is essential, beginning in kindergarten and continuing through the twelfth grade.

## Health and Learning

No one can argue with the benefits of effective health education and its potential for improving the health status of youth as well as lowering health care costs, both human and financial, facing our society. However, with the recent emphasis on increasing student proficiencies in the core curricular areas, health education is often seen as a lesser priority for use of instructional time. In our struggle for academic excellence, educators must consider the established link between the health status of students and their learning. The following health issues are most commonly identified as having an impact on school-age youth's ability to learn:

- Nutrition
- Physical Fitness
- Substance Abuse
- Violence (family and societal)
- Pre-Existing Pregnancy and/or Early Childhood Factors
- Emotional/Mental Health

Again, all of these health issues involve behaviors which can be changed and risks which can be prevented.

## Elements of Effective School Health Education Programs

According to the Centers for Disease Control and Prevention (1990), the following are elements of a comprehensive school health education program:

- a documented, planned, and sequential program of health education for students in grades K-12.
- a curriculum that address and integrates education about a range of categorical health problems and issues.
- activities to help young people develop the skills they will need to avoid behaviors that result in unintentional and intentional injuries; alcohol and other drug use; tobacco use; sexual behaviors that result in HIV infection, other STDs, and unintended pregnancies; imprudent dietary patterns; and inadequate physical activity.
- instruction provided for a prescribed amount of time at each grade level.
- management and coordination in each school by an education professional trained to implement the program.
- instruction from teachers who have been trained to teach the subject.
- involvement of parents, health professionals, and other concerned community members.
- periodic evaluation, updating, and improvement.

Research has pointed to several factors which increase the effectiveness of school health education. These factors are:

- Acquisition of "Functional" Knowledge: Historically, health education has often focused on health information. In fact, there is an overwhelming amount of health information available from a variety of sources. Some sources offer reliable information; other sources are questionable. However, one of the keys to promoting behavior change is to determine what knowledge is essential for young people to know, or "functional" knowledge, versus what is "nice to know," but unlikely to change behavior. Effective health education should utilize its limited time and resources on "functional" knowledge only.

- Skills-Based Instruction on Essential Health Skills: Skills-based curricula are, in general, more effective in changing health behaviors than cognitive and affective approaches. For students to put new skills into practice daily, classroom instruction must motivate students to learn the skills, demonstrate effective use of the skills, provide time for students to practice with feedback and guidance by the teacher, and encourage application of the skills in life outside the classroom.
- Use of Effective Instructional Strategies: Students learn best when they are actively involved in their own learning. Repeated studies have shown that effective instruction strategies address multiple learning styles, deepen health knowledge, build skills, and encourage higher order thinking skills. These strategies include: hands-on experiences, student learning stations, small group activities, cooperative learning techniques, cross-age peer teaching, meaningful long-term projects, problem solving activities that are real-world based, role plays, substantive and meaningful discussions, and mini-lectures linked to an active learning strategy.
- Involvement of Family Members and Community: Classroom instruction is one important component of an effective intervention, but not intended to occur in a vacuum. Joy Dryfoos points out that “No one-shot or one-component approach can have as strong an effect as staged, multi-component efforts.” (*Adolescents At Risk*, 1990). We know that the messages communicated by families and communities have a significant impact on health behaviors. An effective partnership between families, communities, and schools is essential to behavior change.
- Fidelity to the Curriculum and Program Parameters: School districts need to assess their kindergarten through twelfth grade health curricula, establish curricular goals and parameters, and encourage adherence to the district plan for providing health education.
- Teacher and Staff Development: Any well written-curriculum is only as effective as the teacher teaching it. Research indicates that students have greater increases in knowledge, more positive attitudes, and more healthful practices when the curriculum was fully implemented in the classroom. Teachers fully trained were more likely to implement the curriculum than were untrained teachers.
- Time Allotted for Instruction: The effectiveness of school health education increases with increased time spent on instruction. According to William Kane, *Step By Step to Comprehensive School Health*, authorities recommend:
  - \* Elementary students experience the equivalent of 2 to 3 hours of health education each week.
  - \* Seventh and eighth grade youth experience 60 to 70 hours of direct health instruction each year.
  - \* High school youth experience two semesters of health instruction.
- Instructional time in our high schools is at a premium. Every subject area seems to demand more time than is scheduled. However, health education is not likely to change behavior if instructional time is minimized to the point of teaching concepts in a superficial manner or the practice of skills and thoughtful discussions about their application are omitted.
- Quality of Instructional Materials: Out-dated, dull textbooks which lack appeal to today’s youth are unlikely to motivate them to learn about health.
- Continuity of the Program: As with any academic area, repeated reinforcement of concepts and skills, beginning in kindergarten and continuing through twelfth grade, is necessary for retention of learning and ongoing use of knowledge and skills. The School Health Education Evaluation reported that students exposed to two years of classroom instruction had greater knowledge, more positive attitudes, and more healthful practices than students exposed to one year of classroom instruction.

