

# Health Education Standards Guidelines

## Introduction

Iowa's Academic Standards provide guidance for educators to ensure students possess the skills and knowledge they need to succeed after high school. Health education is essential to a student's overall education experience and builds skills for lifelong healthy living. Statewide standards provide a foundation for Iowa school districts to implement high-quality health education programs. Iowa's recommended physical education and health education standards were approved and adopted by the Iowa State Board of Education on March 28, 2019 based on public input and review team recommendations. Iowa's recommended Health Education Standards are the Joint Committee on National Health Education Standards (NHES) standards and performance indicators from 2019, which will be referred to as Iowa's Health Education Standards and performance indicators.

While Iowa's Physical Education and Health Education Standards were reviewed, recommended, and passed together, physical education and health education have separate requirements, recommendations, and standards. This document will address Iowa's Health Education Standards only.

Standards seek to establish rigorous expectations for excellence in teaching and learning. The National Health Education Standards (NHES) were developed to establish, promote, and support health-enhancing behaviors for students in all grade levels—from pre-Kindergarten through grade 12. The NHES provide a framework for designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. Standards also provide students, families and communities with concrete expectations for health education. The goal of this document is to provide a lens through which to view, understand, and implement Iowa's Health Education Standards.

## How to Read Iowa's Health Education Standards

In 2019, Iowa adopted the National Health Education Standards (NHES) as the recommended Iowa Health Education Standards and performance indicators. The standards provide a common language and are a framework for student learning through eight anchor standards consistent across grades Pre K-12.

The eight anchor standards align with skills and knowledge that promote health behaviors. The table below lists the anchor standards and the health education skill that they align with.

Standard	Health Education Standard	Health Education Skill
Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.	Knowledge Core Concepts
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.	Analyzing Influences
Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.	Accessing Valid Information, Products, Services
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	Interpersonal Communication Skills

Standard	Health Education Standard	Health Education Skill
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.	Decision Making
Standard 6	Students will demonstrate the ability to use goal-setting skills to enhance health.	Goal-Setting
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	Self-Management
Standard 8	Students will demonstrate the ability to advocate for personal, family and community health.	Advocacy

### Performance Indicators

The performance indicators articulate specifically what students should know or be able to do in support of each standard by the conclusion of each of the following grade bands: grades Pre-K–2; grades 3–5; grade 6–8; and grades 9–12. The performance indicators serve as a blueprint for organizing learning and student assessment.

### Identifiers for Standards and Performance Indicators

Identifiers specify the standard, grade band, and performance indicator that they represent. The first number represents the standard that is being addressed (Standards 1-8). The second number refers to the grade band using the last grade in that grade band (2, 5, 8, 12). The third and last number lists the specific performance indicator.

### Example of Identifier

Standard 1, grade band 3-5, performance indicator 2 is written as: 1.5.2 Identify examples of emotional, intellectual, physical, and social health

## How to Use Iowa’s Health Education Standards

SHAPE America identifies the following essential components in health education: policy and environment, curriculum, appropriate instruction, and student assessment.

### Policy and Environment

The rules and resources for a health education program are addressed at the national, state, and local levels. At the state level, health education policy is addressed by the Iowa Department of Education requirements. Health education requirements can be found in Iowa Administrative Code chapter 12 and Iowa Code 256.11. Health education resource lists are provided by the Department as designated by the Duties of the Director, Iowa Code 279.50.

Schools have local control to determine their own health education policies and environment including the time and content delivery for health education that meets the needs of their students and resources available. Health education may be addressed in a school district’s Local Wellness Policy. Community partners and creative planning may enhance the ability of students to meet standards and performance indicators through knowledge and skills practice within and outside of the health education program to maintain healthy, active lifestyles. While partners and content experts are great guest speakers, health education curriculum, instruction, and assessment must be led by a certified teacher with appropriate endorsement.

