



STATE OF HAWAII
DEPARTMENT OF EDUCATION
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OFFICE OF THE SUPERINTENDENT

December 5, 2019

TO: The Honorable Margaret Cox
Chairperson, Student Achievement Committee

FROM: Dr. Christina M. Kishimoto 
Superintendent

SUBJECT: **Committee Action on Health Standards for Elementary and Secondary**

1. EXECUTIVE SUMMARY

Standards-based, comprehensive Health Education is essential to the Department of Education's (Department) mission to serve Hawai'i by developing the academic achievement, character and social-emotional well-being of our students to the fullest potential to ensure that they reach their aspirations from early learning through college, career, and citizenship.

Adoption of the *National Health Education Standards: Achieving Excellence* (NHES) directly supports the following:

- Department's vision for a Hawai'i where students are educated, healthy, and joyful lifelong learners who contribute positively to our community and global society;
- Board of Education's (Board) priorities for safe learning environments that support students' well-being and student-centered school design;
- Student Achievement Committee's (SAC) Strategic Priority #2 to support students' mental and emotional well-being; and
- Related Board policies (Attachment A).

Additionally, the NHES will align with the Department's 2030 Promise Plan, when approved, by supporting all students' total well-being through high-quality standards-based curriculum, instruction, and assessments within safe learning environments.

Research shows that healthy students demonstrate better academic achievement (i.e., higher class grades and standardized test scores), education behaviors (i.e., higher attendance and lower behavioral problems at school), and cognitive skills and attitudes (i.e., higher concentration and memory).

2. RECOMMENDATION

The Department recommends that the Board adopts the NHES for kindergarten through grade 12, standards 1-8 (Attachment B).

The adoption of the NHES is in alignment with Board Policy E-103 Health and Wellness, which states that: "Schools play an integral part in promoting quality of life through sound health and wellness practices, which are connected to achievement and learning. The Department shall provide learning environments and programs that educate and expose students to sound wellness practices, health-enhancing behaviors, and good nutrition."

3. RECOMMENDED EFFECTIVE DATE

Upon approval by the full Board.

4. RECOMMENDED COMPLIANCE DATE (if different from the effective date)

Upon approval by the full Board.

5. DISCUSSION

a. Conditions leading to the recommendation:

Developed to establish, promote, and support health-enhancing behaviors for students in all grade levels, the NHES provide students with high-quality, comprehensive Health Education. It equips and empowers them with health literacy skills, knowledge, and attitudes essential to their social, emotional, mental, physical, and academic development.

In addition, the NHES provide a framework for teachers, administrators, and policymakers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. The standards provide students, families, and communities with concrete expectations for Health Education.

Currently, the NHES are widely recognized and used across the nation by federal and state agencies, educational institutions, and professional organizations that support Health Education, including the Centers for Disease Control and Prevention (CDC); Society of Health and Physical Educators (SHAPE) America; Hawai'i State Department of Health (DOH); University of Hawai'i at Mānoa's College of Education; and Hawai'i Association for Health, Physical Education, Recreation and Dance (HAHPERD).

Formed in school year 2015-2016, the Superintendent-approved Health Education Resource Development Group (HERDG) played a crucial role in advancing the adoption of the NHES. The HERDG included tri-level representation (i.e., schools, complex area/district, state) from across the state (Attachment C). At least two meetings were convened each school year since school year 2015-2016.

The Department also gathered feedback on the NHES from various stakeholders, including complex area superintendents, principals, vice principals, general education teachers, special education teachers, Health Education teachers, resource teachers, educational specialists, counselors, academic coaches, parents/legal guardians, and students (Attachment D).

State agencies and programs, such as the DOH, Hawai'i Keiki Program, and the University of Hawai'i at Mānoa provided expertise and guidance.

- b. Previous action of the Board and Committee(s) on the same or similar matter:

Date of Board Action	Approval of:
June 23, 2005	Hawai'i Content and Performance Standards III for Health K-12
June 17, 2010	Common Core State Standards for English Language Arts and Common Core State Standards for Mathematics
February 16, 2016	Next Generation Science Standards (NGSS)
May 2, 2017	Hawaiian Language Arts Standards
May 3, 2018	K-12 Computer Science Teachers Association Standards
October 4, 2018	Hawai'i Core Standards in Social Studies (HCSSS)

- c. Other policies affected:

None. The adoption of the NHES will not require any Board policy amendments.

- d. Arguments in support of the recommendation:

To support the development of health-literate students, the Department is currently using the Hawai'i Content and Performance Standards III for Health K-12. These standards were developed based on the first edition of NHES and adopted by the Board in 2005.

The NHES were refined and are now in its second edition. Updating Hawai'i's standards to the current NHES would strengthen students' development of health-enhancing attitudes, skills, and knowledge, which would improve students' health behaviors and total well-being.

Providing students with high-quality, comprehensive Health Education equips and empowers them to address their current and future health needs and challenges. The 2017 Youth Risk Behavior Survey¹ reported that:

Hawai'i Middle School Students	Hawai'i High School Students
<ul style="list-style-type: none">• 27.2% - Ever felt sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities• 12.4% - Ever tried to kill themselves• 27.0% - Ever used an electronic vapor product• 27.0% - Were physically active at least 60 minutes per day	<ul style="list-style-type: none">• 29% - Felt sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities in the past 12 months• 10.0% - Attempted suicide in the past 12 months• 42.3% - Ever used an electronic vapor product• 19.6% - Were physically active at least 60 minutes per day

Through Health Education aligned to the NHES, students will develop and apply skills to support healthy behaviors and resilience as well as prevent and reduce health risks in the context of Priority Risk Topics, which were identified by the CDC and refined based on our students' needs. The Priority Risk Topics include mental and emotional health, personal health and wellness, healthy eating and physical activity, safety (unintentional injury prevention), violence prevention, tobacco use prevention, alcohol and other drug use prevention, and sexual health and responsibility.

The adoption of the standards will allow schools:

- To design curricula that support equity and access for all learners;
- Provide relevant and meaningful learning experiences that meet the health needs and interests of their students and their communities; and
- Strengthen their instruction and assessments to help students develop health literacy skills.

Health Education supports school design and student health. Schools will be encouraged to utilize health data to strengthen and adapt their curriculum to address the health needs and interests of their students. An emphasis on interactive and social learning experiences will help students develop and practice health literacy skills, share their thoughts and opinions, develop critical thinking skills, and engage in healthy behaviors.

¹ The presentation is attached to Superintendent Kishimoto's memorandum dated November 1, 2018, available here: http://boe.hawaii.gov/Meetings/Notices/Meeting%20Material%20Library/SAC_11012018_Presentation%20on%20Youth%20Risk%20Behavior%20Survey.pdf

Based on the most recent stakeholder survey administered in Spring 2019, three out of four teachers who provide Health Education instruction are partially or fully implementing the NHES. Schools will fully implement the NHES in school year 2023-2024, upon approval of the Board.