- Administrative, Family, and Community Support: A network of support for health education increases the overall effectiveness of the program. This support might take the form of formal curricula adoption by local boards of education, school policies related to health issues, parent education, appropriate modeling of health behaviors by adults and peers, and/or positive health messages communication throughout the school and community environment.
- Reflect the Special Needs of the Cultural Groups: Newly acquired skills and knowledge are more likely to transfer to situations outside the classroom if skill practice is conducted using situations as close to the students' natural environment as possible.
- Constructive Evaluation Activities: Program evaluation and student assessment offer educators information about the effectiveness of the health education program being implemented. All programs can be improved and enhanced with appropriate, constructive feedback.
- Overall Comprehensiveness of the Curriculum and Program: School health curriculum is only one component of an effective school health program. Experts recommend that schools coordinate the following eight health program components:
  - \* Comprehensive School Health Education: Classroom instruction that addresses the physical, mental, emotional, and social dimensions of health; develops health knowledge, attitudes, and skills; and is tailored to each age level. Designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors.
  - \* Physical Education: Planned, sequential instruction that promotes lifelong physical activity. Designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social, and emotional abilities.
  - \* School Health Services: Preventative services, education, emergency care, referral, and management of acute and chronic health conditions. Designed to promote the health of students, identify and prevent health problems and injuries, and ensure care for students.
  - \* School Nutrition Services: Integration of nutritious, affordable, and appealing meals; nutrition education; and an environment that promotes healthy eating behaviors for all children. Designed to maximize each child's education and health potential for a lifetime.
  - \* School-Site Health Promotion for Staff: Assessment, education, and fitness activities for school faculty and staff. Designed to maintain and improve the health and well-being of school staff, who serve as role models for students.
  - \* School Counseling, Psychological, and Social Services: Activities that focus on cognitive, emotional, behavioral, and social needs of individuals, groups, and families. Designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development.
  - \* Healthy School Environment: The physical, emotional, and social climate of the school. Designed to provide a safe physical plant, as well as a healthy and supportive environment that fosters learning.
  - \* Family and Community Involvement in Schools: Partnerships among schools, families, community groups, and individuals. Designed to share and maximize resources and expertise in addressing the healthy development of children, youth, and their families.

The Institute of Medicine's Committee on Comprehensive School Health Programs Study defines comprehensive school health programs as:

*A comprehensive school health program is an integrated set of planned, sequential, school-affiliated strategies, activities and services designed to promote the optimal physical, emotional, social, and educational development of students. The program involves and is supportive of families and is determined by the local community based on community needs, resources, standards, and requirements. It is coordinated by a multidisciplinary team and accountable to the community for program quality and effectiveness.*

- **Collaboration Among Program Components:** Fragmentation of programs and services leads to duplication and omissions. A local school district Health Program Advisory Committee can assist in providing the needed coordination and collaboration among various components.

