Healthier Students, Better Learners

The Health Education Assessment Project helps teachers provide the skills-based, standards-based health instruction that students need.

Beth Pateman

When we think back on health classes from our school days, many of us have only vague memories. We may recall some discussion of food groups, a film about puberty, or a lecture on dental hygiene conducted when the weather was too rainy to go outside for physical education. Few of us remember our K–12 health education experiences as being relevant to our lives outside the classroom.

Fortunately, that picture is changing. Asserting that “healthy students make better learners, and better learners make healthy communities,” the Council of Chief State School Officers (CCSSO) and the Association of State and Territorial Health Officials (ASTHO) (2002) have summarized compelling research evidence that students’ health significantly affects their school achievement. Even if their schools have the most outstanding academic curriculum and instruction, students who are ill or injured, hungry or depressed, abusing drugs or experiencing violence, are unlikely to learn as well as they should (Kolbe, 2002).

Effective health education programs have a vital role to play in enhancing students’ health and thus in raising academic achievement. Kolbe’s 2002 review of the research found that modern school health programs can improve students’ health knowledge, attitudes, skills, and behaviors and enhance social and academic outcomes. How do these modern health programs differ from those that most of us remember from our school days? Thanks to growing knowledge about how to prevent unhealthy and unsafe behaviors among young people, today’s exemplary health education combines skills-based and standards-based approaches.

Focus on Skills
The Centers for Disease Control and Prevention have identified six types of behavior that cause the most serious health problems in the United States among people over 5 years old: alcohol
and other drug use, high-risk sexual behaviors, tobacco use, poor dietary choices, physical inactivity, and behaviors that result in intentional or unintentional injury. Stressing the importance of education efforts, the Centers state that these behaviors usually are established during youth; persist into adulthood; are interrelated; and are preventable. In addition to causing serious health problems, these behaviors contribute to many of the educational and social problems that confront the nation, including failure to complete high school, unemployment, and crime. (n.d.)

In response to the Centers’ focus on these major health-risk behaviors, education researchers have worked to identify educational approaches that positively affect health-related behaviors among young people. Many research studies have established the effectiveness of skills-based school health education in promoting healthy behavior and academic achievement (ASTHO & Society of State Directors of Health, Physical Education, and Recreation, 2002; Collins et al., 2002; Kirby, 2001). Lohrmann and Wooley (1998) determined that effective programs:

- Focus on helping young people develop and practice personal and social skills, such as communication and decision making, to deal effectively with health-risk situations;
- Provide healthy alternatives to specific high-risk behaviors;
- Use interactive approaches that engage students;
- Are research-based and theory-driven;
- Address social and media influences on student behaviors;
- Strengthen individual and group norms that support healthy behavior;
- Are of sufficient duration to enable students to gain the knowledge and skills that they need; and
- Include teacher preparation and support.
New Standards for a Skills-Based Approach

In 1995, the American Cancer Society sponsored the development of national health education standards that use a skills-based approach to learning (Joint Committee on National Health Education Standards, 1995). The standards, summarized below, advocate health literacy that enhances individuals' capacities to obtain, interpret, and understand basic health information and services and their competence to use such information and services in health-enhancing ways (Summerfield, 1995).

Together with the Centers for Disease Control and Prevention's priority health-risk behaviors, the national health education standards provide an important new framework for moving from an information-based school health curriculum to a skills-based curriculum. Skills-based health education engages students and provides a safe environment for students to practice working through health-risk situations that they are likely to encounter as adolescents.

An information-based approach to tobacco use prevention might require students to memorize facts about the health consequences of tobacco use, such as lung cancer, heart disease, and emphysema. In contrast, a skills-based approach ensures that students demonstrate the ability to locate valid information on the effects of tobacco use. Students learn and practice a variety of skills: For example, they use analysis to identify the influences of family, peers, and media on decisions about tobacco use and they use interpersonal communication skills to refuse tobacco use.

The skills-based approach outlined in the national health education standards helps students answer questions and address issues that are important in their lives. For example, young children need to learn how to make friends and deal with bullies. Older children need to practice a variety of strategies to resist pressures to engage in risky health behaviors while maintaining friendships. Early adolescents need to learn how to obtain reliable, straightforward information about the physical, emotional, and social changes of puberty. High school students need to learn to weigh their health-related decisions in terms of their life plans and goals. All students need to learn how to respond to stress, deal with strong feelings in health-enhancing ways, and build a reliable support group of peers and adults.