The Department will develop and expand current guidance documents and resources to support complex areas and schools with implementing standards-based Health Education. Free online resources will be publicly accessible to support the implementation of comprehensive Health Education within the Department as well as strengthen communication with families and the community. Additional resources will be developed to support the implementation of the NHES. Related professional development is addressed in Section 5. i. Personnel implications.

While these standards will be implemented in kindergarten through grade 12, the Department will also serve prekindergarten by extending resources and support for developmentally appropriate practices in Health Education.

e. Arguments against the recommendation:

None.

f. Other agencies or departments of the State of Hawai'i involved in the action:

In addition to the presentations and feedback opportunities listed in Attachments C and D, discussions regarding the adoption of the NHES included the following agencies and Department offices:

- DOH
- University of Hawai'i at Mānoa, College of Education
- University of Hawai'i at Mānoa, Office of Public Health Studies
- Executive Office on Early Learning
- Department Office of Student Support Services
- Department Office of Talent Management
- Department Office of Hawaiian Education
- Department Office of Facilities and Operations

The response has been favorable from all parties.

g. Possible reaction of the public, professional organizations, unions, Department staff and/or others to the recommendations:

Overall reaction to the adoption of the NHES is expected to be favorable. The Department provided an opportunity for all stakeholders to offer input on the standards.

The general consensus is that the adoption of the NHES is a step forward for Health Education and that its implementation will require professional development, time, resources, and communication.

h. Educational implication:

The Department's Office of Curriculum and Instructional Design (OCID) is responsible for ensuring continual improvement in the design, support and implementation of standards-based curriculum, instruction and assessment as part of our systemwide accountability to close the opportunity and achievement gap. Health Education supports our students' future success as healthy and thriving contributors and leaders in their pursuit of post-secondary education, careers, the workforce, and the community.

The adoption of the NHES will enable alignment with research-based best practices in Health Education teaching, learning, and professional development. The NHES will support equitable access to high-quality, comprehensive Health Education experiences and opportunities for students that build coherently from kindergarten through grade 12.

When students are empowered by healthy choices and are engaged in nurturing, safe learning environments, they are more connected to their school communities which positively impacts school attendance. This is part of a multi-pronged approach to mitigating chronic absenteeism and supports Hawai'i's multi-tiered system of support with a particular focus on the Academic Domain and the Social and Emotional Learning Domain.

i. Personnel implications:

The Healthy Hawai'i Initiative Program is a partnership between the Department and the DOH, which supports the implementation of standards-based Health Education, Physical Education, and the Department's Wellness Guidelines. Through this partnership, the DOH funds eight Health and Physical Education District Resource Teachers (HPE DRT).

The OCID Health Education Program and HPE DRTs will continue their collaborative work and communication to support the implementation of the NHES. The HPE DRTs will support school-level staff by:

- Providing professional development (credit and non-credit) and technical assistance through group and individual in-service training, coaching, and modeling/co-teaching lessons (including beginning and veteran teachers); and
- Circulating Health Education resources from the District Health and Physical Education Lending Libraries.

j. Facilities implications:

None.

k. Financial implications:

The Department will rely on existing resources and personnel to support schools and teachers with the implementation of the NHES. Existing schools' Health Education instructional materials and free online resources may align with the NHES, thus reducing the need for schools to purchase new instructional materials.

6. OTHER SUPPLEMENTARY RECOMMENDATIONS

None.

CMK:nm

Attachments

- A. Board of Education Policies Related to Health Education
- B. Implementing the *National Health Education Standards: Achieving Excellence* in the Hawai'i State Department of Education
- C. Health Education Resource Development Group Participants and Meeting Dates in School Year 2018-2019
- D. Health Education Stakeholder Presentations, Meetings, and Feedback Opportunities

c: Office of Curriculum and Instructional Design

POLICY 102-3**STATEWIDE CONTENT AND PERFORMANCE STANDARDS**

To ensure high academic expectations, challenging curriculum, and appropriate assessment and instruction for all public school students statewide, including public charter schools, in accordance with Chapter 302A-201 of the Hawaii Revised Statutes, the Board of Education shall adopt statewide content and performance standards that specify what students in all public schools, including charter schools, must know and be able to do. The Department of Education shall implement statewide content and performance standards approved by the Board of Education.

Schools shall articulate and align their curricular, assessment and instructional program—by grade level, subject area, courses, and/or other appropriate units—with the applicable statewide content and performance standards and evaluate the effectiveness of their efforts to help all students attain the standards. The school's articulated curricular, assessment and instructional program shall be shared with parents and students with the intent of involving parents/guardians as partners in the education of their children.

The Superintendent shall develop and implement a plan to create a standards-based and performance-oriented education system that will ensure that all students attain the standards.

[Approved: 10/06/2015 (as Board Policy 102.3); amended: 06/21/2016 (renumbered as Board Policy 102-3)]

Former policy 2015 history: approved: 10/1995; amended: 11/2001; 06/23/2005

POLICY E-103

HEALTH AND WELLNESS

Schools play an integral part in promoting quality of life through sound health and wellness practices, which are connected to achievement and learning. The Department shall provide learning environments and programs that educate and expose students to sound wellness practices, health enhancing behaviors, and good nutrition.

[Approved: 06/07/2016]

POLICY 103-1

HEALTH AND WELLNESS

The Department shall establish guidelines to ensure compliance with federal school wellness regulations. The guidelines shall include, but shall not be limited to, the establishment of:

- (1) Goals for nutrition education, health, physical activity, physical education, and other school-based activities that are designed to promote student wellness, as deemed appropriate by the Department;
- (2) Requirements for all foods and beverages that are sold or made available on each school campus during the school day, with the objectives of promoting student health and reducing childhood obesity; and
- (3) A plan for measuring implementation of the wellness policy that includes annual progress reports with school level data and is completed in partnership with other agencies, as appropriate; and
- (4) A committee which meets annually to participate in the wellness policy process including the review and update of wellness guidelines.

Rationale: The Board recognizes that schools play an integral part in educating and exposing students to wellness practices, health-enhancing behaviors, good nutrition, and physical and other school-based activities that lend to student achievement and learning.

