



## **EFFECTIVE STANDARDS-BASED HEALTH EDUCATION**

Providing students with a high-quality, comprehensive Health Education equips them with the skills, knowledge, and attitudes to address their current and future health interests, needs, and challenges. Health literacy is essential to students' social, emotional, mental, physical, and cognitive development. Health-literate individuals are able to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. This contributes to resilience, well-being, healthy relationships, and a positive quality of life, as well as prevents and reduces the risk of disease, injury, and death. In addition to maintaining and enhancing their own health, health-literate individuals are also able to advocate for the health of others.

The Centers for Disease Control and Prevention (CDC) developed the Characteristics of an Effective Health Education Curriculum based on an examination of professional literature, reviews of effective programs and curricula, and input from experts in health education.

### [Characteristics of an Effective Health Education Curriculum](#)

An effective health education curriculum achieves the following:

1. Focuses on clear health goals and related behavioral outcomes.
2. Is research-based and theory-driven.
3. Addresses individual values, attitudes, and beliefs.
4. Addresses individual and group norms that support health-enhancing behaviors.
5. Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors.
6. Addresses social pressures and influences.
7. Builds personal competence, social competence, and self-efficacy by addressing skills.
8. Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors.
9. Uses strategies designed to personalize information and engage students.
10. Provides age-appropriate and developmentally-appropriate information, learning strategies, teaching methods, and materials.
11. Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.
12. Provides adequate time for instruction and learning.
13. Provides opportunities to reinforce skills and positive health behaviors.
14. Provides opportunities to make positive connections with influential others (e.g., peers, parents, families, and other positive adult role models).
15. Includes teacher information and plans for professional development and training that enhance the effectiveness of instruction and student learning.

During Health Education instruction, educators should always utilize developmentally appropriate, trauma-sensitive, culturally relevant and sustaining, and inclusive practices to reduce barriers to learning and address learner variability. To ensure that the Hawai'i State Department of Education (HIDOE) provides high-quality health education that reflects evidence-informed practices and the growing body of research, instructional materials may be reviewed using the following tools and resources.

### COMPREHENSIVE HEALTH EDUCATION

Comprehensive Health Education is aligned to Hawai'i's Health Education Standards and Hawai'i's Priority Health Topics. The Hawai'i State Board of Education (BOE) adopted the National Health Education Standards in 2019. A three-year implementation rollout began in School Year (SY) 2020-2021, with full implementation in SY 2023-2024. The standards are taught in the context of the Priority Health 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, and Sexual Health and Responsibility. Comprehensive Health Education addresses all Health Education standards and topics. To review instructional materials for comprehensive Health Education, the HIDEOE uses the following tools and standards.

#### A. [National Health Education Standards \(NHES\)](#)

The NHES were developed to establish, promote, and support health-enhancing behaviors for students in all grade levels from pre-kindergarten through grade 12. The BOE adopted these standards in 2019 for use in Hawai'i's public schools in grades K-12, with full implementation in SY 2023-2024. For each standard, there are Performance Indicators (PI) provided for each grade span: K-2, 3-5, 6-8, and 9-12. The PIs are the learning benchmarks that are used to design standards-based curriculum, instruction, and assessment. The PIs listed for each standard are intended to capture what students should know and be able to do by the end of the identified grade span. The NHES and PIs are taught in the context of Hawai'i's Priority Health Topics.

#### B. [Health Education Curriculum Analysis Tool \(HECAT\)](#)

The HECAT is an assessment tool developed by the CDC in partnership with health education experts representing state education agencies, school districts, schools, colleges, and national organizations. The HECAT contains guidance, appraisal tools, and resources to conduct a clear, complete, and consistent examination of health education curricula. The results can help schools select or develop appropriate and effective health education curricula, enhance existing curricula, and improve health education delivery. The HECAT is aligned with the National Health Education Standards and the Characteristics of Effective Health Education Curricula.

#### C. **Healthy, Safe, and Inclusive Messaging**

Health Education instructional materials promote and strengthen healthy behaviors with age and developmentally appropriate, medically accurate, and factual information as well as safe, healthy, and inclusive messages. The [Healthy Behavior Outcomes](#) (HBO) from the HECAT provide suggested healthy behaviors related to the Priority Health Topics. Comprehensive Health Education instructional materials should address many of these HBOs. The [Psych Hub Communication Guide](#), [APA Guidelines for Anti-Bias Language](#), and [SPRC Safe and Effective Messaging for Suicide Prevention](#) are general resources for safe, healthy, and inclusive messaging.

### SEXUAL HEALTH EDUCATION

For sexual health education, instructional materials must be age-appropriate, medically accurate, and align with the BOE Policy 103-5 Sexual Health Education. The HIDEOE schools may not use abstinence-only, abstinence-only-until-marriage, abstinence-plus, and sexual risk avoidance instructional materials as they do not fully address and align with the BOE Policy 103-5. Also, fear-based, shame-based, and unsafe messaging and tactics are unacceptable. The HIDEOE uses the following policies and references in addition to the HECAT and NHES.

### D. [BOE 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.

### E. [BOE Policy 103-8 Prophylactics in the Public Schools](#)

The BOE 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.

### F. [National Sex Education Standards: Core Content and Skills, K-12 \(Second Edition\)](#)

The goal of the National Sex Education Standards (NSES) is to provide clear, consistent, and straightforward guidance on the essential minimum, core content and skills needed for sexuality education that is age-appropriate for students in grades K-12. The NSES are recognized by national professional organizations that support school-based health education, including the Society of Health and Physical Educators (SHAPE) America and the American School Health Association (ASHA). The HIDOE uses the NSES as a reference for age-appropriate content and skills.

The current list of recommended instructional materials for interpersonal violence and sexual violence prevention and sexual health education is publicly available on the [HIDOE Sexual Health Education](#) page. Additional information about the recommended instructional materials is available on the [HIDOE Intranet Health](#) page (HIDOE staff login required).

For more information on the HIDOE Health Education, visit the [Learning Design Resource for Health](#).