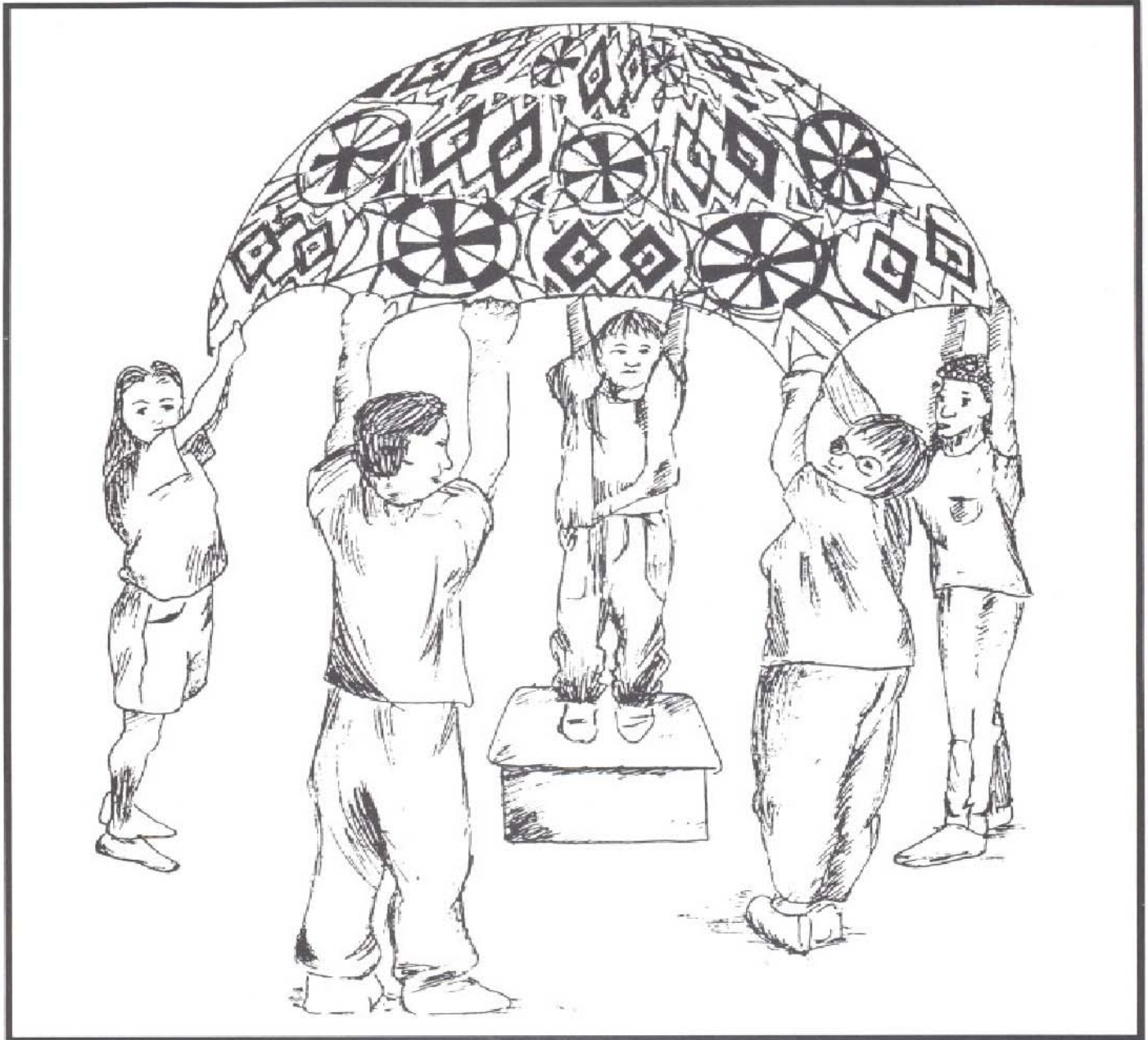


# HEALTH LITERACY FOR ALL STUDENTS



## THE RHODE ISLAND HEALTH EDUCATION FRAMEWORK



Published by the Rhode Island  
Department of Elementary and  
Secondary Education

# HEALTH LITERACY FOR ALL STUDENTS

## Task Force Members

---

Kenneth M. Ascoli  
Bristol-Warren Regional Schools: Department Head, K-12 Physical Education and Health

Mary L. Auger, RN, M.Ed.  
East Providence High School: School Nurse-Teacher

Peg Bugara  
Newport: Supervisor of Physical Education K-12 and Health

Marcia Campbell  
Department of Education: Health Education Specialist

Rachel Cocroft  
Newport: Parent: Graphic Designer

Cynthia Corbridge  
Department of Education: Assessment Specialist

Marilyn Crocker, Ed.D.  
Warwick: Consultant; Facilitator

Brenda Dann-Messier  
US Department of Education: Secretary's Regional Representative

Cecile Davidowicz  
Toll Gate High School: Health Educator

Marianne T. Davis  
East Greenwich Schools: Department Head, Health & Physical Education

Bernice Evans  
South Kingstown: Parent

Andrea V. Ferreira, MPH, CHES  
Health Education Consultant

Carl W. Gamba  
West Kingston: Parent, Public Educator

Carrie Glenn  
Providence: Assistant Principal, Carl Lauro Elementary

Seth Gordon  
Pawtucket/Central Falls: Americorps Volunteer

Jackie Harrington  
Department of Education: HIV/AIDS Specialist

Anne-Marie Kachanis  
Scituate School Department: Certified School-Nurse Teacher

Lynda Knisley  
South Kingstown: Parent; Day Care Provider

Wanda Lukas  
Mt. Hope High School: Health & Physical Education Teacher

Maggie Martin  
Newport: Parent; Newport Public Schools Support Staff

George McDonough  
Department of Education: Coordinator, Safe and Drug-Free Schools

Kathryn S. Meier, MPH, CHES  
URI - Cancer Prevention Research Center: Coordinator, School-based Research

Cathy Moffitt  
Hope Valley: Health & Physical Education Teacher

Christine A. Mulligan, Ed.D., CHES  
Coventry High School: Health Educator

Dr. Betty J. Rauhe  
Rhode Island College: Assistant Professor, Health Education

Rosemary Reilly-Chammat  
Department of Health: Program Manager

Mary Ann Roll  
Rhode Island PTA, Parent

Carol Simeone  
American Cancer Society: Youth Education Manager

R. Titus Sitnik  
Lincoln: Parent

Andrea G. Vastis  
Blue Cross/ Blue Shield of RI: Health Education Consultant

Nancy Walsh, RN, M.Ed.  
Department of Health: Family Planning Nurse Consultant

Nancy Warren  
Department of Education: Equity Specialist

## FOREWARD

---

In August 1995, a diverse group of educators, parents, health professionals, Department of Education staff, and other Rhode Island community members gathered as a task force to begin to create a Health Education Framework for the school districts in the state. For the next several months, the committee thoroughly reviewed those issues that significantly impact our children's health and in turn, impede their ability to succeed as students. Through a series of highly interactive work sessions, the task force discussed educational reform and its impact on teaching, learning, and assessment; reviewed and assessed materials; and wrote, discussed, and re-wrote this document to ensure a thorough and meaningful framework.

No Institution touches the lives of more citizens than the education system... Communities across our nation are taking advantage of this opportunity to link health and education.

-National Health/Education Consortium, 1990

In February 1996, a draft Health Education Framework was circulated to over 250 Rhode Islanders for review. About sixty reviews were received, read and discussed. The Framework was then edited and reviewed, and approved by the task force. This document is the result of the work of the task force. It includes a rationale and vision for health education; health education standards; the influence of educational reform on framework development and the implications of a framework for teaching, learning and assessment.