[Approved: 06/07/2016 (as Board Policy 103.1); amended: 06/21/2016 (renumbered as Board Policy 103-1)]

Former policy 1110-6 history: approved: 11/16/1995; amended: 08/17/2006

POLICY 103-5

SEXUAL HEALTH EDUCATION

In order to help students make decisions that promote healthy behaviors, the Department of Education shall provide sexual health education to include age appropriate, medically accurate, health education that: (1) Includes education on abstinence, contraception, and methods of infection prevention to prevent unintended pregnancy and sexually transmitted infection, including human immunodeficiency virus; (2) Helps students develop relationships and communication skills to form healthy relationships that are based on mutual respect and affection and are free from violence, coercion and intimidation; (3) Helps students develop skills in critical thinking, problem solving, decision making and stress management to make healthy decisions about sexuality and relationships; (4) Encourages student to communicate with their parents, guardians and/or other trusted adults about sexuality; and (5) Informs students of available community resources. Instruction will emphasize that abstention from sexual intercourse is the surest way to prevent unintended pregnancies, sexually transmitted infections such as HIV/AIDS, and consequent emotional distress.

A description of the curriculum utilized by the school shall be made available to parents and shall be posted on the school's website prior to the start of any instruction. A student shall be excused from sexual health instruction only upon the prior written request of the student's parent or legal guardian. A student may not be subject to disciplinary action, academic penalty or other sanction if the student's parent or legal guardian makes such written request.

[Approved: 6/16/2015 (as Board Policy 103.5); amended: 06/21/2016 (renumbered as Board Policy 103-5)]

Former policy 2110 history: approved: 9/1995

POLICY 103-8

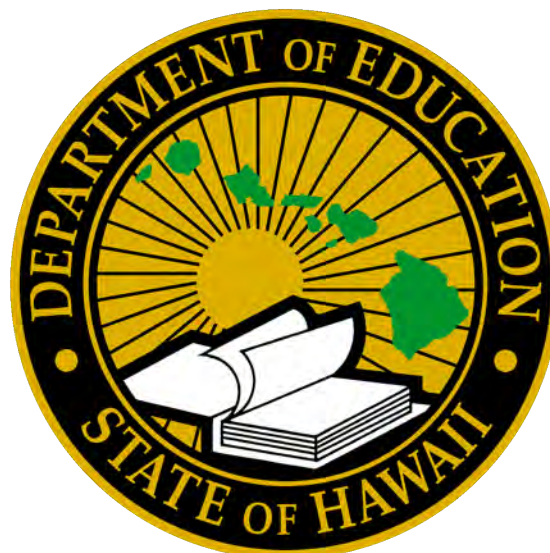
PROPHYLACTICS IN THE PUBLIC SCHOOLS

The Board is committed to the health education of our students which may include, within its study of human reproduction, a discussion of birth control devices but the distribution of condoms and other prophylactic devices to students shall be prohibited in the classroom, on the school campus or at any school-related activities.

[Approved: 06/07/2016 (as Board Policy 103.8); amended: 06/21/2016 (renumbered as Board Policy 103-8)]

Former policy 2245 history: approved: 11/1994

Implementing the *National Health Education Standards: Achieving Excellence* in the Hawai'i State Department of Education



Hawai'i State Department of Education
Office of Curriculum and Instructional Design
Instructional Support Branch

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About the National Health Education Standards

The *National Health Education Standards: Achieving Excellence* provide a strong foundation for the development of attitudes, skills, and knowledge for health literacy through school-based Health Education.

The Centers for Disease Control and Prevention (CDC) provides the following information about the development of the National Health Education Standards (NHES):

The NHES were developed to establish, promote and support health-enhancing behaviors for students in all grade levels - from prekindergarten through grade 12. The NHES provide a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. Importantly, the standards provide students, families, and communities with concrete expectations for health education.

First published in 1995, the NHES were created in response to several model standards being developed for other areas of education by educational leaders across the United States in the early 1990s. With support from the American Cancer Society, the Joint Committee on National Health Education Standards was formed to develop the standards. Committee members included:

- American Public Health Association;
- American School Health Association; and
- Society of Health and Physical Educators (SHAPE) America.

Over the last decade, the NHES became an accepted reference on Health Education, providing a framework for the adoption of standards by most states. A review process begun in 2004 resulted in revisions to the NHES that acknowledged the impact and strength of the original document and took into account more than 10 years of use nationwide. The 2nd edition, *National Health Education Standards: Achieving Excellence*, promises to reinforce the positive growth of Health Education and to challenge schools and communities to continue efforts toward excellence in Health Education. (CDC, 2019)

About Standards-Based Health Education

Health is Essential

Health literacy is a strong predictor of an individual's health and wellness (Ad Hoc Committee, 1999). Health-literate individuals are able to adopt and maintain health-enhancing behaviors that contribute to healthy relationships and a positive quality of life as well as prevent and reduce the risk of disease and injury. Health-literate individuals are also able to advocate for the health of others (SHAPE America, 2019).

Healthy students are better learners (Michael, 2015). Providing students with a high-quality, comprehensive Health Education equips and empowers them with the health literacy skills, knowledge, and attitudes to address their current and future health needs and challenges. Health literacy is essential to students' social, emotional, mental, physical, and academic development.

Core Principles of Health Education

Develops Health Literacy Skills

The primary focus of high-quality standards-based Health Education curriculum, instruction, and assessment are to develop **health literacy skills** to proficiency within and across grade levels. "The skills of the National Health Education Standards provide the framework for increasing positive health behaviors by teaching skills that are relevant and applicable to daily life" (SHAPE America, 2018). The standards and rationale statements provided in Table 1 were developed by the Joint Committee on National Health Education Standards and published in *National Health Education Standards: Achieving Excellence* (Joint Committee, 2007).

Table 1. National Health Education Standards and Rationales

Standard	Rationale Statement
Standard 1: Comprehending Concepts Students will comprehend concepts related to health promotion and disease prevention to enhance health.	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 performance indicators.

Table 1. National Health Education Standards and Rationales (Continued)

Standard	Rationale Statement
Standard 2: Analyzing Influences Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behavior.	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.
Standard 3: Accessing Information, Products, and Services Students will demonstrate the ability to access valid information, products, and services to enhance health.	Access to valid health information and health-promoting products and services is critical in the prevention, early detection, and treatment of health problems. This standard focuses on how to identify and access valid health 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.
Standard 4: Interpersonal Communication Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	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.
Standard 5: Decision-Making Students will demonstrate the ability to use decision-making skills to enhance health.	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 as prescribed in the performance indicators. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve their quality of life.
Standard 6: Goal-Setting Students will demonstrate the ability to use goal-setting skills to enhance health.	Goal-setting skills are essential to help students identify, adopt, and maintain healthy 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.
Standard 7: Self-Management Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	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 healthy behaviors.

Table 1. National Health Education Standards and Rationales (Continued)

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

Students are provided with regular opportunities and time to practice these skills and engage in peer feedback and self-assessment. Student-centered, interactive instructional strategies are utilized to engage students in learning skills within a social context. Examples of participatory methods include role play, large- and small-group discussions, debates, cooperative learning, problem-solving, and simulations (CDC, 2019).

