In the center of the model is the Well-Being Wheel—which is composed of the ten content areas of health that make up the comprehensive school health education curriculum:

1. Mental and Emotional Health
2. Family and Social Health
3. Growth and Development
4. Nutrition
5. Personal Health and Physical Activity
6. Alcohol, Tobacco, and Other Drugs
7. Communicable and Chronic Diseases
8. Consumer and Community Health
9. Environmental Health
10. Injury Prevention and Safety

The ten content areas in the Well-Being Wheel are influenced by the degree to which a person comprehends health concepts; analyzes influences on health; accesses valid health information and products and services; uses effective communication skills; uses resistance skills when appropriate; uses conflict resolution skills; makes responsible decisions; sets health goals; practices healthful behaviors; manages stress; advocates for health; and demonstrates good character.

The Scope and Sequence Chart

The **Scope and Sequence Chart** in Section 4 of this book serves as a blueprint for the Meeks Heit K–12 Health Education Curriculum Guide. The Scope and Sequence Chart is divided into separate charts for the following grade-level spans: grades K–2, grades 3–5, grades 6–8, and grades 9–12. The Scope and Sequence Chart is at the back of the book rather than in this chapter to make it easier for you to duplicate.

The Components of Health Literacy

The components of health literacy (critical thinking and problem solving, responsible and productive citizenship, self-directed learning, and effective communication) are discussed in the introduction to the Scope and Sequence Chart in Section 4. This makes it clear that health literacy drives the content areas, health goals, National Health Education Standards, and objectives that were used in the development of the Scope and Sequence Chart.

The Content Areas

Ten content areas appear as headings within each of the charts for the various grade-level spans. Each of the six categories of risk behaviors is included in one or more of these ten content areas. The ten content areas are as follows:

1. Mental and Emotional Health
2. Family and Social Health
3. Growth and Development
4. Nutrition
5. Personal Health and Physical Activity
6. Alcohol, Tobacco, and Other Drugs
7. Communicable and Chronic Diseases
8. Consumer and Community Health
9. Environmental Health
10. Injury Prevention and Safety

It should be noted that in grades 9–12 there is an additional content area called Life Skills that focuses on the National Health Education Standards. At the other grade-level spans, life skills are taught within the ten content areas. In grades 9–12, life skills are taught both as a separate content area and within the ten content areas.

Health Goals

Health goals appear in the first column under each of the ten content areas within a grade-level span. **Health goals** are healthful behaviors a person works to achieve and maintain. Health goals are stated as "I will . . ." because they indicate that the student is willingly and willfully choosing to commit to work toward, achieve, and maintain them. One of the purposes of comprehensive school health education is to help students work toward, achieve, and maintain health goals.

The National Health Education Standards

The National Health Education Standards appear in the second column under each of the ten content areas within a grade-level span. The abbreviation *NHES* and a number are used.

NHES 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

NHES 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
NHES 3: Students will demonstrate the ability to access valid information and products and services to enhance health.
NHES 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
NHES 5: Students will demonstrate the ability to use decision-making skills to enhance health.
NHES 6: Students will demonstrate the ability to use goal-setting skills to enhance health.
NHES 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks.
NHES 8: Students will demonstrate the ability to advocate for personal, family, and community health.

Many states also have identified state-specific standards.

In this curriculum, the term *life skill* is used for each of the skills needed to master the National Health Education Standards. **Life skills** are abilities that maintain and improve a person's health and promote the health of others. Each life skill is assigned a number that matches a National Health Education Standard. The following lists the life skills followed by the number of the NHES in parentheses:

- Comprehend health concepts (NHES 1)
- Analyze influences on health (NHES 2)
- Access valid health information and products and services (NHES 3)
- Use communication skills (NHES 4A)
- Use resistance skills (NHES 4B)
- Use conflict resolution skills (NHES 4C)
- Make responsible decisions (NHES 5)
- Set health goals (NHES 6)
- Practice healthful behaviors (NHES 7A)
- Manage stress (NHES 7B)
- Be a health advocate (NHES 8)
- Demonstrate good character (NHES 1–8)

The Objectives (Performance Indicators)

After the columns for Health Goals and the National Health Education Standards, the remaining columns list the behavioral objectives for each of the ten content areas for each grade level. A **behavioral objective** is a statement of what a student should be able to do after completing a learning experience. There is more than one type of learning. When developing the performance indicators, the Joint Committee on Health Education Standards subscribed to the principle that true learning can be measured in terms of students' acquisition of knowledge, skills, and attitudes.