The Rhode Island Health Education Framework draws heavily from the National Health Education Standards published in May 1995, which are the result of two years of work with input from thousands of parents, health and education professionals, and community members. The Rhode Island Framework also reflects the knowledge, beliefs, and experiences

of its task force members as well as aspects of other states' health education standards and materials deemed applicable to Rhode Island.

The intention of the Rhode Island Health Education Framework Task Force is that this document be used by school districts to align their health education curriculum, instruction, assessment, and professional development practices to the high standards it represents. The Rhode Island Department of Education strongly recommends that all school districts use this document, as well as other established resources including the mandated Rhode Island Comprehensive Health Instructional Outcomes, to guide district-level review, revision, and development of local health education curricula.

Thanks are extended to Marcia Campbell and Cynthia Corbridge, task force leaders; Marilyn Crocker, the facilitator; and the excellent team of diverse professionals who gave generously of their energy, time, and wisdom. Special thanks go to task force member Rachel Cocroft for her generosity with graphic expertise.

## A VISION FOR HEALTH EDUCATION

*Our vision for health education in Rhode Island is a comprehensive, sequential kindergarten through grade 12 program, resulting in students who choose to live healthy lifestyles.*

The task force envisioned what health education might look like when this vision is a reality. Some vignettes of our schools in the year 2005 might include the following:

- ❖ Health is recognized as a core content area in the curriculum - on a level with science and mathematics;
- ❖ Daily health education activities are taught by qualified health educators;
- ❖ School and community advocate for the crucial role of health education;
- ❖ Schools are safe and healthy;
- ❖ Adults in schools are modeling healthy behaviors;
- ❖ Parents are involved in student health education curricula and activities;
- ❖ The community serves as a resource and reinforcement of health education.

"Good health does not guarantee that students will be interested in learning, but...its absence lowers students' academic performance."

-Carnegie Council on Adolescent Development, 1989

These snapshots begin to point to a future which this Health Education Framework is written to support.

To foster the realization of this vision, Rhode Island has been funded by the national Centers for Disease Control and Prevention (CDC) to create an infrastructure which would help to develop and support comprehensive school health programs (CSHP) in school districts. This initiative, entitled Healthy Schools! Healthy Kids! has eight interdependent child-focused components including health education. (See Figure One.)

*Figure One*

### COMPREHENSIVE SCHOOL HEALTH PROGRAM



As Healthy Schools! Healthy Kids! becomes a reality in Rhode Island schools, health education instruction will be reinforced and enhanced by the other seven components. The anticipated outcome is healthier students who will achieve high academic success and contribute to the state's economy.

Inherent in our vision for healthy schools and healthy young people are communities actively involved in furthering public health. Effective, lasting health education in the schools depends on reinforcement by the home and community. As families and community institutions provide moral and financial support, time and resources to our students, we can anticipate students will return that investment to the family, school and community.

"You can't educate children if they are not healthy, and you can't keep children healthy if they are not educated."

-*Jocelyn Elders, MD*

This Framework can be one means to encourage dialogue among students, teachers, families and community members who are the key stakeholders in supporting efforts to raise the health status of Rhode Island students.

The importance of these school-community connections was underscored by a joint statement on School Health by Secretary Richard Riley of the US Department of Education and Secretary Donna Shalala, US Department of Health and Human Services. In this statement, they affirmed:

- ❖ America's children face many compelling educational, health and developmental challenges that affect their lives and their futures.
- ❖ To help children meet these challenges, education and health must be linked in partnership.
- ❖ Reforms in health care and in education offer opportunities to forge the partnerships needed for our children in the 21st Century.

## WHY A HEALTH EDUCATION FRAMEWORK?

Rhode Island has a proud tradition of promoting the health of its citizens through comprehensive school health education programs as prescribed by actions taken by the Rhode Island General Assembly over the years. (See Rules and Regulations for School Health Programs [http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH\\_3592.pdf](http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_3592.pdf) (R-16-21-SCHO), Parts I and II which lists requirements school health education programs must meet.)

This Rhode Island Health Education Framework provides district curriculum committees with a resource to help them develop, evaluate, revise and improve existing health education curricula. It links health education to other education reform efforts which seek to improve teaching and learning and contribute to high levels of achievement for all students. This framework does not take the place of, or in any way diminish, the legal health education requirements each school district must meet. Rather it offers a lens through which we can better focus on the teaching and learning of health that will carry our children into the next century. The seven Rhode Island standards for health education state what all Rhode Island students should know and be able to do as a result of K - 12 health education. The performance descriptions elaborating the standards suggest how students at various grade levels can demonstrate movement along the continuum to the eventual achievement of each standard. These descriptions do not preclude the development of additional and/or alternative performance descriptions at the district, building or class level.

Curriculum development teams are encouraged to develop health education curricula which hold students to the highest level of learning. To increase the likelihood that young people will develop healthier lifestyle practices and resist engaging in risky health behaviors, instruction, as guided by this Framework, would be skill oriented and emphasize the practical applications of learning.

## WHY HEALTH EDUCATION?

Research indicates that young people today are less healthy than those of recent generations. In fact, national studies have indicated an unprecedented health crisis for American children of all ages. The information below provides examples of realities on the national and state levels which are cause for growing concern.

- ❖ By 1989, 23% of children under the age of six were living in poverty (Code Blue, American Cancer Society). In 1990, the number of children (birth to seventeen) living in poverty was 30,022; by 1993 that figure had risen to 40,029. Although Rhode Island ranks twelfth nationally in a composite ranking of child well-being indicators, its juvenile violent crime arrest rate ranks seventh highest (Kids Count Data Book, 1995).
- ❖ Nationally, two-thirds of eighth graders report that they have already tried alcohol and one-quarter say they are drinking regularly (Great Transitions, 1995). In Rhode Island, alcohol is the leading cause of substance abuse at all grades with heavy drinking common. More than 11% of seventh graders and 44% of seniors report getting drunk at least once in the month preceding the survey. (Rhode Island Substance Abuse Survey, 1995).
- ❖ The current rate of smoking among young adolescents rose by 30% between 1991 and 1994 (Great Transitions). In Rhode Island, 56% of twelfth graders have smoked and over 23% are still smoking (Rhode Island Substance Abuse Survey, 1995).
- ❖ The rate of suicide increased 120% among young adolescents from 1980 to 1992 (Great Transitions). In 1993, 24% of high school students nationally responded yes, they had contemplated suicide in the past year (Youth Risk Behavior Survey, 1993). In Rhode Island, 13% of students in grades 7 - 12 often felt that life was not worth living (Rhode Island Substance Abuse Survey, 1995).
- ❖ In 1990, 560 children ages 10-14 died as a result of gun violence in the America. A child growing up in this country is 15 times as likely to be killed by gunfire as a child growing up in Northern Ireland (State of America's Children Yearbook, 1994).
- ❖ In 1991, the social and economic costs of fatal injuries to children in Rhode Island ages birth to 19 totaled 2,594 years of potential life lost. The lifetime productivity lost costs of these fatal injuries totals \$42,952,966 (Child and Adolescent Fatal Injury Book, 1994).
- ❖ Nationally, as of December, 1995, there were 513,486 AIDS cases. Approximately eight to ten times (4 million) more are HIV positive. Since reporting started in Rhode Island in 1988, 1385 cases of AIDS and 2359 HIV positive tests have been reported. Persons reported with HIV are younger, more likely to be women and Black or Hispanic minorities (HIV/AIDS Surveillance Report, December, 1995). Nationally, chlamydia is the number one reportable sexually transmitted disease. In 1995, 1902 cases were reported in Rhode Island. Both nationally and in Rhode Island the age range of highest incidence is 15 - 24 (Centers for Disease Control and Prevention; Rhode Island Department of Health, 1996).
- ❖ Nationally the teen pregnancy rate rose from 29.5 per 1000 in 1985, to 42.5 per 1000 in 1992 (Kids Count Data Book, 1995). In Rhode Island in 1994, there were 1460 births to teens ages 13 - 19. Of these, 9 out of ten were to unmarried teens (1996 Rhode Island Kids Count Factbook).