The following model for **skill development** was developed from the NHES and the World Health Organization. Teachers should include all five elements of this model when designing meaningful learning opportunities for students to practice and reinforce health skills.

1. Discuss the importance of the skill, its relevance, and its relationship to other learned skills.
2. Present the steps for the development of the skill.
3. Model the skill using relevant, real-life scenarios.
4. Practice the skill using relevant, real-life scenarios.
5. Provide feedback and reinforcement. (Benes, 2016)

It is critical to ensure that students have a clear understanding of what they are learning and what successful learning looks like throughout their learning experiences. Standards-based assessments for Health Education provide evidence of students' current level of performance related to health skill performance and functional knowledge acquisition. Assessments should include scenarios that students might experience in real life (i.e., at home, in school, and in the community). A variety of assessments (e.g., performance task, role play, advocacy campaign, and constructed response) may be used to allow all students to demonstrate what they know and are able to do in relation to the standards and performance indicators.

Builds Functional Knowledge

The health literacy skills of the NHES “provide the framework for increasing positive health behaviors by teaching skills that are relevant and applicable to daily life. These, paired with accurate and developmentally appropriate information, based on student need and derived from local data, provide the context for skill development and the foundation for a comprehensive health education program” (SHAPE, 2018).

While the primary focus of Health Education is the development of health skills, these skills must be addressed in conjunction with functional information in the context of Priority Risk Topics. Standards-based Health Education must be age and developmentally appropriate, medically accurate, and provide factual information in all Priority Risk Topics.

Table 2. Priority Risk Topics and Descriptions

Priority Risk Topics	Descriptions
Mental and Emotional Health	To promote mental and emotional health, which includes healthy ways to express emotions and feelings, establish and maintain healthy relationships, manage conflict and stress, and empathize with and take the perspective of others.
Personal Health and Wellness	To promote healthy living, which includes hand washing or personal hygiene, oral health, growth and development, sun safety and skin cancer prevention, food safety, benefits of rest and sleep, ways to prevent vision and hearing loss, and the importance of health screenings and checkups.
Healthy Eating and Physical Activity	To promote healthy food and beverage choices and a physically active lifestyle, which includes balancing food intake and physical activity, preparing nutritious foods, drinking water, getting the recommended amounts of physical activity, and engaging in activities that maintain and enhance health-related components of fitness.
Safety (Unintentional Injury Prevention)	To promote appropriate safety rules and procedures, recognition and avoidance of risky and dangerous behaviors in a variety of situations (e.g., water, traffic, fire, online, and stranger safety), and ways to get help (e.g., trusted adults, 911, basic first aid, hands-only cardiopulmonary resuscitation (CPR)).
Violence Prevention	To promote prosocial behavior and prevent violence (e.g., bullying, harassment, fighting, abuse, sexual violence, self-harm, suicide), which includes setting and respecting personal boundaries, ways to manage conflict, recognizing and avoiding situations where violence may occur, and ways to get help to prevent or stop violence.
Tobacco Use Prevention	To promote a tobacco-free lifestyle (i.e., all forms of tobacco products, nicotine products, electronic smoking devices), which includes avoiding experimentation and use of tobacco, avoiding second-hand smoke, and support for tobacco-free environments.
Alcohol and Other Drug Use Prevention	To promote a healthy lifestyle that prevents and avoids the abuse of, misuse of, and experimentation with alcohol and other drugs (i.e., alcohol, household products, over-the-counter drugs, prescription drugs, illegal drugs).
Sexual Health and Responsibility	To promote healthy relationships, growth, and development, which includes medically accurate and developmentally appropriate skills and content (e.g., setting and respecting personal boundaries, stages of growth and development related to puberty and adolescence, benefits of abstinence, effective communication, ways to prevent unintended pregnancy and sexually transmitted infections, human sexuality, accessing appropriate health services).

(HECAT, 2012)

Functional information provides the context in which students learn and apply skills. It is relevant and applicable information that directly contributes to maintaining and enhancing their health and the health of others. This information is utilized to help students develop health skills in class.

When determining functional information that supports skill development, educators may consider asking, “What information about this topic do my students need in order to apply the skill being covered effectively?” and “When my students learn this information, how will they use it to benefit their health or the health of those around them?” (Benes, 2016). As functional information is processed and internalized, it becomes **functional knowledge** that students can apply in real-life situations.

Nurtures Attitudes that Support Positive Health Behaviors

In addition to developing skills and functional knowledge, students have opportunities to **examine their own perspectives, beliefs, and values** and engage in learning opportunities that **strengthen health-enhancing attitudes** about promoting healthy behaviors and preventing and reducing risky behaviors.

The Youth Risk Behavior Survey (YRBS) is administered in odd-numbered years to HIDOE public school students in grades 6 through 12 to monitor priority behaviors that contribute to the leading causes of morbidity and mortality among youth and young adults (Saka, 2018). Age and developmentally appropriate use of YRBS data within Health Education classes may be used to build student interest in a health topic, challenge students’ perceptions on health behaviors, and support health skill development (e.g., evaluate and analyze health information, advocate for the health of self and others). The YRBS data may also be used to identify key areas of focus for curriculum design and professional development.

Addresses Students’ Needs and Interests

Health Education occurs within **inclusive and supportive learning environments** that foster a culture of learning and address the diverse learning needs of all students. A respectful and caring learning environment allows students to feel safe to share and reflect on their perspectives, interact with others, take risks to enhance their learning, and ask sensitive questions.

Teachers utilize instructional materials, strategies, and assessments that are **appropriate for students’ age; social, emotional, mental, physical, and academic development needs; and culturally responsive and inclusive**. Learning experiences should be designed to encourage students to share their thoughts and opinions, develop critical thinking skills, and engage in creative expression (CDC, 2019).

Organization of National Health Education Standards

The following “Organization of National Health Education Standards” section was adapted from the Joint Committee on National Health Education Standards. (2007). *National health education standards: Achieving excellence, 2nd edition*. Athens, GA: The American Cancer Society.

Standards

Standard 1 includes the comprehension of core health concepts and underlying principles of health promotion and disease prevention. Standards 2 through 8 include key processes and skills that are applicable to healthy living. These include analyzing the impact of family, peers, culture, media, and technology on health behaviors; knowing how to access valid health information, products, and services; using interpersonal communication, decision-making, goal-setting, and advocacy skills; and enacting personal health-enhancing practices.

Rationale Statements

A rationale statement is provided for each standard. The rationale describes the importance of each standard and is intended to provide additional clarity, direction, and understanding.