## Michigan Model Curricula

The Michigan Model for Comprehensive School Health Education curricula provides classroom lessons as well as family and community involvement resources for kindergarten through twelfth grades. The Michigan Model resources include:

- High School Modules
  - \* *Teens Campaign Against Tobacco*
  - \* *Managing Conflict and Preventing Violence*
  - \* *Stay Physically Active—For Life*
  - \* *Help Yourself to Good Nutrition*
  - \* *Teens Voice Solutions to Alcohol, Tobacco, and Other Drugs*
- Seventh and Eighth Grade Modules
  - \* *It's No Mystery: Tobacco Is a Killer*
  - \* *The Two "R's" for Stopping Assault and Preventing Violence*
  - \* *It's Time to Move!*
  - \* *What's Food Got to Do With It?*
  - \* *HIV, AIDS, and Other STDs*
  - \* *Protect a Friend—Share Your Skills: Alcohol, Tobacco, and Other Drug Prevention*
- Kindergarten through sixth grade lessons were revised during 1992-1995 and include knowledge and skills which promote healthy behaviors related to the traditional health education content areas, including five of the six CDC categories of risk behaviors.

The Michigan Model curricula offer schools one avenue for addressing the health risk behaviors prevalent in our state and nation. However, the availability of health curricula is rarely the major obstacle to effective health education. Obstacles which hinder effective health education are more likely to be:

- selection and use of curricula which do not expand beyond health knowledge to include essential skill development and environmental support,
- the lack of available instructional time, and
- the lack of a high educational priority placed on health education by schools, families, and community members.

## Curricula Selection Criteria

As schools select health education curricula at any grade level, specific criteria should be considered. Curricula should:

- Meet the approved Michigan Content Standards and Benchmarks for Health Education (see “Using the Michigan Model High School Modules” section of this document)
- Address the major categories of health risk behaviors
- Contain “functional” rather than “nice to know” knowledge
- Contain age-appropriate knowledge and skills
- Meet Michigan standards for teaching and learning
- Utilize skills-based instruction, including sufficient skill practice, for the following essential health skills:
  - \* Assessing Personal Health and Risks
  - \* Gathering and Assessing Health Information
  - \* Developing Healthy Relationships With Others
  - \* Communicating With Others
  - \* Making Decisions
  - \* Negotiating for Quality Health Care
  - \* Managing Stress
  - \* Setting and Achieving Goals
  - \* Advocating for Health
- Utilize instructional strategies that address multiple learning styles, develop a deep health knowledge base, and encourage higher order thinking skills:
  - \* Hands-On Experiences
  - \* Student Learning Stations
  - \* Small Group Activities
  - \* Cooperative Learning Techniques
  - \* Cross-Age Peer Teaching
  - \* Meaningful Long-Term Projects
  - \* Problem Solving Activities That Are Real-World Based
  - \* Role Plays
  - \* Substantive and Meaningful Discussions
  - \* Mini-Lecture Linked to an Active Learning Strategy
- Provide a continuity of instruction from kindergarten through twelfth grade
- Account for special needs of the student population
- Encourage family involvement
- Provide ways for students to connect with community resources

# Using the Michigan Model® High School Modules

## Sequence Chart

The chart below provides the recommended sequencing of the current Michigan Model high school modules.

Title of Module	Number of Lessons	Rationale
<i>Managing Conflicts and Preventing Violence</i>	16	<p>We recommend beginning with this module for two reasons:</p> <ul style="list-style-type: none"><li>• This module provides skill development in communication, conflict resolution, and avoiding and escaping violent situations. The communication and conflict resolution skills will help to develop a positive classroom environment.</li><li>• Students are typically motivated to examine the topic of violence. Consequently, this module offers one way to engage students in the exploration of health-related topics.</li></ul>
<i>Teens Campaign Against Tobacco</i>	6	<p>We recommend this module be taught second for three reasons:</p> <ul style="list-style-type: none"><li>• The module begins by exploring the Health Belief Model for behavior change. The Health Belief Model can act as a foundation for future modules.</li><li>• The communication skills learned in the Managing Conflicts and Preventing Violence module can be practiced as students review pertinent information and use peer education to prevent and reduce the use of tobacco.</li><li>• It provides an opportunity to join together to take action to prevent tobacco use.</li></ul>