"Clearly no knowledge is more critical than knowledge about health. Without it no other good can be successfully achieved."

-Ernest Boyer, 1983

"School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge. So it is with health."

-Carnegie Council on Adolescent Development, 1989

A crisis in health has widespread immediate and long-term ramifications for society. Conversely, health literacy enables an individual to make choices that significantly benefit society. For example, young people in Rhode Island who possess health knowledge and skills maintain a higher level of health, and can contribute to the state's economic and social well-being by:

- ❖ Learning and working more effectively;
- ❖ Missing fewer days from school or work due to injury and illness;
- ❖ Using fewer medical services due to prevention or delayed onset of disease;
- ❖ Reducing the use of health insurance benefits.

## WHAT IS HEALTH LITERACY?

---

Health literacy is defined in the *National Health Education Standards* 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."

The Joint Committee on Health Education has published a helpful set of criteria which define a health literate person as:

**A critical thinker:** an individual who is able to examine personal, national and international health problems and formulate ways to solve them. This individual gathers current, credible, and applicable information from a variety of sources and assesses this information before making health-related decisions.

**A responsible citizen:** an individual who feels obligated to keep his/her community healthful, safe, and secure. This individual avoids behaviors that threaten his/her personal health and the health, safety, and security of others.

**The self-directed learner:** an individual who gathers and uses health information throughout life as the disease prevention knowledge base changes. This individual embraces learning from others throughout his/her life as he/she moves from school to work.

**An effective communicator:** an individual who is able to express and convey his/her knowledge, beliefs, and ideas through oral, written, artistic, graphic, and technological media. This individual is able to demonstrate empathy and respect for others. These characteristics are reflected in other national reform documents, Rhode Island's *Common Core of Learning*, and this framework as well.

Good health education employs a series of developmentally appropriate, culturally sensitive strategies to develop health literacy which:

- ❖ build an individual's capacity to obtain, interpret and understand basic health information and services;
- ❖ encourage the ability to use such information and services in ways which are health enhancing;
- ❖ emphasize students' abilities to read, listen and think critically and
- ❖ equip young people with skills to distinguish fact from opinion and to analyze information carefully

## HOW DOES THE HEALTH EDUCATION FRAMEWORK

### CONNECT WITH OTHER EDUCATIONAL REFORM INITIATIVES?

#### On the National Level

Key National Reform Events:  
1983 Publication of *A Nation at Risk*  
1991 Formulation of National Goals by National Governors Association  
1994 Passage of Goals 2000: Educate America Act  
1995 The Development of *National Health Education Standards*

This Framework is an outcome of recent reform initiatives in education which can be traced to the 1983 publication of *A Nation At Risk* by Ernest Boyer. This report card of our nation's schools called for renewed national commitment to educational excellence and called on families, teachers and schools to set higher standards for student achievement.

Eight years later, in response to the slow rate of progress, the National Governors Association formulated a set of national education goals. This effort led to the 1994 passage by Congress of the "Goals 2000: Educate America Act" whose purposes are to:

- ❖ support the state's reform agenda of high standards for all students;
- ❖ explore changing roles and implementation strategies at all levels, from school to state government;
- ❖ garner broad public support.

Encouraged by the growing concern for high standards, various associations and groups on the national level began to develop national standards in different subject areas, the 1995 National Health Education Standards being one. The national content area standards are currently being used as a foundation for state-level framework development efforts, curriculum development, instruction and assessment of student performance. They also serve as guides for enhancing the preparation and continuing education of teachers.

#### On the State Level

Key Rhode Island Reform Events  
1992 21<sup>st</sup> Century Commission Plans for Educational Restructuring  
1992 RI Skills Commission Plans for Educational Restructuring  
1992 RI Department of Education Common Core of Learning  
1992 to present Development of Curriculum Framework Documents:  
Mathematics, Science, English Language Arts, Health, Family and Consumer Science, Art

Over the past decade Rhode Island has undertaken its own education reform initiative. In the early 1990's, the 21st Century Commission and the Rhode Island Skills Commission each drafted plans for restructuring the state's education system. Among the recommendations was a call for educators, families, business leaders and community members collaboratively to develop challenging student performance standards. Acting on these state and national recommendations, the Rhode Island Department of Education administered a state-wide survey in 1994 to gather input on the following question: "What should all young adults in Rhode Island know and be able to do to meet the responsibilities and challenges of the 21st century?" The responses were grouped into four broad categories which form the basis for Rhode Island's *Developing a Common Core of Learning*:

- ❖ Communication
- ❖ Problem-solving
- ❖ A Common Body of Knowledge
- ❖ Responsibility

They are much like the description of health literacy of the Joint Committee Health Education.

These categories balance knowledge of content, skills and attitudes, and are intended as the themes that will permeate every facet of school curriculum in all discipline areas from kindergarten through high school. For example, no longer are communication skills seen as the concern of the English teacher alone. Their development becomes the concern of the mathematics, science and health teachers as well. Problem solving is taught through art and physical education and to kindergartners as well as high school seniors. The common body of knowledge shared by all literate Americans is transmitted through first grade music as well as advanced placement history. The full range of educational experiences of children and young adults becomes opportunities for teaching various dimensions of responsibility.

To date, Rhode Island frameworks have been developed in the areas of mathematics and science; English language arts and health. Family and Consumer Science and an Arts framework are underway. Each framework describes how the competencies outlined in the Common Core are manifest in particular areas of the curriculum. Each offers a context - a guide - as to how subject matter and instruction can be organized to achieve the core competencies across content areas and at various performance levels.

*Figure Two*

**The Relationship of Rhode Island’s Common Core of Learning Goals to**

**Rhode Island’s Health Education Standards**

**RHODE ISLAND’S COMMON CORE OF LEARNING GOALS**

---

<b>Communication</b>	<b>Problem-Solving</b>	<b>Body of Knowledge</b>	<b>Responsibility</b>
<b>Standard 5.</b> Students will demonstrate the ability to use interpersonal communication skills to enhance health.	<b>Standard 4.</b> Students will analyze the influence of culture media technology and other factors on health.	<b>Standard 1.</b> Students will understand the concepts related to health promotion and disease prevention as a foundation for a healthy life.	<b>Standard 3.</b> Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.
	<b>Standard 6.</b> Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.	<b>Standard 2.</b> Students will demonstrate the ability to access valid health information and health promoting products and providers.	<b>Standard 7.</b> Students will demonstrate the ability to advocate for personal family, community and environmental health.

## **WELCOME TO THE STANDARDS**

---

As previously stated, this document was built on the 1995 National Health Education Standards. This adaptation is reflected in the use and adherence to the original format used in the National Standards. Each standard is accompanied by a rationale and a list of performance descriptions that state what students should know and be able to do at different stages of their health education.

### **RHODE ISLAND'S HEALTH EDUCATION STANDARDS**

#### **Standard One**

Students will understand the concepts related to health promotion and disease prevention as a foundation for a healthy life.

#### **Standard Two**

Students will demonstrate the ability to access valid health information and health-promoting products and services.

#### **Standard Three**

Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

#### **Standard Four**

Students will analyze the influence of culture, media, technology and other factors on health

#### **Standard Five**

Students will demonstrate the ability to use interpersonal communication skills to enhance health.

#### **Standard Six**

Students will demonstrate the ability to use goal-setting and decision-making to enhance health.

