

WISCONSIN STANDARDS FOR Health Education



Wisconsin Standards for Health Education

Jon Hisgen, MS, CHES
Health and Physical Education Consultant



Wisconsin Department of Public Instruction
Tony Evers, PhD, State Superintendent

Madison, Wisconsin

This publication is available from:

STUDENT SERVICES/PREVENTION AND WELLNESS TEAM

Wisconsin Department of Public Instruction

125 South Webster Street

Madison, WI 53703

(608) 266-8960

<http://www.dpi.wi.gov/sspw/healtheducation.html>

Bulletin No. 20210

© November 2011 Wisconsin Department of Public Instruction

ISBN NUMBER 978-1-57337-149-0

The Wisconsin Department of Public Instruction does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.



Printed on recycled paper

Copyrighted Materials

Every effort has been made to ascertain proper ownership on copyrighted materials and to obtain permission for this use. Any omission is unintentional.

The standards and parts of the learning continuum were reprinted with permission from the American Cancer Society, National Health Education Standards: Achieving Excellence, Second Edition (Atlanta, GA: American Cancer Society).

Foreword

Imagine a Wisconsin in which all students are fit, healthy, and ready to learn; where all students have the essential skills to live a healthy and productive life. Imagine that young people successfully apply the skills they learn in health education to real-life, challenging situations throughout their teen and adult years. At a time when many forces pressure students to make decisions that can compromise their well-being, health-related skills and knowledge are important parts of ensuring every child graduates prepared for success.

To clearly *identify* what students should know and be able to do in order to lead healthy lives, the Wisconsin Department of Public Instruction created the *Wisconsin Standards for Health Education*. This document builds upon earlier efforts, including the *Wisconsin Model Academic Standards* (1997) and the *National Health Education Standards* (2006).

The *Wisconsin Standards for Health Education* provides a framework for aligning health education curriculum, instruction, and assessment. In the fall and winter of 2010/11 a team of elementary, middle school, high school, higher education health educators, and administrators created this document with the assistance of Wisconsin Health and Physical Education (WHPE); the Wisconsin Association for Supervision and Curriculum Development; the Association of Wisconsin School Administrators; and the Wisconsin Education Association Council. This team built upon the national standards and developed a rigorous K–12 learning continuum. The new health education standards include the following components:

- Broad statements of essential student knowledge and skills.
- A rationale for each of the eight health education standards.
- Learning priorities to help school districts develop effective K–12 health education curricula.
- Focus areas to guide teachers regarding the types of health education instruction that will best help students meet the standards.
- A PK–12 learning continuum that provides grade band descriptions for each learning priority.

Taken together, the components of this standards document can help parents, school personnel, and other community members in their work to teach students what they need to be able to do to lead healthier lifestyles.

Tony Evers, PhD
State Superintendent





Acknowledgments

The *Wisconsin Standards for Health Education* would not have been possible without the efforts of many people. Members of the task force freely gave their time and expertise in developing the academic standards. In addition, their employing agencies generously granted them time to work on this initiative. The task force members are:

Eric Blake
Principal
Waterford Union High School
Waterford, Wisconsin

Cristy Jefson
Associate Professor
Health Education
University of Wisconsin-Whitewater
Whitewater, Wisconsin

Pam Pinahs-Schultz
Professor
Health and Physical Education
Carroll University
Waukesha, Wisconsin

Steve Borgman
Health and Physical
Education Teacher
Westside Elementary School
Sun Prairie, Wisconsin

Kim Leupold
Health and Physical
Education Teacher
Brookfield East High School
Brookfield, Wisconsin

Lisa Strauss
Health and Physical
Education Teacher
Templeton Middle School
Sussex, Wisconsin

Tracy Caravella
Associate Professor
Health Education
University of Wisconsin-La Crosse
La Crosse, Wisconsin

Maredda Magnus
Health and Physical
Education Teacher
Somers Elementary School
Kenosha, Wisconsin

Marcus Wenzel
Health and Physical
Education Teacher
Milwaukee Public Schools
Milwaukee, Wisconsin

Crystal Gorwitz
Health and Physical
Education Teacher
Hortonville Middle School
Hortonville, Wisconsin

Department of Public Instruction Staff

Jon W. Hisgen, Consultant
Health and Physical Education

Jill Camber Davidson, Consultant
Nutrition Education

Emily Holder, Consultant
HIV/STI Prevention and Human Growth and
Development

Linda Carey
Office Operations Associate

Douglas White, Director
Student Services/Prevention and Wellness

Development of this document was supported in part by Cooperative Agreement #5U87DP001204-3 with the Centers for Disease Control and Prevention, Division of Adolescent and School Health.



Table of Contents

Foreword..	iii
Acknowledgments..	v
Aligning.for.Student.Success..	ix
Guiding.Principles.for.Teaching.and.Learning..	xi
Reaching.Every.Discipline:Wisconsin’s.Approach.to.Disciplinary.Literacy ..	xiii
Guide.to.the. <i>Wisconsin Standards for Health Education</i> ..	1
Coding.System ..	3
Why.Children.Need.Health.Education..	5
<i>Wisconsin Standards for Health Education</i> :Critical.Questions..	7
Section 1 Vertical Alignment of the Standards-Based Learning Continuum ..	13
Standard.1:Students.will.comprehend.concepts.related.to.health.promotion. and.disease.prevention.to.enhance.health ..	14
Standard.2:Students.will.analyze.the.influence.of.family,.peers,.culture,.media,. technology,.and.other.factors.on.health.behaviors... ..	17
Standard.3:Students.will.demonstrate.the.ability.to.access.valid.information. and.products.and.services.to.enhance.health.	19
Standard.4:Students.will.demonstrate.the.ability.to.use.interpersonal.communication. skills.to.enhance.health.and.avoid.or.reduce.health.risks.. ..	21
Standard.5:Students.will.demonstrate.the.ability.to.use.decision-making.skills. to.enhance.health... ..	24
Standard.6:Students.will.demonstrate.the.ability.to.use.goal-setting. skills.to.enhance.health.	27
Standard.7:Students.will.demonstrate.the.ability.to.use.health-enhancing. behaviors.and.avoid.or.reduce.health.risks.	29
Standard.8:Students.will.demonstrate.the.ability.to.advocate.for.personal,. family,.and.community.health... ..	32
Section 2 Grade Band Alignment of the Standards-Based Learning Continuum ..	35
Section 3 Appendices ..	59
Glossary.of.Terms	
Health.Resources	
Health.Education.and.Literacy:.Making.Connections	
Common.Core.State.Standards.for.Literacy.in.All.Subjects	