Title of Module	Number of Lessons	Rationale
<i>Teens Voice Solutions to Alcohol, Tobacco, and Other Drugs</i>	15	<p>We recommend this module be taught immediately after the module on tobacco for the following reasons:</p> <ul style="list-style-type: none"> <li>• The module continues the focus on substance use and abuse.</li> <li>• The module provides another opportunity for students to take action to reduce substance use among peers.</li> <li>• The module begins with a review of the skills taught and reinforced in the previous two modules.</li> </ul> <p>This module includes three lessons which involve students investigating research topics and preparing a small group report for the class. If class time is limited, the research could be an out-of-class assignment, lowering the number of class periods for this module to twelve.</p>
<i>Help Yourself to Good Nutrition</i>	12	<p>We recommend this module be taught later in the semester for the following reason:</p> <ul style="list-style-type: none"> <li>• This module begins with a focus on body image and a simple formula for weight management. Body image and weight may be sensitive topics best addressed in a classroom environment where trust has been established. A comfortable environment will also help students apply functional nutrition knowledge and skills to situations they currently face or may face in the future (e.g., fast food restaurants, physical performance, pregnancy).</li> </ul> <p>This module includes three lessons which involve students researching information on a nutrition topic of their choice and writing a paper. If class time is limited, the paper could be an out-of-class assignment, lowering the number of class periods for this module to nine.</p>

Title of Module	Number of Lessons	Rationale
<i>Stay Physically Active– For Life</i>	4	<p>We recommend this module as the fifth module to be taught for the following reasons:</p> <ul style="list-style-type: none"> <li>• The nutrition and physical activity modules should be taught back-to-back due to the relationship between the two topic areas and weight management.</li> <li>• Students are asked to keep a log of their physical activity for at least one week prior to beginning this module. Teaching this module at this point in the semester will allow for this preliminary assignment.</li> </ul>

These modules, totaling 53 lessons, provide students with functional knowledge and skills in five of the six CDC categories of health risk behaviors. The Youth Risk Behavior Survey identifies two other essential health topics that are not currently addressed in the state curriculum resources. They are:

- Sexuality Education, including HIV and Other STDs
- Mental Health Issues, including building healthy relationships, stress management, and suicide prevention

Given a ninety-day semester, this leaves 37 days to cover the above two topic areas and any other topic areas of local concern.

These modules can be obtained from your Regional Comprehensive School Health Coordinator. Contact your Intermediate School District or Regional Educational Service Agency for the name and phone number of the person servicing your district.

### How to Begin Planning

High school health education instructors can take these recommendations and begin teaching. However, in planning a semester course, educators will need to assess their students and the kindergarten through eighth grade health education taught in their district to determine previously acquired knowledge and skills.

Since learners respond differently to information and skills at various developmental levels, review and/or reteaching may be appropriate for some topics or skills addressed in the elementary or middle school. However, the extent of the time spent on previously learned information or skills should be examined.

Another factor to consider when planning for high school health education is the potential for some health topics to be covered in other subject areas. For example, some science programs often offer units on tobacco use; some life management programs offer units on nutrition. A survey of the other subject areas may help to avoid duplication of content.

It is also important to consider the percentage of students who register for various classes. Is health required? Is life management required? How can the greatest percentage of students receive health education? Ideally, all students should be required to receive health education in the critical health areas.