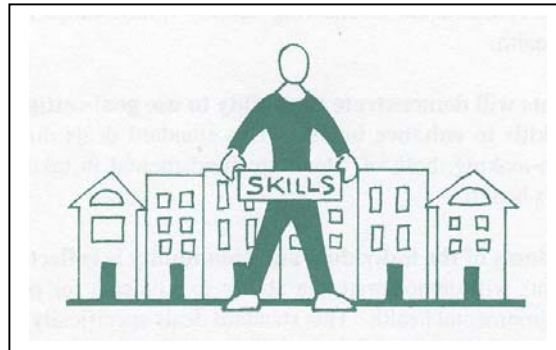
#### **Standard Seven**

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

## DEVELOPMENT OF THE STANDARDS

By comparing the National Standards with those of several other states, the task force was able to adapt seven standards for Rhode Island health education. The most noticeable difference between the National Standards and Rhode Island's is the inclusion of an additional assessment tier making grades nine and ten separate from grades eleven and twelve. Part of the process involved in the editing of the seven standards was to take a close look at each National Standard and its rationale and performance indicators. Each rationale was then edited to make it more inclusive and to avoid the repetition of any descriptions in other standards. **It is important to note that although the performance descriptions for each standard are separate, they are not isolated from each other.**

*Figure 3*



## RELATIONSHIPS AMONG THE STANDARDS

---

Although the seven standards cover a great deal of ground individually, there are certain underlying relationships among them that offer a more connected picture. Figure 3 presents the relationship among the individual, the community and the skills needed for health. These underlying relationships are as follows:

### The individual and health is reflected in:

**Standard 1: Students will understand the concepts related to health promotion and disease prevention as a foundation for a healthy life.** This standard deals with the fundamental aspects of personal health and disease. This standard is probably the most dense standard in terms of health content.

**Standard 2: Students will demonstrate the ability to access valid health information and health promoting products and services.** This standard deals with the external sources that are directly focused on an individual's well being, including specific health focused information (e.g. the food pyramid), products (e.g. cough medicine), and services and service providers (e.g. doctors).

**Standard 3: Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.** This standard focuses on health-fostering behaviors that will preserve the individual.

### The skills needed for good health are reflected in:

**Standard 4: Students will analyze the influence of culture, media, technology and other factors on health.** This standard focuses on the individual's ability to interpret how culture, media, technology and other factors that are not always defined as having a health focus can influence the individual's well-being (for example, the increasing amount of violence on TV has an impact on how society functions and in turn can affect individual behaviors as well as actions).

**Standard 5: Students will demonstrate the ability to use interpersonal communication skills to enhance health.** This standard focuses on effective communication which is fundamental to ensuring healthy relationships and interpreting one's own state of health.

**Standard 6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.** This standard deals directly with goal setting and decision-making, both of which are fundamental in taking control over the direction of one's health.

### The interconnectedness of the individual and community is reflected in:

**Standard 7: Students will demonstrate the ability to advocate for personal, family, community and environmental health.** This standard deals specifically with a student's ability to use advocacy skills to maintain and improve his/her personal health as well as that of her/his family, community and environment.

When a student graduates from grade 12, it is hoped that he/she will possess effective communication skills; be able to enter the community aware of how the community's health influences personal health; and be capable of and willing to participate in the community as a productive citizen. The ultimate goal of K - 12 health education is to produce such individuals.

### Vertical relationships among the standards:

The standards are divided into four levels. These levels reflect the current state assessment program timetable. (The State Health Education Assessments are administered at grades 4, 8, and 10. In development are the Certificates of Initial Mastery to be administered by participating districts at grade 10 and the Certificate of Advanced Mastery for grade 12.)

The performance descriptions progress in intensity from level to level, with each level having a general but not all inclusive focus. As a student grows and matures, so does his/her ability to comprehend and interpret information. Performance descriptions build on previous ones, rather than replacing them.

*Kindergarten - Grade 4:* This is the beginning, the development of a basic understanding of how the individual functions. Characteristic of this level are the performance indicators that begin with the verbs identify, demonstrate and explain. The individual develops through the skills needed for good individual and community health.

*Grades 5 - 8:* In addition to being aware of what exists in the world of the healthy individual, the student begins to understand that he/she is a part of a larger world. This level is characterized by more emphasis on higher order skills, where students are asked to analyze and compare data.

*Grades 9 & 10:* The student uses the previously learned skills to interact with the community (from friends and family to the school and other outside institutions) and sees that the health of the community has direct relevance on him/herself. The ability to evaluate, that is to both analyze and form an opinion as to the positive and negative effects of certain health behaviors on self and others, is added. This is also the level at which the Rhode Island Skills Commission proposes to award a Certificate of Initial Mastery to qualifying students.

*Grades 11 & 12:* Many of the performance descriptions at this level require that the student be capable of seeing the relationships among all the basic elements of health, often by relating them to the community. Students not only "form opinions", but are asked to "offer possible solutions" and/or "communicate" a complete understanding of a specific scenario. This is the level at which the Rhode Island Skills Commission proposes to award a Certificate of Advanced Mastery to qualifying students.

"All of us in the academy and in the culture as a whole are called to renew our minds if we are to transform education institutions-and society- so that the way we live, teach, and work can reflect our joy in cultural diversity, our passion for justice, and our love of freedom."

-Bell Hooks, *Teaching To Transgress*

#### **Horizontal relationships among the standards:**

Read across the four levels, most of the performance descriptions follow a specific progression. Expectations move from identify in K-4, to analyze in 5-8, and evaluate in the higher grades. However, some repeat themselves such as Performance Description 1 in Standard 7 "Discuss accurate information and express opinions about health issues". In health, at certain ages and social levels, the same indicator may become more complex because the student is capable of handling more complex and sophisticated subject matter. While higher order thinking skills are not emphasized in the performance indicators at the early levels, this does not preclude instruction which encourages students to use them at those levels even though the material is less complex.



## **STANDARD 1**

*Students will understand concepts related to health promotion and disease prevention as a foundation for a healthy life.*

**Rationale:** Basic to health education is a foundation of knowledge about the interrelationship of behavior and health, interactions within the human body, and the prevention of diseases and other health problems. Experiencing the interconnectedness of physical, mental, emotional, and social changes as one grows and develops provides a self-contained "learning laboratory." Comprehension of health promotion strategies and disease prevention concepts enables students to become health-literate, self-directed learners and establishes a foundation for leading healthy and productive lives.

### **Student Performance Descriptions:**

---

*As a result of health instruction, students will:*

#### **Kindergarten - Grade 4**

1. Describe relationships between personal health behaviors and individual well being.
2. Identify indicators of mental, emotional, social and physical health during childhood.
3. Describe the basic structure and functions of the human body systems.
4. Describe how physical, social, emotional and family environments influence personal health.
5. Identify common health problems of children.
6. Identify health problems that should be detected and treated early.
7. Explain how childhood injuries and illnesses can be prevented or treated.

#### **Grades 5-8**

1. Explain the relationship between positive health behaviors and the prevention of injury, illness, disease and premature death.
2. Describe the interrelationship of mental, emotional, physical, social and physical health during adolescence.
3. Explain how health is influenced by the interaction of body systems.
- 4a. Describe how family, peers and environment influence the health of adolescents.
- 4b. Analyze how environment and personal health are interrelated.
5. Describe ways to reduce risks related to early adolescent health problems.
6. Explain how appropriate health care can prevent premature death and disability.
7. Describe how lifestyle, family history, pathogens and other risk factors are related to the cause or prevention of disease and other health problems.

**Grades 9 & 10**

1. Analyze how behavior can impact health maintenance and disease prevention.
2. Describe the interrelationships of mental, emotional, social and physical health throughout young adulthood.
3. Analyze the impact of personal health behaviors on the functioning of body systems.
4. Analyze how the family, peers, community and environment influence the health of individuals.

**Grades 11 & 12**

1. Analyze the interrelationships of mental, emotional, social and physical health throughout life.
2. Analyze how the family, peers, community and environment influence public health.
3. Describe how to delay onset and reduce risks of potential life-long health problems.
4. Analyze how public health policies, government regulations and public pressure influence health promotion and disease prevention.