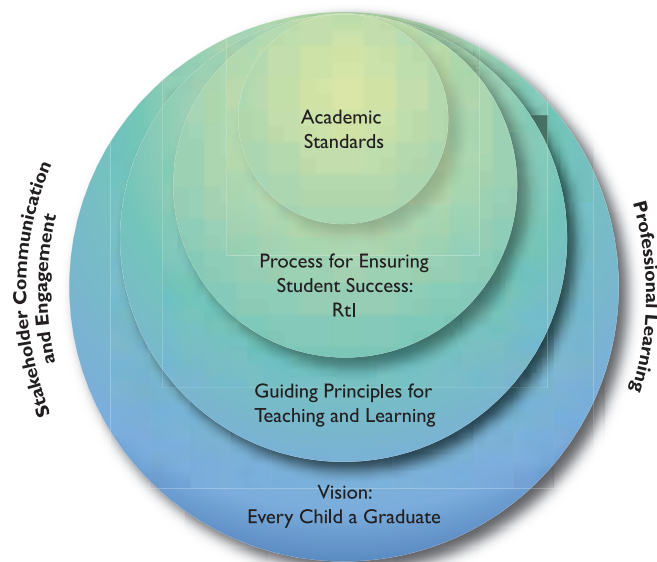
Aligning for Student Success

To build and sustain schools that support every student in achieving success, educators must work together with families, community members, and business partners to connect the most promising practices in the most meaningful contexts. Major statewide initiatives focus on high school graduation, Response to Intervention (RtI), the *Common Core State Standards for English Language Arts, Disciplinary Literacy, and Mathematics*, and academic standards. While these are often viewed as separate efforts and initiatives, each of them is connected to a larger vision of every child graduating college and being career-ready. The graphic below illustrates how these initiatives function together for a common purpose. Here, the vision and set of guiding principles form the foundation for building a supportive process for teaching and learning rigorous and relevant content. The following sections articulate this integrated approach to increasing student success in Wisconsin schools and communities.

The greatest wealth is health.

—Virgil

Relationship Between Vision, Principles, Process, Content



A Vision: Every Child a Graduate

In Wisconsin, we are committed to ensuring every child is a graduate who has successfully completed a rigorous, meaningful, 21st century education that will prepare him or her for careers, college, and citizenship. Though our public education system continues to earn nation-leading graduation rates, a fact we can be proud of, one in ten students drop out of school, achievement gaps are too large, and overall achievement could be even higher. This vision for every child a graduate guides our beliefs and approaches to education in Wisconsin.

Guided by Principles

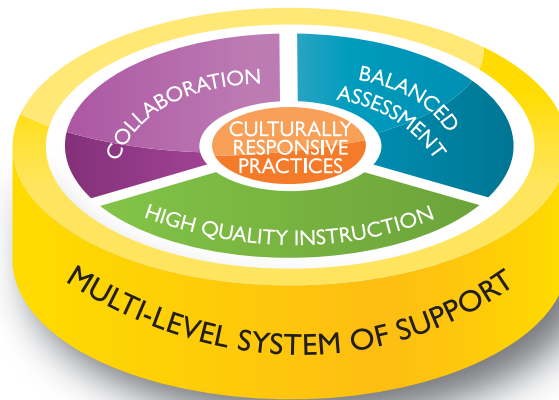
All educational initiatives are guided and impacted by important and often unstated attitudes and principles for teaching and learning. The *Guiding Principles for Teaching and Learning* emerge from research and provide the touchstone for practices that truly affect the vision of every child a graduate prepared for college and career. When made transparent, these principles inform what happens in the classroom, the implementation and evaluation of programs, and most importantly, remind us of our beliefs and expectations for students.

Ensuring a Process for Student Success

To ensure that every child in Wisconsin graduates prepared for college and career, schools need to provide high quality instruction, balanced assessment, and collaboration reflective of culturally responsive practices. The Wisconsin Response to Intervention (RtI) framework helps to organize the components of a system designed to support student learning. Below, the three essential elements of high quality instruction, balanced assessment, and collaboration interact with a multi-system of support to ensure each student receives what he or she needs to access higher levels of academic and behavioral success.

At the school or district level, programs, initiatives, and practices related to high quality instruction, balanced assessment, and collaboration can be more powerful when organized or braided to function systemically to support all students. The focus must be on a comprehensive approach to student learning.

Wisconsin's Vision for RtI



Health education is a key component of a coordinated school health program. Such programs include a healthy and safe school environment, health-related instruction in a variety of courses, extracurricular student programs, pupil services, health-related programs for families and staff, and strong connections with families and the broader community.

Guiding Principles for Teaching and Learning

These guiding principles are the underpinnings of effective teaching and learning for every Wisconsin teacher and every Wisconsin student. They are larger than any one initiative, process, or set of standards. Rather, they are the lens we look through as we identify teaching and learning standards, design assessments, and determine what good instruction looks like. These principles recognize that every student has the right to learn and are built upon three essential elements: high quality instruction, balanced assessment, and collaboration. They are meant to align with academic excellence, rigorous instruction, and college and career readiness for every Wisconsin student.

Every student has the right to learn.

It is our collective responsibility as an education community to make certain each child receives a high-quality, challenging education designed to maximize potential; an education that reflects and stretches his or her abilities and interests. This belief in the right of every child to learn forms the basis of equitable teaching and learning. The five principles that follow cannot exist without this commitment guiding our work.

Instruction must be rigorous and relevant.

To understand the world in which we live, there are certain things we all must learn. Each school subject is made up of a core of essential knowledge that is deep, rich, and vital. Every student, regardless of age or ability, must be taught this essential knowledge. What students learn is fundamentally connected to how they learn, and successful instruction blends the content of a discipline with processes of an engaging learning environment that changes to meet the dynamic needs of all students.

Purposeful assessment drives instruction and affects learning.

Assessment is an integral part of teaching and learning. Purposeful assessment practices help teachers and students understand where they have been, where they are, and where they might go next. No one assessment can provide sufficient information to plan teaching and learning. Using different types of assessments as part of instruction results in useful information about student understanding and progress. Educators should use this information to guide their own practice and, in partnership with students and their families, to reflect on learning and set future goals.

Learning is a collaborative responsibility.

Teaching and learning are both collaborative processes. Collaboration benefits teaching and learning when it occurs on several levels: when students, teachers, family members, and the community collectively prioritize education and engage in activities that support local schools, educators, and students; when educators collaborate with their colleagues to support innovative classroom practices and set high expectations for themselves and their students; and when students are given opportunities to work together toward academic goals in ways that enhance learning.

Students bring strengths and experiences to learning.

Every student learns. Although no two students come to school with the same culture, learning strengths, background knowledge, or experiences, and no two students learn in exactly the same way, every student's unique personal history enriches classrooms, schools, and the community. This diversity is our greatest education asset.

Responsive environments engage learners.

Meaningful learning happens in environments where creativity, awareness, inquiry, and critical thinking are part of instruction. Responsive learning environments adapt to the individual needs of each student and encourage learning by promoting collaboration rather than isolation of learners. Learning environments, whether classrooms, schools, or other systems, should be structured to promote engaged teaching and learning.



