National Health Education Standards

Ten Year Review and Revision
September 2004 – September 2006
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“Standards specify what students should know and be able to do. They involve the knowledge & skills essential to the development of health literacy. Health education standards are not merely facts, rather, they identify the knowledge & skills students should master.”

-- 1995 Standards Document
Health Literacy as Defined by Health Educators

“Health literacy is 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 Committee on Health Education Terminology, 1990
The original National Health Education Standards Report was produced in 1995. It has stimulated the promotion of health literacy skills in school students as well as development of state and local curriculum standards in a number of ways over the years. Lead organizations and co-sponsors for the 2006 revision include the American Association for Health Education (AAHE), American School Health Association (ASHA), the School Health Education and Services section (SHES) of the American Public Health Association (APHA), and the Society of State Directors of HPER (SSDHPER). The development and revision has been funded by the American Cancer Society (ACS).
Timeline

- August 2004: Panel Appointed
- September 2004: First Panel meeting
- March 2005: Second Panel Meeting
- April 2005: 1st Draft of revised standards for public review
- May 2005: Review of public comments
- June 2005: Revision of standards
- July 2005: 2nd Draft of revised standards for public review
- September 2005: Final Panel meeting
- December 2005: Workgroups complete document sections
- March 2006: All edits complete
- Fall 2006: New Standards document distributed
Standards Revision Panel

- Kim Robert Clark, California State U San Bernardino
- Mary Connolly, Plymouth Public Schools, Mass.
- Marilyn Jensen, Beresford Schools, South Dakota
- Ellen Larson, Northern Arizona University
- Jess Bogli, Oregon Dept. of Education
- Mary Marks, Fairfax County Schools, Virginia
- Antionette Meeks, Florida Dept. of Education
- Linda Morse, New Jersey Dept. of Education
- Fred Peterson, University of Texas, Austin
- Eric Pliner, New York City Dept. of Education
- Barbara Sullivan, Baltimore County Schools, MD
- Marlene Tappe, Purdue University
- Susan Telljohann, University of Toledo
- Valerie A. Ubbes, Miami University
- Katherine Wilbur, Maine Dept. of Education
- Steve Dorman, Chairman, Texas A & M University

Administrative Staff
- Becky Smith, Amer. Assoc. for Health Education
- Mary Waters, American Cancer Society
Charge to the Panel

- Obtain and evaluate data regarding utilization of the 1995 National Standards
- Obtain and evaluate data regarding the perceived quality and usability of the 1995 standards including strengths and weaknesses
- Obtain and evaluate data regarding the assessments being used to evaluate progress on the 1995 standards at state and local levels
- Examine current & future trends in education & health which may have relevance to the revisions needed
- Review & revise the standards & performance indicators in light of feedback obtained. Examine the translation of the 1995 standards that occurred following their release – with particular emphasis on Standard 1 – determine if “concepts” remain a valid need. How can the standards be revised to reflect those concepts?
- Review & expand the “opportunity to learn” standards and incorporate guidance for the opportunity to learn standards as a focus of implementation strategies
- Provide guidance on appropriate student assessment including performance-based strategies and direction for assessment resources.
The 2006 National Health Education Standards document will include:

- Background information including information from 1995-2006
- Eight standards statements
- Performance indicators for four grade spans
- Guidance on methods for assessing student performance and attainment of the standards
- Understanding of “knowledge”, “skills”, and “concepts” within the standards
- Expanded guidance on the “opportunity to learn” standards
- Process and premises for developing and revising the standards
- Glossary of terms
- Key references
Early Reflections:

- The 1995 National Health Education Standards had a significant impact on development of school health education and at least 34 states chose to align their state standards or guidelines with the national standards. Over 300,000 copies of the standards were distributed nationwide.

- 2006 revision of the standards document will reflect best science and practice in the current education literature.
Opportunity for Review

- A draft of the proposed standard statements was reviewed in June 2005. More than 1,200 comments were received.
- A review of proposed revised performance indicators was completed August 3, 2005. 166 individuals completed the review process.
- A final round of profession-wide and public review was sought in September 2005 for all proposed changes to the standards and performance indicators before any changes were finalized.
The panel solicited feedback from users in the field, and used the feedback to inform the following revision strategies:

- The panel agreed that the revision should include Pre-K and grade 12 and provide grade span guidance for PreK-2, 3-5, 6-8, and 9-12.
- The panel agreed the performance indicators needed revisions to reflect advancements in the field.
- The panel agreed the name “Opportunity to Learn” standards needed to be changed and section rewritten for greater impact in the areas of access and equity.
- The panel agreed that guidance on student assessment theory and resources must be provided.
- The panel agreed to expand and update terms included in the glossary to reflect the 2000 Report of the Joint Committee on Health Education Terminology and other current resources.
Standard 1

2006: Students will comprehend concepts related to health promotion and disease prevention to enhance health.
2006: Students will analyze the influence of family, peer, culture, media, technology, and other factors on health behaviors.
Standard 3

2006: Students will demonstrate the ability to access valid information and products and services to enhance health
Standard 4

2006: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks
Standard 5

2006: Students will demonstrate the ability to use decision-making skills to enhance health.
Standard 6

2006: Students will demonstrate the ability to use goal setting skills to engage in health enhancing behaviors.
Standard 7

2006: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks
2006: Students will demonstrate the ability to advocate for personal, family and community health.
Standard 3 - Students will demonstrate the ability to access valid information and products and services to enhance health

Examples of specific concepts and skills students should know and be able to do by the end of grade 5

- Identify characteristics of valid health information, products, and services
- Locate resources from home, school, and community that provide valid health information

There are similar performance indicators for each grade span which provide the assessment framework for student attainment of the standards.
The complete set of standards and performance indicators for 2006 may be found at:
www.aaheinfo.org

Adopting and maintaining healthy behaviors

The educator’s role in this goal:

- Teaching functional health information and essential concepts of health
- Helping students determine personal values that support healthy behaviors
- Helping students develop group norms that value a healthy lifestyle
- Helping students develop the essential skills to adopt, practice and maintain health enhancing behaviors

National Health Education Standards:
Achieving Excellence, 2006
The future . . .

“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.”

Institute of Medicine Report on Health Literacy, p149, 2005
Are we prepared?

The tools needed to ensure health education as part of the curriculum at all levels of education are available including:

- Standards and curriculum frameworks in most states
- Effective Curricula
- Teaching/learning materials
- Valid assessment methodology and delivery technology
What are the critical needs for addressing health literacy in schools?

- Teachers adequately prepared to deliver quality health education programs at all levels
- Professional development for education administrators regarding the discipline of health education and the critical societal need for health literacy
- Demand by community members and educators that high quality health education programs be delivered to all students at the local school district level
Thank you

Address
Comments/Questions to

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