Performance Indicators

Performance indicators are provided for each of the standards and organized by following grade spans: kindergarten to grade 2, grades 3 to 5, grades 6 to 8, and grades 9 to 12. Each performance indicator is introduced by this stem: “As a result of health instruction in [*grade span*], students will be able to . . .” The performance indicators are meant to be achieved by the end of the grade span in which they are identified.

Because learning best occurs when students perform at all levels of the cognitive domain, the performance indicators encompass application, analysis, synthesis, and evaluation, as well as knowledge and comprehension. All students can learn at the higher levels of the cognitive domain through the use of developmentally appropriate concepts and learning activities.

Performance indicators are also intended to be used in assessing student learning. Student achievement of all performance indicators specified for each standard supports the successful attainment of that standard, ultimately increasing the likelihood that students will adopt and maintain healthy behaviors to meet current and future health needs and challenges.

Each performance indicator is assigned a code as an aid for identifying its place in relation to the entire document, and as a placeholder for database purposes. By convention, the code consists of three positions, each separated by a decimal point (i.e., NHES.1.5.1).

Example: NHES.1.5.1

NHES.1.5.1 = Standard Number (Standard 1: Comprehending Concepts)

NHES.1.5.1 = Grade Span (Highest grade level in the grade span, i.e., grades 3 to 5)

NHES.1.5.1 = Performance Indicator (1st listed performance indicator for this standard and grade span)

National Health Education Standards: Achieving Excellence

The standards, rationale statements, and performance indicators provided in pages 12-23 are from the Joint Committee on National Health Education Standards. (2007). *National health education standards: Achieving excellence, 2nd edition*. Athens, GA: The American Cancer Society.

National Health Education Standards: Achieving Excellence

Standard 1: Comprehending Concepts

Standard	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
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 performance indicators.

Grade Span	Performance Indicators
Kindergarten - Grade 2	<p>NHES.1.2.1 Identify that healthy behaviors affect personal health.</p> <p>NHES.1.2.2 Recognize that there are multiple dimensions of health.</p> <p>NHES.1.2.3 Describe ways to prevent communicable diseases.</p> <p>NHES.1.2.4 List ways to prevent common childhood injuries.</p> <p>NHES.1.2.5 Describe why it is important to seek health care.</p>
Grades 3 - 5	<p>NHES.1.5.1 Describe the relationship between healthy behaviors and personal health.</p> <p>NHES.1.5.2 Identify examples of emotional, intellectual, physical, and social health.</p> <p>NHES.1.5.3 Describe ways in which safe and healthy school and community environments can promote personal health.</p> <p>NHES.1.5.4 Describe ways to prevent common childhood injuries and health problems.</p> <p>NHES.1.5.5 Describe when it is important to seek health care.</p>

Grade Span	Performance Indicators
Grades 6 - 8	<p>NHES.1.8.1 Analyze the relationship between healthy behaviors and personal health.</p> <p>NHES.1.8.2 Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence.</p> <p>NHES.1.8.3 Analyze how the environment affects personal health.</p> <p>NHES.1.8.4 Describe how family history can affect personal health.</p> <p>NHES.1.8.5 Describe ways to reduce or prevent injuries and other adolescent health problems.</p> <p>NHES.1.8.6 Explain how appropriate health care can promote personal health.</p> <p>NHES.1.8.7 Describe the benefits of and barriers to practicing healthy behaviors.</p> <p>NHES.1.8.8 Examine the likelihood of injury or illness if engaging in unhealthy behaviors.</p> <p>NHES.1.8.9 Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.</p>
Grades 9 - 12	<p>NHES.1.12.1 Predict how healthy behaviors can affect health status.</p> <p>NHES.1.12.2 Describe the interrelationships of emotional, intellectual, physical, and social health.</p> <p>NHES.1.12.3 Analyze how environment and personal health are interrelated.</p> <p>NHES.1.12.4 Analyze how genetics and family history can affect personal health.</p> <p>NHES.1.12.5 Propose ways to reduce or prevent injuries and health problems.</p> <p>NHES.1.12.6 Analyze the relationship between access to health care and health status.</p> <p>NHES.1.12.7 Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.</p> <p>NHES.1.12.8 Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.</p> <p>NHES.1.12.9 Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.</p>

National Health Education Standards: Achieving Excellence

Standard 2: Analyzing Influences

Standard	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.

Grade Span	Performance Indicators
Kindergarten - Grade 2	<p>NHES.2.2.1 Identify how the family influences personal health practices and behaviors.</p> <p>NHES.2.2.2 Identify what the school can do to support personal health practices and behaviors.</p> <p>NHES.2.2.3 Describe how the media can influence health behaviors.</p>
Grades 3 - 5	<p>NHES.2.5.1 Describe how the family influences personal health practices and behaviors.</p> <p>NHES.2.5.2 Identify the influence of culture on health practices and behaviors.</p> <p>NHES.2.5.3 Identify how peers can influence healthy and unhealthy behaviors.</p> <p>NHES.2.5.4 Describe how the school and community can support personal health practices and behaviors.</p> <p>NHES.2.5.5 Explain how media influences thoughts, feelings, and health behaviors.</p> <p>NHES.2.5.6 Describe ways that technology can influence personal health.</p>

Grade Span	Performance Indicators
Grades 6 - 8	<p>NHES.2.8.1 Examine how the family influences the health of adolescents.</p> <p>NHES.2.8.2 Describe the influence of culture on health beliefs, practices, and behaviors.</p> <p>NHES.2.8.3 Describe how peers influence healthy and unhealthy behaviors.</p> <p>NHES.2.8.4 Analyze how the school and community can affect personal health practices and behaviors.</p> <p>NHES.2.8.5 Analyze how messages from media influence health behaviors.</p> <p>NHES.2.8.6 Analyze the influence of technology on personal and family health.</p> <p>NHES.2.8.7 Explain how the perceptions of norms influence healthy and unhealthy behaviors.</p> <p>NHES.2.8.8 Explain the influence of personal values and beliefs on individual health practices and behaviors.</p> <p>NHES.2.8.9 Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.</p> <p>NHES.2.8.10 Explain how school and public health policies can influence health promotion and disease prevention.</p>
Grades 9 - 12	<p>NHES.2.12.1 Analyze how the family influences the health of individuals.</p> <p>NHES.2.12.2 Analyze how the culture supports and challenges health beliefs, practices, and behaviors.</p> <p>NHES.2.12.3 Analyze how peers influence healthy and unhealthy behaviors.</p> <p>NHES.2.12.4 Evaluate how the school and community can affect personal health practice and behaviors.</p> <p>NHES.2.12.5 Evaluate the effect of media on personal and family health.</p> <p>NHES.2.12.6 Evaluate the impact of technology on personal, family, and community health.</p> <p>NHES.2.12.7 Analyze how the perceptions of norms influence healthy and unhealthy behaviors.</p> <p>NHES.2.12.8 Analyze the influence of personal values and beliefs on individual health practices and behaviors.</p> <p>NHES.2.12.9 Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.</p> <p>NHES.2.12.10 Analyze how public health policies and government regulations can influence health promotion and disease prevention.</p>

National Health Education Standards: Achieving Excellence

Standard 3: Accessing Information, Products, and Services

Standard	Students will demonstrate the ability to access valid information, products, and services to enhance health.
Rationale	Access to valid health information and health-promoting products and services is critical in the prevention, early detection, and treatment of health problems. This standard focuses on how to identify and access valid health 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.