Reaching Every Discipline: Wisconsin's Approach to Disciplinary Literacy

Background

In Wisconsin, we hold the vision that every child must graduate ready for post-secondary education and the workforce. To achieve this vision, students must develop the skills to think, read, communicate, and perform in many academic contexts. If students must develop these specific skills, every educator must then consider how students learn to read, write, think, speak, and listen in their discipline.

The kinds of reading, writing, thinking, speaking, and listening required in a marketing course are quite different when compared with the same processes applied in an agriculture, art, or history course. For example, a student may have successfully learned the vocabulary and content needed to score an A on a freshman biology test, but finds he still struggles to understand relevant articles from Popular Science Magazine, or use his science vocabulary to post respected responses on an environmental blog he reads at home. This student knows biology content, but lacks the disciplinary literacy to think, read, write, and speak with others in this field. Without this ability, his content knowledge is limited only to the classroom, and cannot extend to the real world around him.

Teaching for disciplinary literacy ensures that students develop the skills to use the deep content knowledge they learn in school in ways that are relevant to each of them, and to the world around them. In 2009, the State Superintendent's Adolescent Literacy Plan offered recommendations for how to begin professional conversations about disciplinary literacy in Wisconsin. The plan recommended Wisconsin write standards for literacy that were specific to each discipline, and emphasized the need to accompany these literacy standards with discipline-specific professional learning.

Wisconsin's Approach to Disciplinary Literacy

In 2010, the Council of Chief State School Officers (CCSSO) responded to this need for standards by publishing Common Core State Standards for Literacy in History/Social Studies, Science, and Technical Subjects in grades 6–12. These standards were adopted by State Superintendent Tony Evers in June 2010. Wisconsin applauds this bold move to begin a national conversation on disciplinary literacy, and recognizes the need to broaden this effort to include all disciplines and every educator in every grade level.

The ability to read, write, think, speak, and listen in different ways and for different purposes begins early and becomes increasingly important as students pursue specialized fields of study in high school and beyond. These abilities

are as important in mathematics, engineering, and art courses as they are in science, social studies, and English. To further solidify Wisconsin’s expanded approach to disciplinary literacy, a statewide leadership team comprised of K–16 educators from diverse subject areas was convened.

A set of foundations was established and directs Wisconsin’s approach to disciplinary literacy. This document begins the conversation about literacy in all subjects. It will come to life when presented to teachers who will be able to showcase their subjects’ connection to literacy in all subjects, bringing the literacy standards to life for their community of learners.

Wisconsin Foundations for Disciplinary Literacy

To guide understanding and professional learning, a set of foundational statements, developed in concert with Wisconsin’s Guiding Principles for Teaching and Learning, directs Wisconsin’s approach to disciplinary literacy.

- Academic learning begins in early childhood and develops across all disciplines.
- Content knowledge is strengthened when educators integrate discipline-specific literacy into teaching and learning.
- The literacy skills of reading, writing, listening, speaking, and critical thinking improve when content-rich learning experiences motivate and engage students.
- Students demonstrate their content knowledge through reading, writing, listening, and speaking as part of a content literate community.

Wisconsin’s Common Core Standards for Literacy in All Subjects

With the Wisconsin Foundations for Disciplinary Literacy, Wisconsin expands the Common Core State Standards for Literacy in History/Social Studies, Science, and Technical Subjects, to include every educator in every discipline and at every level. The Common Core State Standards for English Language Arts include the Literacy Standards in History/Social Studies, Science, and Technical Subjects as well as other relevant standards materials, resources, and research that support discipline-specific conversations across all content areas and grade levels.

The Common Core State Standards for Literacy in All Subjects is included as part of every set of Wisconsin standards as each discipline is reviewed in accordance with the process for Wisconsin standards revision <http://www.dpi.wi.gov/standards>. This document includes relevant resources and research that may be helpful in advancing school and district conversations, and can also be downloaded at www.dpi.wi.gov/standards or purchased as a stand-alone document through <http://dpi.wi.gov/pubsales/index.html>.

Guide to the *Wisconsin Standards for Health Education*

The *Wisconsin Standards for Health Education* reflects and expands upon the *National Health Education Standards* (NHES) (2007) and *Wisconsin's Model Academic Standards for Health Education* (1997). These standards have been extensively used across the state and nation and served as models for schools and institutions of higher education in Wisconsin. Wisconsin's standards for health education include the following components:

- Broad statements of essential skills, knowledge, behavior, and attitudes for students PK–12. These are identified as Standards 1 through 8.
- A narrative description of the standard as it applies to PK–12 students in Wisconsin.
- Learning priorities for each standard by grade band describing the specific aspects of the standard to be developed. These can be used to guide curriculum development.
- Focus areas for each standard by grade band. These can be used to guide classroom instruction.
- Examples of specific skills or knowledge for each focus area. Referred to as a learning continuum, these can be used to guide assessment.

Taken together, these components provide consistent, developmental guidance for curriculum, instruction, and assessment in PK–12 health education.

This standards document is organized as follows. This introductory section provides an overview and offers guidance on using the standards, including issues of identifying critical knowledge and skills. Section 1, beginning on page 3, provides each standard, standard narrative, learning priorities, focus areas, and learning continuum. Some professionals would use this for vertical alignment of the curriculum. Section 2, beginning on page 21, provides each standard, and for each grade band, the standard narrative, the learning priority, focus areas, and learning continuum.

A glossary of terms follows on page 53. Appendices include a description of how to connect literacy strategies to health education.

So many people spend their health to gain wealth and then have to spend their wealth to regain their health.

—A.J. Reb Materi
Our Family



Coding System

When using this document in curriculum development, one can use a coding system that specifies the standard, the learning priority, the focus area, and the learning continuum strategies. The coding system is as follows:

- The first number represents the standard that is being addressed (Standards 1–8).
- The second number refers to the grade band being addressed (1 for grades PK–2; 2 for grades 3–5; 3 for grades 6–8; and 4 for grades 9–12).
- The letter refers to the focus area that is being addressed (A–B are used in the document).
- The final number refers to the learning continuum example listed in the document.

Example: 1:3:A3 The first number (1) refers to Standard 1, the second number (3) refers to the 6–8 grade level, the letter (A) refers to the first focus area under that grade level, and the second number (3) refers to the first learning continuum item.

1:3:A3 Describe how family history can affect personal health.





Why Children Need Health Education

Health education is an integral part of the total education of every child in kindergarten through grade 12.

Quality health education programs are needed to increase student knowledge on various age-appropriate contemporary health issues and to apply appropriate skills to take action that promotes or restores health. Health education helps youth become health literate people who are critical thinkers, creative problem solvers, self-directed learners, effective communicators, and ultimately responsible and productive citizens. Health education programs provide these benefits only if they are carefully planned, implemented, and assessed for outcomes. Quality health education contains the following:

Critical Health Information

Provides age-appropriate health information that effectively connects with the skill standard to improve student health outcomes.