## Curriculum

Standards provide school districts and schools with guidance and direction for clarifying expected outcomes in health education programs, while allowing for specific curriculum adoption or creation. Health education curriculum is the written, clearly articulated plan for how standards and performance indicators will be met. Curriculum includes all knowledge, skills, and learning experiences that are provided to students within the school program. Standards do not tell teachers how to develop lessons, how to instruct students, or which learning experiences will lead students to mastery.

Schools shall determine the scope and sequence of curriculum to meet the standards and performance indicators as well as the required health education content specifications. The scope is the depth and breadth of the content to be taught at a specific grade level and the development of content across grade bands. Sequence is the order in which the content should be taught for the best learning (building on past knowledge and skills).

Not all content and performance indicators need to be taught in each grade, but all required content should be covered within the grade band. Written curriculum includes units and lessons directly tied to identified learning objectives aligned with standards and performance indicators. A unit of instruction incorporates all of the goals, objectives, content, instructional material, and individual lessons. Lesson plans within a unit are specific outlines of the objectives, tasks, and assessments that will be included for one particular instructional activity.

Data such as the [Iowa Youth Survey \(IYS\)](#) may be used to guide curriculum and instruction. Every two years, the Iowa Department of Health and Human Services (HHS) partners with Iowa school districts to administer the Iowa Youth Survey (IYS). The IYS is an important source of data on adolescent health behaviors and experiences.

## Appropriate Instruction

Schools and school districts shall use a multicultural, gender-fair approach to instruction. Appropriate Instruction includes instructional practices and deliberate activities that support the goals and objectives defined in the curriculum. Instructional minutes per grade are determined locally based on policies, student and teacher needs, and community and school resources and environment. Health education content may be taught by a certified teacher with grade-level and appropriate content endorsement if integrated into other courses in grades K-8. Health education must be taught by a certified teacher with a grade-level and health education endorsement when offered as a stand-alone course.

The Centers for Disease Control and Prevention (CDC) acknowledges that overemphasizing the teaching of scientific facts leads to less effective health education curriculum. Effective curriculum emphasizes teaching functional health information (essential knowledge) as well as shaping personal values and beliefs that support healthy behaviors; shaping group norms that value a healthy lifestyle; and developing the essential health skills necessary to adopt, practice, and maintain health enhancing behaviors

There is strong evidence that skills-based health education with all age-groups, applied in an appropriate context, increases healthy behaviors and reduces risky behaviors.

The five steps of teaching a skill are as follows:

- Discuss the importance of the skill, its relevance, and its relationship to other learned skills
- Present steps for developing the skill
- Model the skill
- Practice the skill
- Reinforcement of the skill through feedback and connection to real world experience

## Student Assessment

Student Assessment, the gathering of evidence regarding student achievement and progress, is a key component in all academic subjects. Data collection and tracking guide instruction, measure student learning and skills, and inform program development. Assessments in health education should provide information about what students know and are able to do. Pre-assessments and formative and summative assessments may include a variety of tools. Specific assessment tools should be included in the curriculum and aligned with learning objectives, standards, and performance indicators. Student assessment is determined locally and is unique to each program.

## Closing

Health education is valued as a foundational component for the health and well-being of students by health experts and policy leaders and has been shown to have a positive association with overall academic performance. Iowa's recommended Health Education Standards and performance indicators provide a framework for teaching and learning. Standards support and are supported by the essential components of policy and environment, curriculum, appropriate instruction, and student assessment.

These essential elements are influenced at the national, state, and local levels. Schools and school districts shall use a multicultural, gender fair approach to instruction as well as research-based and age-appropriate resources. As a best practice, skills-based health education should be aligned with standards and utilize the five steps of teaching a skill while covering the required content specifications for health education.

## References

Society of Health and Physical Educators (SHAPE) America. <https://www.shapeamerica.org/>

Health Education, Iowa Department of Education. <https://educate.iowa.gov/pk-12/standards/instruction/health#health-education-standards>

Characteristics of an Effective Health Education Curriculum. <https://www.cdc.gov/assessing-improving-school-health/health-education-curriculum/index.html>