## **STANDARD 2**

*Students will demonstrate the ability to access valid health information and health-promoting products and services.*

Rationale: Critical thinking involves the ability to identify valid health information and to analyze, select and access health-promoting services and products. Applying skills of information analysis, organization, comparison, synthesis and evaluation to health issues provides a foundation for individuals to move toward becoming health literate consumers, potential health providers, and responsible, productive citizens.

### **Student Performance Descriptions:**

*As a result of health instruction, students will:*

#### **Kindergarten - Grade 4**

1. Identify characteristics of valid health information and health-promoting products and services.
2. Demonstrate the ability to locate resources from home, school and community that provide valid health information.
3. Explain how media influences the selection of health information, products and services.
4. Demonstrate the ability to locate school and community health helpers.
5. Describe the relationship between health products and services and money.
6. Identify situations requiring professional health services.
7. Identify different kinds of health providers.

#### **Grades 5-8**

1. Analyze the validity of health information, products, and services.
2. Utilize resources from home, school and community that provide valid health information.
3. Analyze how media influences the selection of health information, products and services.
4. Locate health products and services.
5. Compare the costs and validity of health products.
6. Describe situations requiring professional health services.
7. Explain roles played by different health providers.

#### **Grades 9 & 10**

1. Evaluate the validity of health information, products and services.
2. Analyze resources from home school and community that provide valid health information.
3. Evaluate media influences on the selection of health information and products.

4. Access school and community health services for self and others.
5. Analyze the cost and availability of health care products and services for individuals.
6. Analyze situations requiring professional health services.
7. Explain requirements for entering and pursuing specific health careers.

#### **Grades 11 & 12**

1. Evaluate resources from home, school and community that provide valid health information for self and others.
2. Evaluate all factors that influence personal selection of health products and services in the community.
3. Evaluate situations requiring professional health services.
4. Evaluate opportunities for career choices in health.
5. Analyze the educational requirements, demands, rewards and benefits of a career in health services.

### **STANDARD 3**

*Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.*

Rationale: Research confirms that many diseases and injuries can be prevented by reducing harmful and risk-taking behaviors. By using critical thinking and problem-solving skills, students will assess risks, consider potential consequences and make health-enhancing decisions.

#### **Student Performance Descriptions:**

*As a result of health instruction, students will:*

#### **Kindergarten - Grade 4**

1. Identify responsible health behaviors.
2. Identify personal health needs and health habits.
3. Compare behaviors that are safe to those that are risky or harmful.
4. Demonstrate strategies to improve or maintain personal health.
5. Develop injury prevention and management strategies for personal health.
6. Identify and demonstrate ways to avoid and reduce threatening situations.
7. Recognize stressful situations and identify appropriate ways to manage them.

#### **Grades 5 - 8**

1. Explain the importance of assuming responsibility for personal health behaviors.
2. Analyze personal health habits to determine health strengths and risks.
3. Distinguish between safe and risky or harmful behaviors.
4. Demonstrate strategies to improve or maintain personal and family health.
5. Develop injury prevention and management strategies for personal, family and community health.
6. Identify and demonstrate ways to avoid and reduce threatening situations.
7. Develop and apply appropriate ways of managing conflict and specific stressful situations.

#### **Grades 9 & 10**

1. Analyze the role of individual responsibility for enhancing health.
2. Evaluate personal health habits to determine strategies for health enhancement and risk reduction.
3. Analyze the short-term and long-term consequences of safe, risky and harmful behaviors.
4. Demonstrate strategies to improve or maintain personal, family and community health.
5. Develop injury prevention and management strategies for personal, family and community health.

6. Identify and demonstrate ways to avoid and reduce threatening situations.

7. Research and evaluate strategies to manage stress in individuals.

**Grades 11 & 12**

1. Evaluate the effect of responsible health behaviors on self, others and community.

2. Evaluate injury prevention and management strategies for personal, family, workplace and community health.

3. Develop strategies to reduce a health-threatening situation in the community.

4. Research and evaluate strategies to manage stress in individuals and groups in school, work and/or social situations.

## **STANDARD 4**

*Students will analyze the influence of culture, media, technology and other factors on health.*

Rationale: Health is influenced by a variety of factors that co-exist within society. These include the cultural context as well as media and technology. A critical thinker and problem solver is able to analyze evaluate and interpret the positive and negative influence of these factors on health. The health-literate, responsible and productive citizen draws upon the contributions of culture, media, technology, and other factors to strengthen individual, family and community health.

### **Student Performance Descriptions:**

As a result of health instruction, students will:

#### **Kindergarten - Grade 4**

1. Demonstrate awareness of the influence of culture upon personal health behaviors.
2. Explain how media influences thoughts, feelings, and health behaviors.
3. Describe ways technology can influence personal health.
4. Explain how information from school and family influences health.

#### **Grades 5-8**

1. Describe the influence of cultural beliefs on health behaviors and the use of health services.
2. Analyze how positive and negative messages from media and other resources influence health behaviors.
3. Analyze the influence of technology on personal or family health.
4. Analyze how information from peers influences and affects health choices.

#### **Grades 9 & 10**

1. Analyze how cultural diversity enriches and challenges health behaviors.
2. Evaluate the effect of media and other factors on personal, family and community health.
3. Evaluate the impact of technology on personal, family and community health.
4. Analyze how information from the community influences health.

#### **Grades 11 & 12**

1. Research a school or community health issue resulting from the influence of culture, media, technology and other factors.
2. Develop and implement a solution to a researched health issue.

## **STANDARD 5**

*Students will demonstrate the ability to use interpersonal communication skills to enhance health.*

Rationale: Personal, family and community health are enhanced through effective communication. A responsible individual will use verbal and non-verbal skills in developing and maintaining healthy personal relationships. The ability to organize and to convey information, beliefs, opinions and feelings are skills which strengthen interactions and can reduce or avoid conflict. When communicating, individuals who are health literate demonstrate care, consideration, and respect of self and others.

### **Student Performance Description:**

*As a result of health instruction, students will:*

#### **Kindergarten - Grade 4**

1. Distinguish between verbal and non-verbal communication.
2. Describe characteristics needed to be a responsible friend and family member.
3. Demonstrate healthy ways to express needs, wants, and feelings.
4. Demonstrate ways to communicate care, consideration and respect of self and others.
5. Explain attentive listening skills needed to build and maintain healthy relationships.
6. Demonstrate refusal skills needed to enhance health.
7. Differentiate between negative and positive responses to conflict situations.
8. Demonstrate non-violent strategies to resolve conflicts.

#### **Grades 5-8**

1. Demonstrate effective verbal & non-verbal communication skills to enhance health.
2. Describe how the behavior of family and peers affects interpersonal communication.
3. Demonstrate healthy ways to express needs, wants and feelings.
4. Demonstrate ways to communicate care, consideration and respect of self and others.
5. Demonstrate communication skills needed to build and maintain healthy relationships.
6. Demonstrate refusal and negotiation skills needed to enhance health.
7. Analyze the possible causes of conflict among youth in schools and communities.
8. Demonstrate strategies needed to manage conflict in healthy ways.

#### **Grades 9 & 10**

1. Demonstrate skills for communicating effectively with family, peers and others.
2. Analyze how interpersonal communication affects relationships.

3. Demonstrate healthy ways to express needs, wants and feelings.
4. Demonstrate ways to communicate care, consideration and respect of self and others.
5. Demonstrate strategies for solving interpersonal conflicts without harming self or others.
6. Demonstrate refusal, negotiation and collaboration skills needed to avoid potentially-harmful situations.
7. Analyze the possible causes of conflict in schools, families and communities.
8. Demonstrate healthy strategies used to prevent conflict.

### **Grades 11 & 12**

1. Evaluate the effectiveness of communication methods for accurately expressing health information and ideas.
2. Apply strategies to a selected situation that facilitate effective communication among individuals or groups.