Grade Span	Performance Indicators
Kindergarten - Grade 2	<p>NHES.3.2.1 Identify trusted adults and professionals who can help promote health.</p> <p>NHES.3.2.2 Identify ways to locate school and community health helpers.</p>
Grades 3 - 5	<p>NHES.3.5.1 Identify characteristics of valid health information, products, and services.</p> <p>NHES.3.5.2 Locate resources from home, school, and community that provide valid health information.</p>
Grades 6 - 8	<p>NHES.3.8.1 Analyze the validity of health information, products, and services.</p> <p>NHES.3.8.2 Access valid health information from home, school, and community.</p> <p>NHES.3.8.3 Determine the accessibility of products that enhance health.</p> <p>NHES.3.8.4 Describe situations that may require professional health services.</p> <p>NHES.3.8.5 Locate valid and reliable health products and services.</p>
Grades 9 - 12	<p>NHES.3.12.1 Evaluate the validity of health information, products, and services.</p> <p>NHES.3.12.2 Use resources from home, school, and community that provide valid health information.</p> <p>NHES.3.12.3 Determine the accessibility of products and services that enhance health.</p> <p>NHES.3.12.4 Determine when professional health services may be required.</p> <p>NHES.3.12.5 Access valid and reliable health products and services.</p>

National Health Education Standards: Achieving Excellence

Standard 4: Interpersonal Communication

Standard	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.

Grade Span	Performance Indicators
Kindergarten - Grade 2	<p>NHES.4.2.1 Demonstrate healthy ways to express needs, wants, and feelings.</p> <p>NHES.4.2.2 Demonstrate listening skills to enhance health.</p> <p>NHES.4.2.3 Demonstrate ways to respond when in an unwanted, threatening, or dangerous situation.</p> <p>NHES.4.2.4 Demonstrate ways to tell a trusted adult if threatened or harmed.</p>
Grades 3 - 5	<p>NHES.4.5.1 Demonstrate effective verbal and nonverbal communication skills to enhance health.</p> <p>NHES.4.5.2 Demonstrate refusal skills that avoid or reduce health risks.</p> <p>NHES.4.5.3 Demonstrate nonviolent strategies to manage or resolve conflict.</p> <p>NHES.4.5.4 Demonstrate how to ask for assistance to enhance personal health.</p>
Grades 6 - 8	<p>NHES.4.8.1 Apply effective verbal and nonverbal communication skills to enhance health.</p> <p>NHES.4.8.2 Demonstrate refusal and negotiation skills that avoid or reduce health risks.</p> <p>NHES.4.8.3 Demonstrate effective conflict management or resolution strategies.</p> <p>NHES.4.8.4 Demonstrate how to ask for assistance to enhance the health of self and others.</p>

Grade Span	Performance Indicators
Grades 9 - 12	<p>NHES.4.12.1 Use skills for communicating effectively with family, peers, and others to enhance health.</p> <p>NHES.4.12.2 Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.</p> <p>NHES.4.12.3 Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.</p> <p>NHES.4.12.4 Demonstrate how to ask for and offer assistance to enhance the health of self and others.</p>

National Health Education Standards: Achieving Excellence

Standard 5: Decision-Making

Standard	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 as prescribed in the performance indicators. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve their quality of life.

Grade Span	Performance Indicators
Kindergarten - Grade 2	<p>NHES.5.2.1 Identify situations when a health-related decision is needed.</p> <p>NHES.5.2.2 Differentiate between situations when a health-related decision can be made individually or when assistance is needed.</p>
Grades 3 - 5	<p>NHES.5.5.1 Identify health-related situations that might require a thoughtful decision.</p> <p>NHES.5.5.2 Analyze when assistance is needed in making a health-related decision.</p> <p>NHES.5.5.3 List healthy options to health-related issues or problems.</p> <p>NHES.5.5.4 Predict the potential outcomes of each option when making a health-related decision.</p> <p>NHES.5.5.5 Choose a healthy option when making a decision.</p> <p>NHES.5.5.6 Describe the outcomes of a health-related decision.</p>
Grades 6 - 8	<p>NHES.5.8.1 Identify circumstances that can help or hinder healthy decision-making.</p> <p>NHES.5.8.2 Determine when health-related situations require the application of a thoughtful decision-making process.</p> <p>NHES.5.8.3 Distinguish when individual or collaborative decision-making is appropriate.</p> <p>NHES.5.8.4 Distinguish between healthy and unhealthy alternatives to health-related issues or problems.</p> <p>NHES.5.8.5 Predict the potential short-term impact of each alternative on self and others.</p> <p>NHES.5.8.6 Choose healthy alternatives over unhealthy alternatives when making a decision.</p> <p>NHES.5.8.7 Analyze the outcomes of a health-related decision.</p>

Grade Span	Performance Indicators
Grades 9 - 12	<p>NHES.5.12.1 Examine barriers that can hinder healthy decision-making.</p> <p>NHES.5.12.2 Determine the value of applying a thoughtful decision-making process in health-related situations.</p> <p>NHES.5.12.3 Justify when individual or collaborative decision making is appropriate.</p> <p>NHES.5.12.4 Generate alternatives to health-related issues or problems.</p> <p>NHES.5.12.5 Predict the potential short-term and long-term impact of each alternative on self and others.</p> <p>NHES.5.12.6 Defend the healthy choice when making decisions.</p> <p>NHES.5.12.7 Evaluate the effectiveness of health-related decisions.</p>

National Health Education Standards: Achieving Excellence

Standard 6: Goal-Setting

Standard	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 healthy 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.