## Is One Semester of Health Education Sufficient?

Most high school health education is a one semester course at the ninth grade level. National and state statistics show an increase in health risk behaviors as students progress from ninth grade to graduation. Consider the following 1999 Michigan statistics:

Behavior	% of Students: 9th Grade	% of Students: 12th Grade
Smoked cigarettes on 20 or more of the past 30 days	13	20
Smoked 2 or more cigarettes per day on the days they smoked	19	26
Smoked cigarettes regularly, that is, at least one cigarette every day for 30 days	23	30
Had 5 or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days	23	37
Exercised or participated in sports activities for at least 20 minutes that made them sweat and breathe hard on 3 or more of the past 7 days	70	59
Did exercises to strengthen or tone their muscles on 3 or more of the past 7 days	62	44
Used a condom during last sexual intercourse (of those who had sexual intercourse during the past 3 months)	70	52

There are many reasons for the increase in risk behaviors. However, we must consider the fact that reinforcement of previously learned health knowledge and skills rarely occurs in our high schools after the ninth grade. This increase in health risk behaviors alone supports the offering of a second semester health course in the eleventh or twelfth grade.

If your school district chooses to implement a second semester of health education at the high school level, the following topics should be considered:

- Reinforcement of previously taught knowledge and skills, with special emphasis on communication skills, conflict resolution skills, and domestic violence
- Family and Community Health
- Legal Aspects of Adolescent Sexual Behavior
- Health Care: Accessibility, Costs, and Insurance
- Environmental Issues

These topics are important to the health and well-being of youth and the choices they make as adults. Consequently, if your district chooses not to offer a second semester of health education, advocate for integration of these topics into other subject areas. For example, “Legal Aspects of Adolescent Sexual Behavior” or “Health Care: Accessibility, Costs, and Insurance” might be included in a government or social studies course. A unit on “Environmental Issues” could be a part of a science course.

## Michigan Content Standards and Benchmarks for High School Health Education

The Michigan Department of Education has approved Content Standards and Benchmarks for Health Education. These standards and benchmarks provide schools with guidance regarding which health education content areas to include at different grade levels. Use the following as a check list to begin assessing your district's high school health education:

**Content Standard 1:** All students will apply health promotion and disease prevention concepts and principles to personal, family, and community health issues.

Students will:

- 1. Explain the impact of personal health behaviors on the functioning of body systems.
- 2. Analyze how behavior can impact health maintenance and disease prevention.
- 3. Describe the interrelationship of physical, intellectual, emotional, and social health during childhood.
- 4. Analyze how the family, peers, and the community influence the health of individuals.
- 5. Analyze how the environment influences the health of people in a community.
- 6. Analyze the risks of potential health problems during adulthood.
- 7. Analyze the role of public health policies and laws in the prevention and control of disease and other health problems.
- 8. Chronicle the historical impact of disease and other health problems on contemporary health practices.
- 9. Describe how the prevention and control of health problems are influenced by research and medical advances.

**Content Standard 2:** All students will access valid health information and appropriate health promoting products and services.

Students will:

- 1. Evaluate the validity of health information, products, and services.
- 2. Demonstrate the ability to evaluate resources from home, school, and community that provide accurate health information.
- 3. Evaluate factors that influence personal selection of health products and services.
- 4. Analyze the cost and accessibility of health care services.
- 5. Demonstrate the ability to access school and community health services for self and others.

Content Standard 3: All students will practice health enhancing behaviors and reduce health risks.

Students will:

- \_\_\_ 1. Analyze the role of individual responsibility for enhancing health.
- \_\_\_ 2. Analyze the short-term and long-term consequences of safe, risky, and harmful behaviors.
- \_\_\_ 3. Demonstrate strategies to positively manage stress.
- \_\_\_ 4. Evaluate a personal health assessment to determine strategies for health enhancement and risk reduction.
- \_\_\_ 5. Develop strategies to improve personal, family, and community health.
- \_\_\_ 6. Demonstrate ways to avoid threatening situations and reduce conflict.

Content Standard 4: All students will analyze the influence of cultural beliefs, media, and technology on health.

Students will:

- \_\_\_ 1. Analyze how cultural diversity enriches and challenges health behaviors.
- \_\_\_ 2. Evaluate the effect of media and other factors on personal, family, and community health.
- \_\_\_ 3. Evaluate the impact of technology on personal, family, and community health.
- \_\_\_ 4. Analyze how information from the community influences health.
- \_\_\_ 5. Demonstrate the ability to use computer technology to locate health information.