## **STANDARD 6**

*Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.*

Rationale: Decision-making and goal-setting are essential lifelong skills needed in order to implement and sustain health-enhancing behaviors. These skills make it possible for individuals to transfer health knowledge into healthy lifestyles. When applied to health issues, decision-making, and goal-setting skills will enable individuals to collaborate with others to improve the quality of life in their families, school and communities.

### **Student Performance Descriptions:**

As a result of health instruction, students will:

#### **Kindergarten - Grade 4**

1. Apply a decision-making process to health issues and problems.
2. Explain when it is appropriate to ask for assistance in making health-related decisions and setting healthy goals.
3. Predict outcomes of specific health decisions.
4. Set a personal health goal and track progress toward its achievement.
5. Recognize that everyone has personal strengths and needs.

#### **Grades 5-8**

1. Demonstrate the ability to apply a decision-making process to health issues and problems individually and collaboratively.
2. Analyze how health-related decisions are influenced by individuals, family or community values.
3. Predict how decisions regarding health behaviors have consequences for self or others.
4. Apply strategies and skills needed to attain personal health goals.
5. Develop a plan that addresses personal strengths, needs and health risks.

#### **Grades 9 & 10**

1. Analyze the ability to use different strategies when making decisions related to health needs and risks of young adults.
2. Analyze health concerns that require individuals to work together.
3. Predict immediate and long-term impact of health decisions on the individual family and community.
4. Describe how personal health goals are influenced by changes in information, abilities, priorities and responsibilities.
5. Compare and contrast a variety of plans that address personal strengths, needs and health risks.

## **Grades 11 & 12**

1. Evaluate different strategies to use when making decisions related to the health needs and risks of young adults.
2. Design, evaluate and implement a plan for attaining a personal health goal.
3. Formulate an effective plan for optimal lifelong health.

## **STANDARD 7**

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

Rationale: Responsible citizens who are health literate are characterized by advocating and communicating for positive health in their communities. A variety of health advocacy skills are critical to the development of an environment that protects and promotes the health of individuals, families and communities.

### **Student Performance Descriptions:**

*As a result of health instruction, students will:*

#### **Kindergarten - Grade 4**

1. Discuss accurate information and express opinions about health issues.
2. Describe a variety of methods that convey accurate health information and ideas.
3. Identify community agencies that advocate for healthy individuals, families, communities and the environment
4. Demonstrate the ability to influence and support others in making positive health choices.
5. Demonstrate the ability to work cooperatively when advocating for healthy individuals, families and schools.

#### **Grades 5 - 8**

1. Discuss accurate information and express opinions about health issues.
2. Analyze various communication methods needed to express health information and ideas accurately.
3. Identify barriers to effective communication of information, ideas, feelings and opinions about health issues.
4. Influence and support others in making positive health choices.
5. Work cooperatively when advocating for healthy individuals, families and schools.

#### **Grades 9 & 10**

1. Discuss accurate information and express opinions about health issues.
2. Design methods for accurately expressing health information and ideas.
3. Utilize strategies to overcome barriers when communicating information, ideas, feelings and opinions about health issues.
4. Influence and support others in making positive health choices.
5. Work cooperatively when advocating for healthy communities.

## **Grades 11 & 12**

1. Discuss accurate information and express opinions about health issues.
2. Adapt health messages and techniques to the characteristics of a particular audience.
3. Influence and support others in making positive health choices.
4. Work cooperatively when advocating for a healthy environment and other issues.
5. Evaluate community health services and systems currently in place and make recommendations for improving those systems and services.

## TEACHING AND LEARNING HEALTH

---

The preceding section of this Health Education Framework presented seven standards and student performance descriptions which reflect what all children are expected to know and be able to do. They specify levels of learning far beyond what we have come to regard as acceptable to date. Those higher levels can be achieved only by changing the conditions that determine how well students learn, especially curriculum, instruction, assessment and professional development.

## CONTENT IN CURRICULUM DESIGN

---

Those designing a health curriculum are faced with limited time and seemingly limitless amounts of material. This section offers information that can assist the curriculum team's decision-making process.

If the standards spell out our expectations as to what we want our children to know and be able to do in health education, then the content is the "what" we want them to know about. Ten nationally accepted health content areas are:

1. Personal health
2. Mental and emotional health
3. Injury prevention and safety
4. Nutrition
5. Family life
6. Environmental health
7. Disease control and prevention
8. Substance use and abuse
9. Consumer health
10. Personal health

Additionally, research by the Centers for Disease Control and Prevention (CDC) has shown that there are six health-related risk behaviors about which students need to be more knowledgeable. They are:

1. Unintentional (motor vehicle-related, fires, drowning) and intentional injuries (interpersonal violence including domestic and child abuse, bullying and fighting, homicide, and suicide);
2. Tobacco use;
3. Alcohol and other drug use (marijuana, cocaine, anabolic steroids, inhalants);
4. Dietary patterns that contribute to disease;
5. Insufficient physical activity;
6. Sexual behaviors that result in HIV, STDs and unintended pregnancy.

Curriculum designers need to concentrate on providing students with the knowledge and skills necessary to prevent them from getting involved in those risk behaviors which can negatively impact their lives.

## **CURRICULUM DEVELOPMENT AND IMPLEMENTATION**

---

Curriculum development is more than simply arranging knowledge into manageable chunks. A good curriculum is more than a syllabus; it addresses multiple objectives simultaneously and envisions experiences for students that will provoke their curiosity, spark their imaginations and deepen their understanding. In fact, the trend in curriculum development is toward inquiry-based, resource-rich teaching and learning. Teachers charged with enhancing the authority of learners in the classroom are themselves preferring the freedom to select from a library of research, media and technology offerings. This Framework is intended to encourage depth and richness of health education curriculum development.

Implementation of health education guided by this framework will require the use of instructional strategies that draw upon research-based understanding of best practices. These include inquiry-based, problem-centered teaching approaches that encourage the active participation of students in the learning process through dialogue, role-play, group projects, and discussion. Effective instruction reflects the stages of a learner's cognitive development. It ensures the provision of a solid foundation of accurate information in the early grade levels from which more complex reflection, analysis and evaluation can occur in later grades. According to cognitive researchers, meaningful learning is reflective, personally and socially constructed, and self-regulated. To know something is not just to have received information, but to have interpreted it and related it to previously acquired knowledge. One reason the role of social context in shaping cognitive ability has received recent attention is because it has been noted that real-life problems often require that people work together as a group. Effective health education employs highly regarded approaches such as mastery learning, cooperative learning, and peer coaching. Furthermore, effective instruction involves the use of multiple models of teaching to interface with the diversity of student learning styles.

## **FAMILY AND COMMUNITY INVOLVEMENT**

---

Health issues are deeply woven into the fabric and values of family and community life. Therefore, it becomes critically important for curriculum developers and teachers to stay informed of local views and practices in developing teaching strategies. There are several ways in which this can be accomplished:

- ❖ Engage the community as a resource;
- ❖ Ensure that families are part of the curriculum planning process;
- ❖ Foster good family-school relationships;
- ❖ Keep families informed;
- ❖ Help create an environment in the community that models and reinforces classroom learning;
- ❖ Form a school health advisory council that includes representation from all the key groups in the community (e.g. families, clergy, administrators, business people, school committee members, and community agencies) to support and advocate for health education;
- ❖ Work with state and local programs that develop community service opportunities for students;
- ❖ Collaborate with other school and community efforts to integrate health and social services at or near schools (i.e. Child Opportunity Zone Family Centers) as these activities often support classroom health education;
- ❖ Participate in the local community substance abuse prevention task force.

## ASSESSMENT

---

Assessment is the formal process of monitoring student progress relative to established standards. Its purpose is to:

- ❖ provide feedback to students and parents
- ❖ inform and assist teachers in making instructional decisions and
- ❖ demonstrate accountability to community and state.