Personal Values that Support Healthy Behaviors

Provides strategies to help students explore personal, family, and community values that might enhance health outcomes.

Norms on Health Issues

Provides strategies for students to learn about their peers' health-related behaviors, attitudes, and beliefs, and how such factors may influence them.

Skill Development

Provides opportunities for students to learn, practice, and apply health information and related skills to current, relevant health issues.

Health Behavior Practice

Provides strategies that help students to adopt and sustain behaviors that promote, maintain, and restore health.

The result of effective health education is health literacy. Health literacy has been defined as the capacity of an individual to “obtain, interpret, and understand basic health information and services, and the competence to use such information and services in ways which are health enhancing” (Joint

Health is a state of complete harmony of the body, mind, and spirit. When one is free from physical problems and mental distractions, the gates of the soul open.

—B.K.S. Iyengar

Committee on Health Education Terminology 2001). A 2004 report on health literacy by the Institute of Medicine states that “the most effective means to improve health literacy is to ensure that education about health is part of the curriculum at all levels of education.”

In today’s rapidly changing world, health literacy is very important for personal health and active citizenship. With emerging health issues and large amounts of new information available annually, the ability to access accurate information, think critically about health issues, and apply such information to important health-related decisions has never been more important. These include personal decisions and those affecting communities and nations.

Health education is a key component of a coordinated school health program. Such programs include a healthy and safe school environment, health-related instruction in a variety of courses, extracurricular student programs, pupil services, health-related programs for families and staff, and strong connections with families and the broader community.



Wisconsin Standards for Health Education: Critical Questions

Defining The Standards

What are health education standards?

Standards specify what students should know and be able to do. Standards in health education describe the essential skills and types of health information that will contribute to a student's ability to practice behaviors that protect and promote health.

Why are health education standards necessary?

Standards serve as goals for health education instruction and learning. Setting quality standards enables students, parents, educators, and citizens to know what students should have learned at a given point in a student's education. The inclusion of standards has consequences similar to establishing goals in any pursuit. With clear goals and outcomes, students and teachers will know exactly what students should be achieving.

Our 21st century society is placing increased importance on standards-based curriculum, instruction, and assessment in all content areas. Clear statements about what students must know and be able to do are essential to ensure that Wisconsin schools offer students the opportunities to acquire the knowledge and skills necessary to develop, maintain, and enhance a healthy lifestyle. Standards guide the development of assessments to permit students to demonstrate skill and knowledge attainment.

Why are state-level academic standards for health education important?

Public education is a state responsibility. The state superintendent and legislature must ensure that all children have equal access to high quality health instruction. At a minimum, this requires clear statements of what all children in the state should know and be able to do.

Why does Wisconsin need its own standards for health education?

The citizens of Wisconsin are very serious and thoughtful about education. They expect and receive very high performance from their schools. While health education needs may be similar among states, values differ. Health education

*Health is like money,
we never have a true
idea of its value until
we lose it.*

—Josh Billings

standards should reflect the collective values of the citizens and be tailored to developing, maintaining, and enhancing a healthy lifestyle.

Developing The Academic Standards

How were Standards for Health Education developed?

A coalition of health education organizations and professionals wrote the first National Health Education Standards in 1995 and a second edition in 2007. *Wisconsin's Model Academic Standards for Health Education* was published in 1997. The ten-person standards writing team, chosen by the Department of Public Instruction, began its deliberations in December 2010 with adoption of the eight broad national standards.

Over the next five months, various components of the standards document were designed to help schools address standards-based curriculum, instruction, and assessment. The next step required electronic public review and comment over a six-week period. Based on public comment, the final document was developed.

Who wrote the standards for health education and what resources were used?

The health education subject area standards were drafted by a team of leading teachers and professors, curriculum and instruction directors, and principals. This work was done after reviewing national standards in the subject area developed by the National Health Education Standards and Review Panel and standards developed by other states.

How was the public involved in the standards development process?

The Department of Public Instruction provided an opportunity for public review of the health education standards document by putting the draft copy online for public review and comment.

Using The Academic Standards

How will local districts use the standards for health education?

Adopting these standards is voluntary, not mandatory. Using the standards can lead to developmentally appropriate, quality health education programs. Districts may use this document as a guide for developing curriculum. Implementation of the standards may require some school districts to change their school and district health education curriculum. In some cases, this may result in significant changes in instructional methods and materials, local assessments that meet the needs of all learners, and professional development opportunities for the teaching staff and appropriate administrators.

What is the difference between academic standards and curriculum?

Standards are statements about what students should know and be able to do, what they may be asked to do to give evidence of learning, and how well they should be expected to know or perform it. Curriculum is the program devised by local school districts used to prepare students to meet the health education standards. It consists of activities and lessons at each grade level, instructional materials, and various instructional techniques. In short, standards define what is to be learned at certain points in time and, from a broad perspective, what performances will be accepted as evidence that the learning has occurred. Curriculum specifies the details of the day-to-day schooling at the local level.

Who should use these standards?

The standards provide a road map to lifetime skills. Programs based on these standards provide numerous opportunities for real, performance-based assessments for grading and program evaluation. Teacher preparation programs may use these in educating prospective teachers regarding common educational goals and focus areas in high quality health education programs. The standards will assist prospective teachers in learning about curriculum, instruction, and evaluation. Community agencies and organizations may use this document in designing health education programs for their school-age populations.

How do educators determine essential concepts and knowledge for the health education curriculum?

As in many other subject areas, educators use standards, locally developed curricula, and professional judgment to determine which concepts and knowledge are essential for students to learn. In building health education units of instruction and lessons, educators should identify the *essential health concepts and knowledge* needed to make health-enhancing decisions and practice health-enhancing behaviors. This is important because there are many, many health concepts that could be learned. If much of the limited time in health education is spent on learning health concepts, little will be available to learn skills that are also essential for health-related decisions and behaviors. The facts related to many health concepts are evolving with new research. Now more than ever, young people need skills to think critically, access valid health information to prepare them to learn, and apply health information that will be available only in the future.

When determining which health concepts are essential, educators can consider the following:

- Which health decisions and behaviors are important for the desired health outcome(s)?
- What health concepts are required to make these health-related decisions and to practice healthy behaviors?

*The appearance of
a disease is swift
as an arrow; its
disappearance slow...*

—Chinese Proverb

- What depth of understanding of those concepts is required for such health-related decisions and behaviors?
- Which concepts are not essential for health decisions and behaviors? Can these be omitted from the curriculum without sacrificing the necessary depth of understanding or opportunities for skill development?
- How can the essential concepts be taught in lessons and strategies that also enhance critical health-related skills?