Content Standard 5: All students will use goal setting and decision-making skills to enhance health.

Students will:

- \_\_\_ 1. Demonstrate the ability to utilize various strategies when making decisions related to health needs of young adults.
- \_\_\_ 2. Implement and evaluate a plan for achieving a personal health goal.
- \_\_\_ 3. Demonstrate the ability to ask for assistance when making health-related decisions.
- \_\_\_ 4. Analyze health issues that require collaborative decision making.
- \_\_\_ 5. Predict immediate and long term impact of health decisions on the individual, family, community, and the environment.
- \_\_\_ 6. Evaluate their (students) ability to make health decisions.

Content Standard 6: All students will demonstrate effective interpersonal communication and other social skills which enhance health.

Students will:

- \_\_\_ 1. Demonstrate skills for communicating effectively with family, peers, and others.
- \_\_\_ 2. Demonstrate how support and respect for family members of all ages can be communicated.
- \_\_\_ 3. Demonstrate strategies for solving interpersonal conflicts without harming self or others.
- \_\_\_ 4. Analyze how interpersonal communication affects relationships.
- \_\_\_ 5. Demonstrate ways to communicate care, consideration, empathy, and respect for self and others.
- \_\_\_ 6. Demonstrate attentive listening skills.
- \_\_\_ 7. Demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations.
- \_\_\_ 8. Analyze the possible causes of conflict in schools, families, and communities.
- \_\_\_ 9. Demonstrate strategies used to prevent violence.

Content Standard 7: All students will demonstrate advocacy skills for enhanced personal, family, and community health.

Students will:

- \_\_\_ 1. Evaluate the effectiveness of communication methods for accurately expressing health information and ideas.
- \_\_\_ 2. Demonstrate the ability to influence and support others in making positive health choices.
- \_\_\_ 3. Demonstrate the ability to work cooperatively with others to advocate for healthy individuals, families, and communities.
- \_\_\_ 4. Express information and opinions about health issues.
- \_\_\_ 5. Demonstrate the ability to adapt health messages and communication techniques to the characteristics of a particular audience.

# Assess Your Comprehensive Health Education Program and Curriculum Grades 9-12

## Comprehensive Health Education Program

Yes	Needs to Improve	No	Don't Know	
				Our district has a clear goal for its health education instructional program. Our goal is clearly stated, widely accepted, and commonly shared.
				Our Board of Education has shown sufficient support for health education.
				Our district requirements for health education are sufficient.
				Our district's policies support the health education provided.
				Our district has a plan for coordination of our school health program.
				Our district has an Advisory Committee for health education with representation from health professionals, civic leaders, family members, and students.
				There is a continuity of curricular programming beginning in kindergarten and continuing through the twelfth grade.
				Our district's elementary health education provides adequate background for our middle school and high school programs.
				Our district's middle school health education provides adequate background for our high school program.
				Our district involves parents/family members, community members, and students in the planning and implementation of comprehensive school health education.
				Our health courses/units include all of the students at the _____ grade level(s).



Yes	Needs to Improve	No	Don't Know	
				Our health teachers have received sufficient training in health education and place a value on continuing to strengthen their knowledge and skills to teach health education.
				Our district allocates sufficient dollars for health education materiation and staff development.
				Our district has a mechanism for periodic review of the curriculum.

### Comprehensive Health Education Curriculum

Consider the following criteria as you assess the quality of your health education curricula:

Yes	Needs to Improve	No	Don't Know	
				Our health education curricula addresses the major categories of health risk behaviors.
				Our health education curricula emphasizes acquisition of “functional” knowledge versus “nice to know” knowledge.
				Our health education curricula contains age-appropriate knowledge and skills.
				Our instructional methodology reflects a desirable balance between information and skill development, including opportunities for students to practice using the knowledge and skills gained.
				Our health education curricula utilizes instructional strategies proven to be effective.
				Our health education curricula provides ways to encourage family and community involvement.
				Enough time is allocated for health in our instructional program.
				Our health education curricula accounts for the special needs of our district’s student population.