As instructional strategies and curriculum resources increasingly reflect an inquiry-oriented educational process, the direction of performance assessment increasingly occurs in "authentic" contexts --like those encountered in real life. Local assessment reflects local needs and may take a variety of forms including portfolios and demonstrations as well as traditional norm-referenced tests (multiple choice, true/false, fill-ins). Good assessment is built on current theories of learning and cognition and grounded in views of what skills and capacities students will need for future success. It affords a student the opportunity to demonstrate what he/she knows rather than what he/she does not know. Over time it is expected that standards and assessments reflecting heightened aspirations will be a powerful lever to lift the quality of learning materials, teacher education, parent support and all the other elements that together make for excellence in education.

An example of an authentic assessment item is the open-ended question found below which asks students to use their knowledge, skills and competencies to construct a response rather than to choose one from a list. Because there is more than one correct answer, student responses focus on the process of answering the question as well as the product.

### **A Teacher's Guide for Considering Assessments**

- ❖ What health education is represented in the assessment?
- ❖ Does the assessment provide realistic situations?
- ❖ How does the assessment promote students' learning?
- ❖ How does the assessment provide opportunities for all students to exhibit what they know and can do?
- ❖ How is the assessment being judged to recognize students' backgrounds and experiences?
- ❖ How are the teachers and students involved in the selecting of activities, establishing criteria and assessing results?
- ❖ Are the curriculum, instruction and assessment congruent?
- ❖ What did we learn that will help us improve instruction?

Figure Five

**Sample Health Assessment, Grade 4**

Using the food pyramid and the two meals listed below, tell what you would have for dinner. Explain the reasons for the foods you are choosing.

Food groups and number of servings needed:

**The Food Guide Pyramid**  
A Guide to Daily Food Choices

<p><b>Fats, Oils, &amp; Sweets</b> USE SPARINGLY</p>		
<p><b>Milk, Yogurt, &amp; Cheese Group</b> 2-3 SERVINGS</p>		<p><b>Meat, Poultry, Fish, Dry Beans, Eggs, &amp; Nuts Group</b> 2-3 SERVINGS</p>
<p><b>Vegetable Group</b> 3-5 SERVINGS</p>		<p><b>Fruit Group</b> 2-4 SERVINGS</p>
<p><b>Bread, Cereal, Rice, &amp; Pasta Group</b> 6-11 SERVINGS</p>		

<p><b>BREAKFAST</b></p> <p>1 cup cereal 8 oz. milk 1 banana 2 slices of toast</p>	<p><b>LUNCH</b></p> <p>tuna fish with mayonnaise 2 slices of bread lettuce on sandwich 1 apple 8 oz. milk</p>	<p><b>DINNER</b></p> <p>?</p>
---	---	-------------------------------

**SCORING RUBRIC**

SCORE	DESCRIPTION
<b>4</b>	The student will describe menu of servings based on the foods missing from the other meals during the day to complete the recommended Food Pyramid. Reasons would be to satisfy needs based upon food pyramid or to produce a balanced diet.
<b>3</b>	Response is similar to category 4 but does not produce a balanced diet due to shortfall in one area or overeating in the area of fats or meat or dairy.
<b>2</b>	Menu developed does not produce a balanced diet due to shortage or overage in more than one category.
<b>1</b>	Menu developed is not a balanced diet and reasons for selecting foods are not present or not reasonable.
<b>0</b>	Clearly off task or totally incorrect.

**FOOD GROUPS AND NUMBR OF SERVINGS NEEDED**

fats, oils and sweets	Sparingly	vegetables	3-5
milk, yogurt and cheese	2-3	fruits	2-4
meat, poultry, fist	2-3	bread, cereal, etc.	6-11

## ESSENTIAL RESOURCES FOR SUCCESSFUL HEALTH EDUCATION

---

A *qualified health educator*, able to meet the health education curriculum standards with an appropriate amount of instructional time to ensure quality teaching and learning is a critical resource. It is the strong position of those who developed this Framework that health education deserves to assume a position among the core subjects, and as such, be allotted an equitable amount of instructional time. As interdisciplinary approaches are developed, the health educator needs to be a part of that process.

*Adequate instructional time* is necessary to ensure quality teaching and learning. RI State law requires an average of 100 minutes of health and physical education instruction weekly. However, research into how much time is needed to affect knowledge, attitudes and behavior indicates more time is needed. The goal currently recommended by health educators is 50 hours per year (22 minutes of health education a day), K - 12, to achieve minimal effectiveness.

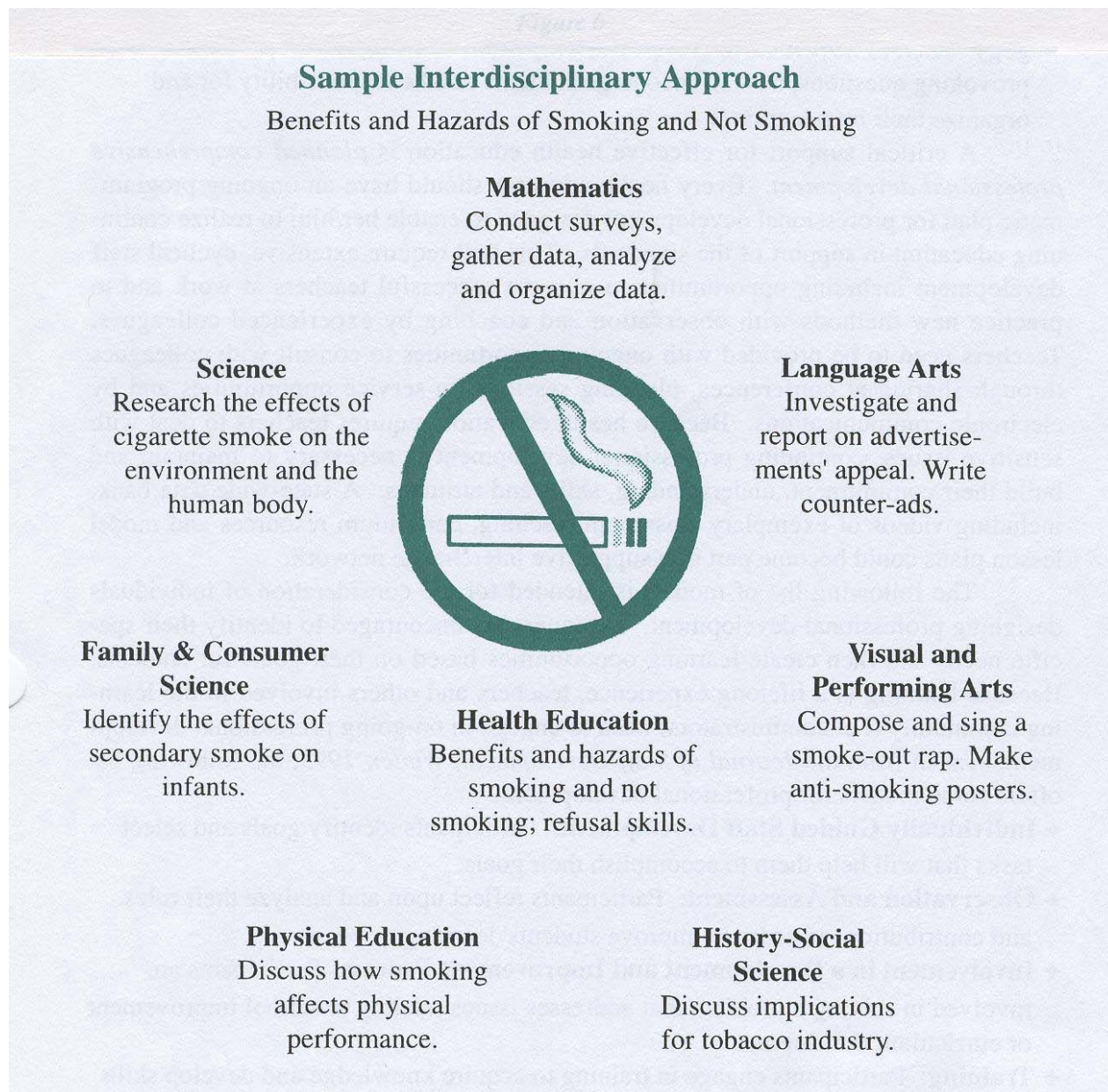
Educators are well aware that there is not enough time in the school day to accommodate the amount of material students need to learn. An interdisciplinary approach to teaching children is one method of ensuring that students receive an effective amount of health education instruction. However, in order for the interdisciplinary approach to be effective, teachers must have common planning time. A school health team or the health coordinator/ educator working with school teams and/or teachers can explore ways of using other disciplines such as mathematics, science, English language arts, social studies, music, art and family and consumer science to enhance, reinforce and support health education. An example of an interdisciplinary approach is diagrammed on the following page (See Figure 5). For ideas about the many other topics that lend themselves to the interdisciplinary approach, see the Content Areas and Topics.