The following is a sample process educators could use to determine essential health concepts for a unit of instruction.

1. Determine the long-term health behavior outcome that a unit is designed to support. Examples include decreasing youth obesity rates, youth tobacco use, or sexually transmitted infection rates.
2. Referencing *Wisconsin Standards for Health Education*, determine the skill-based learning outcomes for the unit. Select one or more skills that are aligned with the health outcome. Examples include: demonstrating how to access accurate health information regarding food choices and beneficial activity levels; analyzing external and internal factors that can influence a student's behavior related to tobacco use; and communicating boundaries and limits with your partner in a relationship.
3. Based on these skills, determine the essential concepts needed to effectively learn, practice, and apply the skills in appropriate life situations. Critical content can be determined through data collection, health issues that are covered in the media, or research articles. It also can be determined by community interest in a topic or state statute. Critical health concepts which may be determined from within the following content areas include those related to alcohol/drugs, consumer health, environmental health, healthy eating, physical activity, interpersonal violence, personal health, mental health, safety, and other health issues.

Another way to determine essential concepts is to choose an appropriate performance assessment to assess one or more of the learning outcomes. Based on the skills and levels of competency to be demonstrated, identify the health concepts that are essential for a high quality response to the performance task.

Reviewing health-related data may also help educators determine which concepts are essential, based on local health needs. Examples of such health-related data include results of: the Youth Risk Behavior Survey, state or local; the state Youth Tobacco Survey; and needs assessments by health departments or other community organizations.

How do educators assure that all skills identified in the standards are adequately addressed in health instruction?

Seven of the eight health education standards describe skills. Educators need to determine how all skills will be addressed across the curriculum and which skills are appropriate for each major health topic. These topics generally include nutrition; physical activity; intentional and unintentional injury; family life and sexuality; mental health; personal health; consumer health; community and environmental health; and alcohol, tobacco and other drugs. Effective educators use the skill-based standards and other information to set intended learning outcomes. It is more effective to spend more time teaching fewer skills than to teach each skill for each content area. Another factor that affects determination of learning outcomes is that some skills are more complex than others. Educators can select a broad set of skills across the curriculum and a small number of skills for each unit. Many educators consider a progression of skills, where some skills form the basis for developing others. For example, accessing accurate health information and analyzing influences may serve as base skills, upon which decision making and goal setting can be developed. Interpersonal communication, self-management, and advocacy may require acquisition of the previous, lower level skills for effective development. School districts are also encouraged to identify how instruction in these skills is coordinated and reinforced across years and courses, including health education, physical education, family and consumer sciences, and other health-related instruction.

Following identification of skills to be addressed, skill-building activities can be selected and ordered for each unit. Having determined essential concepts and key skills, educators can develop or select learning activities for the following elements of effective, skill-building units of instruction.

1. **Engage students in learning.** Establish the relevance of the topic, and assess students' prior knowledge and, if appropriate, skills.
2. **Introduce or review the key skill(s).** Review the units' assessments to be sure that appropriate skills are included in unit lessons.
3. **Provide ample opportunities for skill practice.** Practice of skills may be intertwined, as the skills are often related in life. For example, decision making may lead to needs for communication and advocacy.
4. **Actively engage parents or guardians.** Include at least one activity that involves student communication with parents, guardians, or other trusted adults.
5. **Assess student skills.** Provide one or more opportunities for students to demonstrate skill attainment, and appropriately use accurate health concepts.

For more information and resources on using *Wisconsin Standards for Health Education* to build units of instruction and appropriate assessments, please refer to: <http://dpi.wi.gov/sspw/healtheducation.html>.

Applying the Academic Standards across the Curriculum

Cross-curricular connections make learning relevant and meaningful to students. Health education is a critical element in the development of these connections. One of the appendix items provides the Common Core State Standards for English Language Arts. Another provides information and a well-developed example for connecting health education to literacy development. Literacy is a part of every aspect of life. Research is linking consistent learning experiences to improved literacy. The National Literacy Strategy seeks to raise awareness of the contribution health education can make to literacy through the teaching of real-life issues in which students will be naturally engaged by increasing reading experiences, enhancing speaking strategies, and adapting meaningful writing prompts.

Section I

Vertical Alignment of the
Standards-Based Learning Continuum

**Wisconsin Standards for Health Education
Grades PK–12**

I



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

Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick.

—Susan Sontag
Illness as Metaphor, 1977

Rationale

The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviors among youth. This standard includes essential concepts that are based on established health behavior theories and models. Concepts that focus on both health promotion and risk reduction are included in the learning continuum.

1. Grades PK–2

Learning Priority: Develop age-appropriate cognitive understanding of health promotion concepts to improve health behaviors.

A. Describe healthy behaviors.

- 1:1:A1 Describe ways to prevent common childhood accidents and injuries.
- 1:1:A2 Describe healthy behaviors that impact personal health.
- 1:1:A3 List ways to prevent communicable disease.

B. Apply knowledge of healthy behaviors.

- 1:1:B1 Describe why it is important to seek health care.
- 1:1:B2 Describe why it is important to participate in healthy behaviors.
- 1:1:B3 Use multiple dimensions of health (e.g., physical, social, environmental, and emotional) in everyday life.

2. GRADES 3–5

Learning Priority: Develop age-appropriate cognitive understanding of health promotion concepts to improve health behaviors and prevent disease.

A. Describe basic concepts related to health promotion and disease prevention.

- 1:2:A1 Describe ways to prevent common childhood accidents, injuries, and communicable and chronic diseases. These may include but are not limited to: refraining from alcohol, tobacco, and other

drug use; engaging in physical activity; demonstrating healthy eating; applying social behaviors to prevent or reduce violence; safety and related behaviors.

1:2:A2 Describe the relationships among the environment, healthy behaviors, and personal health.

1:2:A3 Explain ways to prevent the spread of communicable diseases.

B. Apply health knowledge to health-related situations.

1:2:B1 Describe when it is important to seek health care.

1:2:B2 Describe personal and environmental barriers to practicing healthy behaviors.

1:2:B3 Compare various dimensions of health (e.g., emotional, mental, physical, social, environmental, and occupational).

3. GRADES 6–8

Learning Priority: Comprehend and apply concepts related to health promotion and disease prevention.

A. Identify the components of health promotion and disease prevention.

1:3:A1 Describe specific behaviors that can reduce or prevent injuries and communicable or chronic diseases. These may include but are not limited to: refraining from alcohol, tobacco, and other drug use; engaging in physical activity; demonstrating healthy eating; sexual behaviors; applying social behaviors to prevent or reduce violence; safety and related behaviors.

1:3:A2 Describe the negative consequences of engaging in unhealthy behaviors.

1:3:A3 Describe how family history can affect personal health.

1:3:A4 Describe how physical and social environments can affect personal health.