### Health Education Standards

- **Standard 1:** Students will comprehend concepts related to health promotion and disease prevention. For example, students will be able to identify what good health is, recognize health problems, and be aware of ways in which lifestyle, the environment, and public policies can promote health.

- **Standard 2:** Students will demonstrate the ability to access valid health information and health-promoting products and services. For example, students will be able to evaluate advertisements, options for health insurance and treatment, and food labels.

- **Standard 3:** Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks. For example, students will know how to identify responsible and harmful behaviors, develop strategies for good health, and manage stress.

- **Standard 4:** Students will analyze the influence of culture, media, technology, and other factors on health. For example, students will be able to describe and analyze how cultural background and messages from the media, technology, and friends influence health choices.

- **Standard 5:** Students will demonstrate the ability to use interpersonal communication skills to enhance health. For example, students will learn refusal and negotiation skills and conflict resolution strategies.

- **Standard 6:** Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health. For example, students will set reasonable and attainable goals—such as losing a given amount of weight or increasing physical activity—and develop positive decision-making skills.

- **Standard 7:** Students will demonstrate the ability to advocate for personal, family, and community health. For example, students will identify community resources, accurately communicate health information and ideas, and work cooperatively to promote health.

Source: Joint Committee on National Health Education Standards. (1995).

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**The Health Education Assessment Project**

Standards-based health education requires a new approach to planning, assessment, and instruction. Although many educators are excited about the prospect of standards-based teaching in health education, they may lack a clear picture of what standards-based performance would look like in their classrooms. To address this need, the Council of Chief State School Officers' State Collaborative on Assessment and Student Standards initiated the Health Education Assessment Project in 1995 (see www.ccsso.org/scass).
The Health Education Assessment Project develops standards-based health resources through a collaborative process. Funding for the project comes from the Centers for Disease Control and Prevention and the membership fees of 24 state and local education agencies. During its first decade, the project has built a foundation for a health education assessment system, created an assessment framework, developed and tested a pool of assessment items, and provided professional development and supporting materials to help teachers implement the assessment system and framework.

**Sample Performance Task: Advocacy for Mental Health**

**Student Challenge**
Your challenge is to select and examine a mental health problem, such as anxiety, depression, eating disorders, suicide ideation, bipolar disorder, or schizophrenia.

Your tasks are to:
- Locate and analyze valid information sources to determine the causes and symptoms of the problem.
- Explore treatment options and health-enhancing ways of managing the problem.
- Recommend helpful tips for talking with friends or family members who might be experiencing the problem.
- Provide a list of helpful community resources.
- Design a computer-generated brochure or presentation targeted to high school students that includes a summary of your information on causes, symptoms, and management/treatment; tips for talking with others; and a list of community resources.

**Assessment Criteria for a Great Presentation**
Your work will be assessed using the following criteria. You will be required to:
- Provide accurate and in-depth information and draw conclusions about relationships between behaviors and health.
- Cite your information sources accurately and explain why your sources are appropriate.
- Provide specific recommendations for health-enhancing ways of managing stress and ways of talking with others about the problem.
- Demonstrate awareness of your target audience (high school students) and persuade others to make healthy choices.

Additional criteria may be determined by class members.

The project helps educators translate theory into practice. It provides educators with a wide range of assessment items developed in a variety of formats, including selected response, constructed response, and performance tasks (see the sample below). The project provides teacher and student rubrics for assessing performance and examples of student papers for scoring practice. Perhaps the greatest benefit to educators has been the hands-on professional development opportunities to practice aligning standards, assessment, and instruction for their own classrooms (CCSSO, 2003).

Classrooms in which students are evaluated by health education standards and criteria are substantially different from classrooms in which many teachers have taught and been taught. Teachers need hands-on preparation and experience with planning, implementing, and evaluating curriculum and instruction aligned with standards and assessment. The Health Education Assessment Project can improve the health of students by providing teachers with the tools they need to meet the important health needs of today's youth.

**References**


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