The interdisciplinary treatment of a health topic, for example, by a science or math educator does not diminish the importance of the health educator's discipline. Interdisciplinary instruction should enrich all perspectives on a topic, not replace any. While a well thought out interdisciplinary approach can help students learn more about health, it cannot supplant comprehensive, sequential health education.

Other important support systems for quality health education include informed, supportive school administrators, willing to negotiate and protect adequate instructional time, and a school committee apprised of the health education curriculum framework and supportive of the importance of quality instruction for individual, school and community well-being. Support from higher education, parents, community agencies and employers also contributes to quality health education. Schools also can benefit from a list of agencies with which relationships can be developed and from which resources are provided. Such a resource list would also provide opportunities for community service learning activities with a health orientation. As mentioned before, appropriate, timely assessment can serve as a very important support by holding the system accountable for meeting the state-wide standards. State periodic assessment at grades 4, 8 and 10 serve as check points allowing the for school system to identify obstacles and redesign its support systems and resources to better meet agreed upon standards.

State periodic assessment at grades 4 and 8 serve as check points allowing for the school system to identify obstacles and redesign its support systems and resources to better meet agreed upon standards.

FIGURE 6



Adapted from J.M. Palmer, Educational Leadership, Vol. 49, No. 2 (1991).

## PROFESSIONAL DEVELOPMENT

---

It is crucial that teacher preparation (preservice) is aligned with current health education standards and practices in the schools; that beginning teachers have mentors to help them deal with the complexities of their first year; and that an accountability structure be put in place to assess the impact of both preservice education and continuing professional development.

Even teachers well versed in the curriculum find that they want:

- ❖ a more comprehensive understanding of health concepts and their relationships, and/or
- ❖ more practice and coaching in meshing content knowledge with appropriate pedagogy -- such as how to form groups and keep them on task, how to pose thought-provoking questions, how to encourage students to take responsibility for and organize their own learning.

A critical support for effective health education is *planned comprehensive professional development*. Every health educator should have an ongoing programmatic plan for professional development designed to enable her/him to realize continuing education in support of the standards. This will require extensive, cyclical staff development including opportunities to observe successful teachers at work and to practice new methods with observation and coaching by experienced colleagues. Teachers need to be provided with ongoing opportunities to consult with colleagues through sharing at conferences, planning sessions, in-service opportunities and by electronic communications. Because health education requires teachers to deal with sensitive issues, continuing professional development is necessary to maintain and build their commitment, understanding, skills and attitudes. A statewide data bank, including videos of exemplary classroom teaching, curriculum resources and model lesson plans could become part of a supportive interchange network.

The following list of models is intended for the consideration of individuals designing professional development. Designers are encouraged to identify their specific needs and then create learning opportunities based on their goals for students. Because learning is a lifelong experience, teachers and others involved in the learning community (i.e. administrators) need to engage in on-going professional development. Taken from the *Journal of Staff Development*, Winter, 1995, the following list offers some models for professional development:

- ❖ **Individually Guided Staff Development:** Participants identify goals and select tasks that will help them to accomplish their goals.
- ❖ **Observation and Assessment:** Participants reflect upon and analyze their roles and contributions in order to improve students' learning.
- ❖ **Involvement in a Development and Improvement Process:** Participants are involved in solving a problem that addresses issues relating to school improvement or curriculum development.
- ❖ **Training:** Participants engage in training to acquire knowledge and develop skills in specific areas.
- ❖ **Inquiry:** Participants, individually or in groups, formulate questions and explore possible solutions to those questions.
- ❖ **Case development:** Participants, through the use of case studies, analyze situations, communicate recommendations, and broaden their understanding of pedagogy and knowledge.

For further guidance on effective professional development, see the 1996 RI Department of Education's Quality Standards for Professional Development

## REFERENCES

---

### Rhode Island

Developing A Common Core of Learning: A Report On What We Heard, Revised, Fall 1995. Rhode Island Department of Elementary and Secondary Education

Draft Language Arts Framework for Rhode Island, September 1995. Rhode island Department of Elementary and Secondary Education

Mathematics for All Students The Rhode Island Mathematics Framework, K-12. October, 1995. Rhode Island Department of Elementary and Secondary Education

RIDE Glossary of Educational Terms. May 1995. Rhode Island Department of Elementary and Secondary Education

Science Literacy for All Rhode Island Students, August, 1995. Rhode Island Department of Elementary and Secondary Education

1995 Rhode Island Youth Risk Behavior Survey Summary Report. Rhode Island Department of Health, March 1996.

The 1995 Rhode Island Substance Abuse Survey Report of Statewide Results. Rhode Island Department of Health, March 1996.

1996 Rhode Island Kids Count Factbook. The Annie E. Casey Foundation, Rhode Island Foundation, 1996.

### Other

"Struggling for Standards" An Education Week Special Report. Editorial Projects in Education, Inc. April 12, 1995.

A Planned Curriculum for Grades Pre-K-12 Comprehensive School Health Education Poster. American Cancer Society, Texas Division.

Bloom, Benjamin S. Taxonomy of Educational Objectives The Classification of Educational Goals. Longmans, Green and Company: New York, 1956.

Bond, Linda; Joan Herman and Judy Arter. Supporting Educational Improvement with Alternative Assessment Readings. Laboratory Network Program Alternative Assessment Toolkit Chapter two Supporting Educational Improvement. 1995.

Building Resilience: Health Education Curriculum Content Chapter. Massachusetts Department of Education, 1995.

Curry, Brian and Tierney Temple. Using Curriculum Frameworks for Systemic Reform, Association for Supervision and Curriculum Development: Alexandria, Virginia. 1992.

Great Transitions Health Framework for California Public Schools. Kindergarten Through Grade 12. California Department of Education, 1994.

Great Transitions Preparing Adolescents for a New Century. Carnegie Council on Adolescent Development: Carnegie Corporation of New York, October, 1995.

hooks, bell. Teaching to Transgress: education as the practice of freedom. New York: Routledge, 1994.

Idaho K-12 Comprehensive Health Education Content Guide and Framework. Idaho State Department of Education, 1994.

Kendall, John S. and Robert J. Marzano. The Systematic Identification and Articulation of Content Standards and Benchmarks. Mid-continent Regional Educational Laboratory: Aurora, Colorado. March, 1995.

Kids Count Data Book State Profiles of Child Well-Being. The Annie E. Casey Foundation, 1995.

National Health Education Standards Achieving Health Literacy Developed by the Joint Committee on National Health Standards, sponsored by the American Cancer Society, 1995.

Ray, Leslie Upledger MA, MPPA and Janice Yawiler, MPH. Child and Adolescent Fatal Injury Databook, Children's Safety Network, November, 1

Vermont Guidelines for Comprehensive School Health Programs, Educational Success Through Prevention and Wellness Programs. Vermont Department of Education, 1995.

Why School Health Education? Delbert Oberteuffer Centennial Symposium: Atlanta, Georgia, April, 1985.