B. Analyze the benefits of and barriers to practicing healthy behaviors.

1:3:B1 Analyze the relationships between healthy behaviors and personal health.

1:3:B2 Examine healthy behaviors and consequences related to a health issue.

1:3:B3 Predict the outcomes of a variety of unhealthy behaviors.

4. GRADES 9–12

Learning Priority: Examine and apply health concepts related to health promotion and disease prevention.

A. Analyze the impact of determinants of health.

- 1:4:A1 Analyze how genetics and family history can affect personal health.
- 1:4:A2 Examine the interrelationships of various dimensions of health (e.g., emotional, mental, physical, social, environmental, and occupational).
- 1:4:A3 Analyze the impact of unhealthy behavior on various dimensions of health (e.g., emotional, mental, physical, social, environmental, and occupational).
- 1:4:A4 Predict how personal behaviors and access to appropriate health care can affect health.
- 1:4:A5 Analyze how environment and personal health are interrelated.

B. Explore factors that impact health status.

- 1:4:B1 Investigate the relationship between access to health care and health status.
- 1:4:B2 Compare the benefits of and barriers to practicing a variety of health behaviors. These may include but are not limited to: refraining from alcohol, tobacco, and other drug use; physical activity; healthy eating; social behaviors to prevent or reduce violence; safety and related behaviors.
- 1:4:B3 Examine susceptibility to and severity of injury and illness if engaging in unhealthy behaviors.



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

Rationale

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

The mind has great influence over the body, and maladies often have their origin there.

—Moliere

1. GRADES PK–2

Learning Priority: Know what an influence is and how it could affect behaviors.

A. List influences on health behaviors.

2:1:A1 Identify internal and external factors that may influence health behaviors.

B. Analyze various influences on health behaviors.

2:1:B1 Discuss how family, emotions, peers, and media can influence health behaviors.

2. GRADES 3–5

Learning Priority: Identify how influences can impact health behaviors.

A. Identify influences.

2:2:A1 Describe external factors, including family, peers, culture, media, technology, school environments, physical environments, and health care, which can influence health behaviors.

2:2:A2 Give examples of messages from external factors that can influence health behaviors.

2:2:A3 Describe internal factors, such as personal values, beliefs, and emotions, which can influence health behaviors.

B. Explore possible impacts of influences.

2:2:B1 Describe how internal and external factors interact to influence health behaviors.

3. GRADES 6–8

Learning Priority: Examine how internal and external factors influence personal health behaviors.

A. Examine impact of influences.

- 2:3:A1 Examine how external and internal factors can influence health behaviors.
- 2:3:A2 Provide examples of how factors can interact to influence health behaviors.
- 2:3:A3 Examine how one’s family, culture, and peers influence one’s own personal health behaviors.
- 2:3:A4 Examine how media and technology influence one’s own personal health behaviors.
- 2:3:A5 Examine how one’s values and beliefs influence one’s own personal health behaviors.

4. GRADES 9–12

Learning Priority: Evaluate how influences impact health behaviors.

A. Analyze the impact of external and internal influences on the health behavior of individuals and populations.

- 2:4:A1 Analyze how external influences, individually and in combination with others, can influence individuals’ health behaviors and that of certain populations.
- 2:4:A2 Analyze how internal influences, including perception of social norms among peers, can influence individuals’ health behaviors and that of certain populations.
- 2:4:A3 Examine how social policies can influence health behaviors.
- 2:4:A4 Estimate the impact of internal and external influences on one’s own personal health behavior.
- 2:4:A5 Predict how various external and internal influences will interact and impact the health behavior of populations.

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

Rationale

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

It is a lot harder to keep people well than it is to just get them over sickness.

—DeForest
Clinton Jarvis

1. GRADES PK–2

Learning Priority: Identify individuals who provide valid health information to enhance health behaviors.

A. Identify where to get help to promote health.

- 3:1:A1 Identify trusted adults and professionals who can help promote health.
- 3:1:A2 Describe ways to locate school and community health individuals.

2. GRADES 3–5

Learning Priority: Identify valid sources of health information.

A. List sources of valid health information.

- 3:2:A1 Identify characteristics of valid health information, products, and services.
- 3:2:A2 Discuss ways to locate valid health information.

B. Identify valid health information to promote health.

- 3:2:B1 Identify valid sources of health information.

Doctors are always working to preserve our health and cooks to destroy it, but the latter are the more often successful.

—Denis Diderot

3. GRADES 6–8

Learning Priority: Demonstrate and apply strategies to access valid sources of health information.

A. Identify criteria for choosing accurate sources of information.

- 3:3:A1 Describe situations that require accurate health information.
- 3:3:A2 Locate sources of valid health information from home, school, and community.
- 3:3:A3 Describe criteria for evaluating resources.

B. Apply models to analyze sources of information for validity and reliability.

- 3:3:B1 Analyze the validity of information about health issues, products, and services.

4. GRADES 9–12

Learning Priority: Examine strategies to access valid and reliable sources of health information.

A. Continue to apply criteria for choosing accurate sources of information.

- 3:4:A1 Determine the availability of information, products, and services that enhance health.
- 3:4:A2 Access health information, products, and services that improve health outcomes.
- 3:4:A3 Determine when professional health services may be needed and how to access them.

B. Analyze sources of information for validity and reliability.

- 3:4:B1 Evaluate the validity of sources of health information using key criteria.

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

Rationale

Effective communication enhances personal, family, and community health. This standard focuses on how responsible individuals use verbal and nonverbal skills to develop and maintain healthy personal relationships. The ability to organize and convey information and feelings is the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

1. GRADES PK–2

Learning Priority: Identify and apply effective interpersonal communication skills.

A. Identify communication skills that can improve health and reduce health risks.

4:1:A1 Identify ways to communicate.

4:1:A2 Identify ways to express needs, wants, and feelings.

B. Apply communication skills that can improve health and reduce health risks.

4:1:B1 Describe ways to respond when in an unwanted, threatening, or dangerous situation.

4:1:B2 Use refusal skills including firmly saying no and getting away from the situation.

4:1:B3 Explain how to communicate to a trusted adult if threatened or harmed.

2. GRADES 3–5

Learning Priority: Demonstrate interpersonal communication skills.

A. Demonstrate communication skills that can improve health.

4:2:A1 Demonstrate effective verbal and nonverbal communication skills to enhance health.

4:2:A2 Describe how to ask for assistance.

*Health and
cheerfulness naturally
beget each other.*

—Joseph Addison

B. Demonstrate communication skills that prevent, resolve, or reduce health risks.

- 4:2:B1 Demonstrate ways to prevent health risks and conflict through communications.
- 4:2:B2 Identify refusal skills that avoid or reduce health risks.
- 4:2:B3 Discuss nonviolent strategies to reduce, manage, or resolve conflict.