Grade Span	Performance Indicators
Kindergarten - Grade 2	<p>NHES.6.2.1 Identify a short-term personal health goal and take action toward achieving the goal.</p> <p>NHES.6.2.2 Identify who can help when assistance is needed to achieve a personal health goal.</p>
Grades 3 - 5	<p>NHES.6.5.1 Set a personal health goal and track progress toward its achievement.</p> <p>NHES.6.5.2 Identify resources to assist in achieving a personal health goal.</p>
Grades 6 - 8	<p>NHES.6.8.1 Assess personal health practices.</p> <p>NHES.6.8.2 Develop a goal to adopt, maintain, or improve a personal health practice.</p> <p>NHES.6.8.3 Apply strategies and skills needed to attain a personal health goal.</p> <p>NHES.6.8.4 Describe how personal health goals can vary with changing abilities, priorities, and responsibilities.</p>
Grades 9 - 12	<p>NHES.6.12.1 Assess personal health practices and overall health status.</p> <p>NHES.6.12.2 Develop a plan to attain a personal health goal that addresses strengths, needs, and risks.</p> <p>NHES.6.12.3 Implement strategies and monitor progress in achieving a personal health goal.</p> <p>NHES.6.12.4 Formulate an effective long-term personal health plan.</p>

National Health Education Standards: Achieving Excellence

Standard 7: Self-Management

Standard	Students will demonstrate the ability to practice 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 healthy behaviors.

Grade Span	Performance Indicators
Kindergarten - Grade 2	<p>NHES.7.2.1 Demonstrate healthy practices and behaviors to maintain or improve personal health.</p> <p>NHES.7.2.2 Demonstrate behaviors that avoid or reduce health risks.</p>
Grades 3 - 5	<p>NHES.7.5.1 Identify responsible personal health behaviors.</p> <p>NHES.7.5.2 Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health.</p> <p>NHES.7.5.3 Demonstrate a variety of behaviors that avoid or reduce health risks.</p>
Grades 6 - 8	<p>NHES.7.8.1 Explain the importance of assuming responsibility for personal health behaviors.</p> <p>NHES.7.8.2 Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.</p> <p>NHES.7.8.3 Demonstrate behaviors that avoid or reduce health risks to self and others.</p>
Grades 9 - 12	<p>NHES.7.12.1 Analyze the role of individual responsibility in enhancing health.</p> <p>NHES.7.12.2 Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.</p> <p>NHES.7.12.3 Demonstrate a variety of behaviors that avoid or reduce health risks to self and others.</p>

National Health Education Standards: Achieving Excellence

Standard 8: Advocacy

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

Grade Span	Performance Indicators
Kindergarten - Grade 2	NHES.8.2.1 Make requests to promote personal health. NHES.8.2.2 Encourage peers to make positive health choices.
Grades 3 - 5	NHES.8.5.1 Express opinions and give accurate information about health issues. NHES.8.5.2 Encourage others to make positive health choices.
Grades 6 - 8	NHES.8.8.1 State a health-enhancing position on a topic and support it with accurate information. NHES.8.8.2 Demonstrate how to influence and support others to make positive health choices. NHES.8.8.3 Work cooperatively to advocate for healthy individuals, families, and schools. NHES.8.8.4 Identify ways in which health messages and communication techniques can be altered for different audiences.
Grades 9 - 12	NHES.8.12.1 Utilize accurate peer and societal norms to formulate a health-enhancing message. NHES.8.12.2 Demonstrate how to influence and support others to make positive health choices. NHES.8.12.3 Work cooperatively as an advocate for improving personal, family, and community health. NHES.8.12.4 Adapt health messages and communication techniques to a specific target audience.

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Health Education Resource Development Group
Participants and Meeting Dates

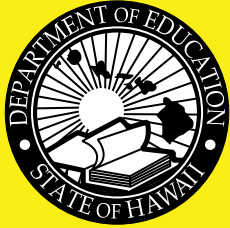
School Year 2018-2019	
Meeting Dates: <ul style="list-style-type: none"> • April 9, 2019 • April 11, 2019 	
Participant Name	School Office
Aina, Punahou	Hawai'i State Department of Health
Atkins, Angela	Niu Valley Middle
Barton, Lisa-Ann	Mākaha Elementary
Baysa, Michelle	Maui District Office
Christe, Christine	Radford High
Eleno, Romeo	Lāna'i High and Elementary
Frank, Lawrence "Bo"	Radford High
Halsted, Mari	Ka'umana Elementary
Hankinson, Kristy	Maui Waena Intermediate
Hankinson, Stacey	Kahului Elementary
Higashi, Joanne	Hawai'i State Department of Health
Ikari, Yvette	Central District Office
Kline, Adeline	Hawai'i Keiki Program
Marchessault, Nadine	Hawai'i State Department of Education State Office
Miyashiro, Angela	Ka'ū High and Pāhala Elementary
Omura, Diane	Baldwin High
Silva, Leilani	Pāhoa High and Intermediate
Tanabe-Hanzawa, Jodi	McKinley High
Ueyama, Jamie	Mililani 'Ike Elementary
Yamamoto, Rae	Ka'umana Elementary

Health Education Stakeholder Presentations, Meetings, and Feedback Opportunities

Year	Presentations, Meetings, and Feedback Opportunities
2015	District Health and Physical Education Resource Teachers' Meetings
	Health Education Resource Development Group
2016	District Health and Physical Education Resource Teachers' Meetings
	Health Education Resource Development Group
	2016 School Health Profiles Survey
2017	District Health and Physical Education Resource Teachers' Meetings
	Health Education Resource Development Group
	Health Education and Physical Education Survey: Implementation of Training Content and Materials
	Hawai'i State Health Education County Workshop (Kaua'i)
	Hawai'i State Health Education County Workshop (Maui)
	Hawai'i State Health Education County Workshop (West Hawai'i Island)
	Hawai'i State Health Education County Workshop (East Hawai'i Island)
	Hawai'i State Health Education County Workshop ('Oahu)
	School Wellness Workshop (Kaua'i)
	School Wellness Workshop (Maui)
	School Wellness Workshop (Windward)
	School Wellness Workshop (Honolulu)
	School Wellness Workshop (Leeward)
	School Wellness Workshop (Central)
	School Wellness Workshop (West Hawai'i Island)
	School Wellness Workshop (East Hawai'i Island)

Year	Presentation/Event
2017	Hawai'i Association for Health, Physical Education, Recreation, and Dance's (HAHPERD) State Health and Physical Education Conference - "Hustle Your Muscle and Your Mind" Session
	Delivering Puberty and Sexual Health Education Workshop (Elementary)
	Delivering Puberty and Sexual Health Education Workshop (Secondary)
	Youth Mental Health First Aid (Elementary)
	Youth Mental Health First Aid (Secondary)
	Integrating Health Education and Arts Literacy
	Nānākuli-Wai'anae Learning Summit - "Creativity and Discovery: Integrating Arts and Health" Session
	University of Hawai'i at Mānoa, KRS 485 Healthy Sexuality Education, K-12
2018	District Health and Physical Education Resource Teachers' Meetings
	Delivering Puberty and Sexual Health Education Workshop (Elementary)
	Delivering Puberty and Sexual Health Education Workshop (Secondary)
	Central District Health and Physical Education Articulation
	Tools for Teachers Workshop (Elementary)
	Tools for Teachers Workshop (Secondary)
	2018 School Health Profiles Survey
	HAHPERD's State Health and Physical Education Conference - "Bringing Hawai'i into Skills-Based Health Education" Session
	Ka'ū-Kea'au-Pāhoa Learning Summit - "Developing Health Literacy" Session
	University of Hawai'i at Mānoa, KRS 485 Healthy Sexuality Education, K-12
	Nānākuli-Wai'anae Learning Summit - "Skills for Lifelong Health" Session
	School-Based Behavioral Health Meeting