Thus, the Scope and Sequence Chart in Section 4 restates the performance indicators as behavioral objectives based on the three domains of learning (knowledge, skills, and attitudes) in Bloom's (1956) *Taxonomy of Educational Objectives.* The **cognitive domain** (knowledge domain) is a category of objectives dealing with mental skills or thinking behavior. The **psychomotor domain** (skill domain) is a category of objectives dealing with manual or physical skills. The **affective domain** (attitude domain) is a category of objectives dealing with growth in feelings or emotional areas.

There are five rules for writing behavioral objectives:

- *Rule 1:* A behavioral objective needs to be stated in a way that makes it clear that the expectation is for the student. It would be correct to say, "The *student* will . . ." It would be incorrect to say, "The *lesson* describes . . ." or "The *teacher* will . . ." The first part of a behavioral objective is referred to as the *who.*
- *Rule 2:* A behavioral objective must specify the kind of behavior that will be accepted as evidence. Some words that specify evidence of student behavior are *to list, to compare, to identify, to differentiate, to solve, to write,* and *to recite.* Words that are incorrect because there is no evidence of behavior include *to know, to understand, to have faith in, to believe, to really understand,* and *to appreciate.* Part 2 of a behavioral objective is referred to as the *behavior.*
- *Rule 3:* A behavioral objective must include content about the specific learning experience. For example: The student will identify *the effects of alcohol on the body.* Part 3 of the behavioral objective is referred to as the *content.*
- *Rule 4:* A behavioral objective describes the important conditions under which the behavior will be expected to occur. These are some examples of conditions: *with textbook open, after seeing a film, using a model of a heart,* and *given a 50-minute time period.* Part 4 of the behavioral objective is referred to as the *condition.*
- *Rule 5:* A behavioral objective must specify the criteria for acceptable performance by describing how well the learner must perform to be acceptable. Thus, the objective "The student will write an essay on the danger signals of heart disease" does not contain acceptable performance criteria. Correctly stated, the objective with criteria would read, "The student will write an essay about heart disease *that includes at least two danger signals.*" Part 5 of the behavioral objective is referred to as the *criteria.*

Box 3-3, "Constructing a Behavioral Objective," provides examples of two behavioral objectives. Each is broken down into (1) who, (2) behavior, (3) content, (4) condition, and (5) criteria.

BOX 3-3

Constructing a Behavioral Objective

Following are two examples of correctly formulated behavioral objectives:

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With an open textbook, the student will write a balanced menu for one day that includes the correct number of servings from MyPyramid.

Who:	the student
Behavior:	will write
Content:	a balanced menu for one day
Condition:	with an open textbook
Criteria:	that includes the correct number of servings from MyPyramid

◊◊◊

After viewing the film on self-protection, the student will write a pamphlet on child abuse that identifies at least five signs and symptoms of physical abuse.

Who:	the student
Behavior:	will write
Content:	a pamphlet on child abuse
Condition:	after viewing the film
Criteria:	that identifies at least five signs and symptoms of physical abuse

Introducing and Teaching the National Health Education Standards

Self-responsibility for health is the priority a person assigns to being health literate, maintaining and improving health, preventing disease, and reducing health-related risk behaviors. One goal of comprehensive school health education is to motivate students to assume responsibility for health.

Health promotion involves informing and motivating students to become health literate, maintain and improve their health, prevent disease, and reduce health-related risk behaviors. Health promotion also involves the environmental constructs and supports that enable students to act on their knowledge and skills.

Health promotion includes effective classroom instruction. Teachers promote health when they make the classroom a laboratory where students learn and use life skills and work to achieve health goals that enable them to master the National Health Education Standards. The following discussion focuses on the eight National Health Education Standards—how to introduce them and how to teach them.

How to Introduce the National Health Education Standards

There is a saying in education: "If you don't know where you are going, you will never get there." What does this mean? It means that before you begin an educational effort, you must identify what you want the outcome to be. The desired outcome for comprehensive school health education is for students to master the National Health Education Standards. Given that this is the desired outcome, the first step in teaching ought to be introducing the National Health Education Standards to students. Box 3-4 provides a narrative teachers might use to introduce the National Health Education Standards to middle school students.

How to Teach Health Education Standard 1: Comprehend Health Concepts

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

National Health Education Standard 1 focuses on what students need to know and understand to be healthy. Appendix A, "National Health Education Standards: Teaching Masters," includes teaching masters that identify steps students can follow to master Health Education Standard 1: Comprehend Health Concepts. The teaching masters are grade-level specific and labeled for use in grades K–2, grades 3–5, grades 6–8, and grades 9–12. The following discussion focuses on the steps students in grades 9–12 can follow to master Health Education Standard 1.