3. GRADES 6–8

Learning Priority: Examine and demonstrate communication skills that enhance health and avoid health risks.

A. Examine communication strategies in various health-related settings.

- 4:3:A1 Examine appropriate communication strategies.
- 4:3:A2 Examine the outcomes of using effective and ineffective strategies of communication.

B. Apply appropriate communication skills in various health-related settings.

- 4:3:B1 Demonstrate refusal and limit setting skills that avoid health risks.
- 4:3:B2 Demonstrate effective conflict resolution skills.
- 4:3:B3 Demonstrate ways, such as restorative justice practices, to manage or resolve interpersonal conflicts without harming self or others.

4. GRADES 9–12

Learning Priority: Analyze various communication skills that enhance health and avoid health risks.

A. Continue to analyze communication skills in various health-related settings.

- 4:4:A1 Analyze communication strategies for effective interaction among family, peers, and others to enhance health.
- 4:4:A2 Reflect on the impact of communication on enhancing health.
- 4:4:A3 Demonstrate how to ask for and offer assistance to enhance the health of self and others.

B. Demonstrate communication skills in health-related situations.

- 4:4:B1 Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
- 4:4:B2 Demonstrate strategies to prevent interpersonal conflicts.
- 4:4:B3 Demonstrate ways, such as restorative justice practices, to manage or resolve interpersonal conflicts without harming self or others.

*A bad cold wouldn't
be so annoying if it
weren't for the advice
of our friends.*

—Kin Hubbard

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

Rationale

Decision-making skills are needed to identify, implement, and sustain health-enhancing behaviors. This standard includes the essential steps that are needed to make healthy decisions. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve their quality of life.

It's bizarre that the produce manager is more important to my children's health than the pediatrician.

—Meryl Streep

1. GRADES PK–2

Learning Priority: Identify when a decision-making process is needed to choose a healthy option.

A. List health situations where a decision-making process could be used.

- 5:1:A1 Identify steps in the decision-making process.
- 5:1:A2 Provide an example of a situation when a health-related decision is needed to keep one safe.
- 5:1:A3 Create a decision-making plan with family members or trusted adult.

B. Apply a decision-making process to various situations to enhance health.

- 5:1:B1 Provide an example of when a health-related decision can be made individually.
- 5:1:B2 Provide an example of when assistance is needed to make a health-related decision.

2. GRADES 3–5

Learning Priority: Apply a decision-making process to evaluate health options.

A. Continue to identify health-related situations that require a decision.

- 5:2:A1 Identify situations that require a thoughtful decision.
- 5:2:A2 List healthy options to health-related issues or problems.
- 5:2:A3 Choose the healthiest option when making a decision.

B. Examine and apply how a decision-making process can enhance health.

- 5:2:B1 Determine when assistance is needed in making a health-related decision.
- 5:2:B2 Examine the potential outcomes of each option when making a health-related decision.

3. GRADES 6–8

Learning Priority: Apply a decision-making process in various health-related situations.

A. Identify situations where effective decision-making skills are implemented.

- 5:3:A1 Determine when individual or collaborative decision making is appropriate.

B. Assess the impact of a decision-making process on health-related situations.

- 5:3:B1 Demonstrate decision making in a health-related situation.
- 5:3:B2 Predict the impact of each decision on self and others.
- 5:3:B3 Analyze the outcome of a health-related decision.

4. GRADES 9–12

Learning Priority: Examine the use of a decision-making process in various health-related situations.

A. Evaluate the impact of a decision-making process on health-related situations.

- 5:4:A1 Identify situations in which using a thoughtful decision-making process would be health-enhancing.
- 5:4:A2 Justify when individual or collaborative decision making is appropriate.

B. Apply effective decision-making skills to enhance health.

- 5:4:B1 Demonstrate effective decision-making processes related to various complex and relevant health-related situations. These may include but are not limited to: decisions about personal behaviors, decisions related to social behaviors, and use of the health care system.
- 5:4:B2 Generate alternatives for health-related issues or problems.

*Sometimes I get
the feeling the
aspirin companies
are sponsoring my
headaches.*

—Terri Guillemets

- 5:4:B3 Examine barriers that can hinder healthy decision making.
- 5:4:B4 Predict the potential short-term and long-term impacts of each alternative on self and others.
- 5:4:B5 Defend the healthy choice when making decisions.
- 5:4:B6 Evaluate the effectiveness of a health-related decision.



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

Rationale

Goal-setting skills are essential to help students identify, adopt, and maintain health behaviors. This standard includes the critical steps that are needed to achieve both short-term and long-term health goals. These skills make it possible for individuals to have aspirations and plans for the future.

1. GRADES PK–2

Learning Priority: Know the parts of a personal health goal.

A. List personal health goals.

- 6:1:A1 Identify a personal health goal.
- 6:1:A2 Identify steps to achieve a goal.
- 6:1:A3 Discuss a health goal with a family member or trusted adult.

2. GRADES 3–5

Learning Priority: Apply goal-setting skills to improve health.

A. Identify ways to achieve a personal health goal.

- 6:2:A1 Identify resources to assist in achieving a personal health goal.
- 6:2:A2 Identify key family, school, and community members that can assist in achieving a personal health goal.

B. Practice appropriate goal-setting skills to achieve a personal health goal.

- 6:2:B1 Choose a clear and realistic personal health goal.
- 6:2:B2 Develop a plan for reaching the goal.
- 6:2:B3 Track progress toward goal achievement.

The part can never be well unless the whole is well.

—Plato

3. GRADES 6–8

Learning Priority: Apply goal-setting skills to health situations.

A. Identify additional steps to setting and achieving realistic health goals.

- 6:3:A1 Establish a baseline of personal health behaviors and health status.
- 6:3:A2 Identify strategies and behaviors needed to maintain or improve health status.
- 6:3:A3 Identify strategies that might be utilized to overcome barriers or setbacks.

B. Apply goal-setting skills to various health-related situations.

- 6:3:B1 Examine how personal health goals can be impacted by various abilities, priorities, and responsibilities that may change throughout the lifespan.
- 6:3:B2 Develop goals to maintain or improve personal health status.
- 6:3:B3 Assess the effectiveness of strategies to reach personal health goals.

4. GRADES 9–12

Learning Priority: Apply goal-setting skills.

A. Analyze issues that impact setting a goal.

- 6:4:A1 Assess personal health practices and their impact on overall health status.
- 6:4:A2 Evaluate potential barriers or setbacks that may impede one's ability to reach his/her health goal.
- 6:4:A3 Identify strategies that might be utilized to overcome barriers or setbacks.

B. Apply goal-setting skills to various health-related situations.

- 6:4:B1 Formulate an effective long-term personal health goal.
- 6:4:B2 Develop a plan to reach a personal health goal that addresses strengths, needs, and risks.
- 6:4:B3 Implement a plan and monitor progress in achieving a personal health goal.