# Federal Support for Health Education

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## Goals 2000–Educate America Act (1994)

### National Education Goal 6

“By the year 2000, every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and will offer a disciplined environment conducive to learning.”

## Healthy People 2000

Established 300 measurable objectives as public health priorities and activities. Of the 111 objectives that address adolescents, 14 can be attained directly by schools.

- Increase to at least 50% the proportion of children and adolescents in grades 1-12 who participate in daily school physical education.
- Increase to at least 50% the proportion of school physical education class time that students spend being physically active, preferably engaged in lifetime physical activities.
- Increase to at least 90% the proportion of school lunch and breakfast services and child care food services with menus that are consistent with the nutrition principles in the Dietary Guidelines for Americans.
- Increase to at least 75% the proportion of the nation’s schools that provide nutrition education from preschool through 12th grade, preferably as part of quality school health education.
- Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle , and secondary schools, preferably as part of quality school health education.
- Provide to children in all school districts and private schools primary and secondary school educational programs on alcohol and other drugs (AOD), preferably as part of quality school health education.
- Increase to at least 85% the proportion of people ages 10-18 who have discussed human sexuality, including values surrounding sexuality, with their parents and/or have received information through another parentally endorsed source, such as youth, school, or religious programs.

- Increase to at least 50% the proportion of elementary and secondary schools that teach nonviolent conflict resolution skills, preferably as a part of quality school health education.
- Increase to at least 75% the proportion of the nation's elementary and secondary schools that provide planned and sequential K-12 quality school health education.
- Provide academic instruction on injury prevention and control, preferably as part of quality school health education, in at least 50% of public school systems (K-12).
- Increase to at least 90% the proportion of all children entering school programs for the first time who have received an oral health screening, referral, and follow-up for necessary diagnostic, preventive, and treatment services.
- Increase to at least 95% the proportion of schools that have age-appropriate HIV education curricula for students in grades 4-12, preferably as a part of quality school health education.
- Include instruction in sexually transmitted disease transmission prevention in the curricula of all middle and secondary schools, preferably as part of quality school health education.
- Increase immunization levels as follows: Basic immunization series among children in licensed child care facilities and kindergarten through post-secondary education institutions: at least 95%.

*Healthy People 2000: National Health Promotion and Disease Prevention Objectives – Full Report, with Commentary.* Washington, DC: US Department of Health and Human Services, Public Health Service publication (PHS) 91-50212; 1991.

## Resources

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### Michigan Model for Comprehensive School Health Education Resources

General Information on the Michigan Model for Comprehensive School Health Education

Don Sweeney  
Michigan Department of Community Health  
School Health Unit  
P.O. Box 30195  
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517-335-8390

Michigan Model for Comprehensive School Health Education  
Curricular Materials and Teacher Manuals  
Educational Materials Center  
Central Michigan University  
139 Combined Services Building  
Mt. Pleasant, Michigan 48859  
1-800-214-8961

Professional Development and Training  
Regional Comprehensive School Health Coordinators  
Regional Intermediate School Districts and Educational Service Agencies

### Michigan Department of Education Resources

The following resources are available from:

School Health Programs Unit  
Michigan Department of Education  
P.O. Box 30008  
Lansing, Michigan 48909  
517-373-7247

**Michigan Content Standards and Benchmarks for Health Education:** Provides health education content standards and benchmarks for lower elementary, upper elementary, middle school, and high school.

**Comprehensive School Health Education in Michigan (CSHE) Report:** Provides a summary and history of health education in Michigan schools, including information about local control, curricula, Michigan Model Scope and Sequence (K-8), program evaluation, staff development and regional coordinating sites.

**Michigan School Health Bulletin:** A quarterly bulletin addressing current issues affecting all aspects of school health education in Michigan, including a calendar for events of statewide interest. Available from the regional comprehensive school health coordinators, or from the Department of Education.

**Youth Risk Behavior Survey (YRBS) Report:** Provides data about the prevalence of key health risk behaviors among Michigan high school youth. This report is updated every other year.