Year	Presentation/Event
2019	District Health and Physical Education Resource Teachers' Meetings
	Sexual Health Education Work Group
	State Student Council Meeting
	Sexual Violence Prevention Work Group
	Health Education Resource Development Group
	HAHPERD's Board Meeting
	HAHPERD's State Health and Physical Education Conference
	Hawai'i School Health Survey Committee (includes representatives from the Hawai'i State Department of Education, Department of Health, Office of Hawaiian Affairs, University of Hawai'i's Curriculum Research and Development Group, Hui for Excellence in Education)
	Hawai'i State Department of Education Leadership Team
	Safety and Wellness Survey
	Radford Learning Summit - "What's Happening in Health Education and Physical Education?" Session
	Nānākuli-Wai'anae Learning Summit - "Find Your Voice: Empowering Students for Health and Wellness" Session



OFFICE OF
Curriculum & Instructional Design

Committee Action on Health Standards for Elementary and Secondary

**Board of Education
Student Achievement Committee Meeting
December 5, 2019**

Donna Lum Kagawa,
Assistant Superintendent

Nadine Marchessault,
Health Education Specialist





Why do Hawai'i's students need a strong Health Education?

"[Health education] is one of the subjects that really relate[s] to students. Students need to take care of their bodies and really understand their bodies as young adults transitioning into adulthood and the real world. Taking care of your body and your state of mind is really important to achieving a good education. If you are not getting the right amount of sleep, if you are abusing substances or not eating properly, then you are not going to be able to put all of your time and your effort into your studies or whatever your passions really are."



Luke
Class of 2019



Why adopt *National Health Education Standards: Achieving Excellence (NHES)*?



Students at the school garden at Makaha Elementary.





Why adopt NHES?

Nā Hopena A'o (HĀ)



Whole School, Whole Community, Whole Child Model





What health issues are students facing today? In the past 12 months...

MENTAL AND EMOTIONAL HEALTH



3 out of 10 felt sad or hopeless almost every day for two or more weeks in a row



1 out of 10 attempted suicide

(2017 Youth Risk Behavior Survey, Hawai'i State High School; n=6031, representative of 42,700 students)



How will NHES help students build their resilience?

PRIORITY RISK TOPICS

Mental and Emotional Health
Personal Health and Wellness
Healthy Eating and Physical Activity
Safety (Unintentional Injury Prevention)
Violence Prevention
Tobacco Use Prevention
Alcohol and Other Drug Use Prevention
Sexual Health and Responsibility

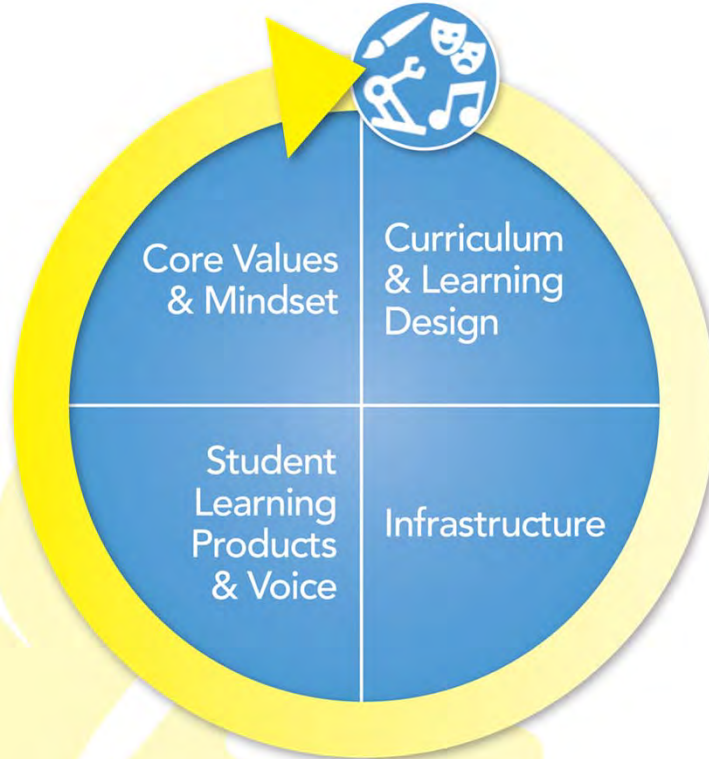
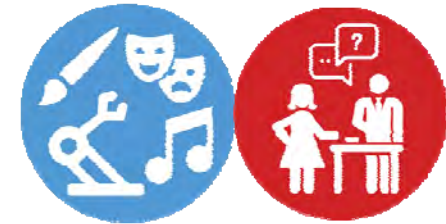
STANDARDS

1	Comprehending Concepts
2	Analyzing Influences
3	Accessing Information, Products, and Services
4	Interpersonal Communication
5	Decision-Making
6	Goal-Setting
7	Self-Management
8	Advocacy

*National Health Education Standards:
Achieving Excellence*



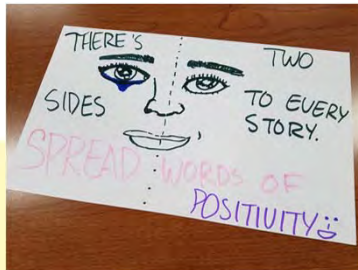
What shifts in Health Education support School Design and Teacher Collaboration?



Curriculum and Learning Design	Student Learning Products and Voice
Utilize health data (e.g., school, local, and national)	Emphasis on interactive and social learning experiences
Adapt curriculum to address students' health needs and interests	Increased focus on skill development to support healthy behaviors



What will Student Voice look like?



“Knowing the data makes me more passionate about seeing how we can make a change and bettering the mental health of our peers. Advocacy is the very first step in making change. You are able to push for what you believe in.”

Breeze
Class of 2020



What are the next steps for Health Education?



Requirements for Successful Implementation



**Communication and
Collaboration**



Resources



**Professional
Development**



Connect With Us



*Mililani High
School
Graduation,
2019*

HawaiiPublicSchools.org