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

Rationale

Research confirms that the practice of health-enhancing behaviors can contribute to a positive quality of life. In addition, many diseases and injuries can be prevented by reducing harmful and risk-taking behaviors. This standard promotes the acceptance of personal responsibility for health and encourages the practice of health behaviors.

Health is a relationship between you and your body.

—Terri Guillemets

1. GRADES PK–2

Learning Priority: Demonstrate health-enhancing behaviors.

A. Demonstrate health-enhancing behaviors.

- 7:1:A1 Demonstrate health-enhancing practices and behaviors. These may include but are not limited to: proper hygiene, physical activity, and healthy eating.
- 7:1:A2 Demonstrate behaviors that avoid or reduce health risk. These may include but are not limited to: looking both ways before crossing the street, wearing a seat belt, wearing a bike helmet, and removing oneself from threatening situations.

2. GRADES 3–5

Learning Priority: Demonstrate a variety of health-enhancing behaviors.

A. Identify health-enhancing behaviors.

- 7:2:A1 Identify responsible personal health behaviors. These may include but are not limited to: proper hygiene, physical activity, healthy eating, and safety-related behaviors.

B. Demonstrate health-enhancing behaviors.

- 7:2:B1 Demonstrate behaviors that will maintain or improve personal health. These may include but are not limited to: engaging in regular, age-appropriate physical activity; making complex food choices that constitute healthy eating; and following medical instructions during illness.

When it comes to eating right and exercising, there is no “I’ll start tomorrow.” Tomorrow is disease.

—Terri Guillemets

- 7:2:B2 Demonstrate behaviors that avoid or reduce health risks. These may include but are not limited to: looking both ways before crossing the street; wearing a seat belt; wearing a bike helmet; and refraining from alcohol, tobacco, and other drug use.

3. GRADES 6–8

Learning Priority: Apply health-enhancing behaviors that maintain or improve the health of self and others.

A. Explain the importance of self-responsibility for personal health behaviors.

- 7:3:A1 Evaluate behaviors that maintain or improve the health of self and others. These may include but are not limited to: refraining from risky sexual behaviors; refraining from alcohol, tobacco, and other drug use; engaging in regular and varied physical activity; meal planning that leads to healthy eating; applying social behaviors to prevent or reduce violence; practicing safety-related behaviors in various complex settings; and appropriate use of the health care system.

B. Demonstrate the role of self-responsibility in enhancing health.

- 7:3:B1 Demonstrate health-enhancing practices and behaviors that help maintain or improve the health of self and others.
- 7:3:B2 Demonstrate behaviors that avoid or reduce health risks to self and others.

4. GRADES 9–12

Learning Priority: Demonstrate age-appropriate, health-enhancing behaviors to reduce health risks.

A. Examine health-enhancing behaviors.

- 7:4:A1 Determine behaviors that will protect and promote health in high risk situations. These may include but are not limited to: refraining from risky sexual behaviors; refraining from alcohol, tobacco, and other drug use; engaging in various forms of physical activity appropriate to current and future life stages; making complex food choices in various food environments to support healthy eating; applying social behaviors to prevent or reduce violence in settings relevant to one’s culture; practicing safety-related behaviors in high risk situations; and appropriately accessing health care services for routine preventive care and for illnesses and injuries.

7:4:A2 Analyze the roles of individual responsibility and the health care system in enhancing health.

B. Demonstrate a variety of health-enhancing behaviors.

7:4:B1 Demonstrate a variety of health practices and behaviors that will maintain or improve the health of self and others. These include, but are not limited to: personal behaviors such as regular and health-enhancing physical activity, healthy eating, and accessing appropriate preventive health care services.

7:4:B2 Demonstrate a variety of behaviors that avoid or reduce health risks to self and others. These include, but are not limited to: various complex safety-related behaviors, appropriately accessing mental and physical health care services, and carefully following medical advice and instructions.



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

*Water, air, and
cleanliness are the
chief articles in my
pharmacopoeia.*

—Napoleon

Rationale

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

1. GRADES PK–2

Learning Priority: Recognize the differences between health needs and personal wants.

A. Identify ways to express health needs and personal wants.

8:1:A1 Define health needs and personal wants.

8:1:A2 Express health needs and personal wants with family members or trusted adults.

B. Develop strategies to communicate personal differences between health needs and personal wants that affect health.

8:1:B1 Communicate knowledge of healthy and unhealthy behaviors to family members, trusted adults, or friends.

8:1:B2 Identify role models for healthy habits.

8:1:B3 Encourage friends and classmates to make healthy choices.

2. GRADES 3–5

Learning Priority: Describe advocacy and health-related situations for which it is appropriate.

A. Define advocacy.

8:2:A1 State opinions about health issues.

8:2:A2 Discuss factual information about health issues with family members or trusted adults.

8:2:A3 Define advocacy.

B. Describe situations where advocacy is appropriate.

8:2:B1 Discuss situations where advocacy may be used.

- 8:2:B2 List types of situations in which one could model health-enhancing behaviors.
- 8:2:B3 Encourage family members to engage in health-enhancing behaviors through actions or suggestions.

3. GRADES 6–8

Learning Priority: Develop health-promoting strategies that support family or friends to make positive health choices.

A. Develop an advocacy plan to promote health.

- 8:3:A1 Develop an age-appropriate definition of advocacy.
- 8:3:A2 Plan ways to advocate for healthy individuals, families, and schools.
- 8:3:A3 Incorporate accurate information as it relates to a health-enhancing position to advocate for self and others.
- 8:3:A4 Discuss the barriers that could be involved in an advocacy effort.

B. Implement an advocacy plan pertaining to a health issue.

- 8:3:B1 Predict how an advocacy plan will influence and support the health status of others.
- 8:3:B2 Apply a plan to advocate for a health issue for people that experience health disparities.
- 8:3:B3 Defend a position relating to a health issue.
- 8:3:B4 Describe ways to adapt health messages for different audiences.

4. GRADES 9–12

Learning Priority: Apply skills to advocate for a health issue.

A. Develop strategies to advocate for a health issue.

- 8:4:A1 Apply societal norms to formulate a health-enhancing message.
- 8:4:A2 Adapt health-enhancing messages and persuasive communication techniques to a specific target audience.
- 8:4:A3 Apply accurate information to support a health-enhancing message.
- 8:4:A4 Develop strategies to overcome barriers or resistance to desired health action or behavior.

Happiness lies, first of all, in health.

—George William Curtis,

Lotus-Eating

B. Implement an advocacy plan pertaining to a health issue.

- 8:4:B1 Develop a plan to advocate for a personal, family, or community health issue.
- 8:4:B2 Implement an advocacy plan for a health issue.
- 8:4:B3 Demonstrate conviction in encouraging others to make positive health choices.

He who has health has hope; and he who has hope has everything.

—Arabic Proverb