**School Health Education Profile (SHEP) Report:** Provides data about the status of health education in Michigan middle and high schools, including percentage of high schools requiring health education for graduation. This report is updated every other year.

**Michigan Physical Education Survey Report:** Provides survey results about the status of physical education in Michigan, including local physical education requirements, substitution of other activities for physical education requirement, and amount of physical education offered. This report is updated on a regular basis.

**Sex Education Programs in Michigan Public Schools (1994):** Provides information about the status of sex education in Michigan public schools (K-12), including the percentage of schools implementing sex education programs, topics covered, and course placement.

**Suggestions Regarding Administration of Medications in School (1996 Memorandum to Local and Intermediate School Superintendents):** Provides suggested policies, procedures, and sample forms.

**Model Communicable Disease Control Policy:** Provides suggested policy and procedures for working with students having serious, communicable diseases (e.g., HIV/AIDS, Hepatitis B). Includes information about record keeping, communications, and confidentiality.

**Michigan School Code Regarding Sex Education, HIV Education, Health Education, and Physical Education:** Provides the exact language of all legislation regarding school health education compiled into one document. Highlights the changes made to the law in 1993 and 1996.

**Legal Obligations of Public School: Health, Sex Education, Communicable Disease (including HIV/STD prevention), Violence Prevention, and Substance Abuse Education:** Organizes the language of the School Code by topic area and key legal obligations, including whether instruction is required, the content that is required, parent notification, public hearings, advisory council requirements, and teacher qualifications.

**Regional Comprehensive School Health Coordinators Directory:** An updated contact list for the regional school health coordinating sites, housed in twenty-six intermediate and city school districts. The regional coordinators are responsible for disseminating curricula, providing professional development, and assisting local districts in program planning and evaluation.

## General Resources

### **“Bridging Student Health Risks and Academic Achievement Through Comprehensive School Health Programs”**

Authors: C.W. Symons, B. Cynelli, T.C. James, and P. Groff  
*Journal of School Health*  
August, 1997

### ***Health Is Academic: A Guide to Coordinated School Health Programs***

Editors: Eva Marx and Susan Frelick Wooley  
Published in 1998  
Teachers College Press  
1234 Amsterdam Avenue  
New York, New York 10027

***Implementing and Evaluating Sex and HIV/AIDS Education in Michigan Schools***

Authors: Loren Bensley and Robert Bensley  
Published in 1996  
Balance Group Publishers  
P.O. Box 3266  
Kalamazoo, Michigan 49003-3266  
(616) 349-1259

***No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy***

Author: Douglas Kirby  
Published in 1997  
National Campaign to Prevent Teen Pregnancy  
2100 M Street, NW, Suite 300  
Washington, DC 20037

***Reducing the Risk: Connections That Make a Difference in the Lives of Youth***

A Report of the National Longitudinal Study of Adolescent Health  
Add Health  
c/o Burness Communications  
7910 Woodmont Avenue, Suite 1401  
Bethesda, Maryland 20814  
Also available at the Add Health website: <http://www.cpc.unc.edu/addhealth/>

***Step by Step to Comprehensive School Health***

Author: William M. Kane  
Published in 1993  
ETR Associates  
P.O. Box 1830  
Santa Cruz, California 95061-1830

**The Relationship Between the Health of School-Age Children and Learning: Implications for Schools:** A paper prepared for the Michigan Department of Community Health by Dr. Carol Swingle. This resource contains a summary of over one hundred articles and/or reports, written since 1979, that discuss the relationship between various health issues and learning. The purpose of the paper is to identify the major health issues affecting school-age children that are most commonly identified as impacting learning; to explore and summarize the reasons why these issues have the impact on learning that they do; and to discuss the implications that this information has for both education in general and school health education specifically. This resource is available from:

School Health Unit  
Michigan Department of Community Health  
P.O. Box 30195  
Lansing, Michigan 48909  
517-335-8390

It is also available from the Regional Comprehensive School Health Coordinators.