

Overview

Next Generation Sunshine State Standards: Health Education

History

The Sunshine State Standards were first approved by the State Board of Education in 1996 as a means of identifying academic expectations for student achievement in Florida. These original standards were written in several subject areas and were divided into four separate grade clusters (PreK-2, 3-5, 6-8, 9-12). This format was chosen to provide flexibility to school districts in designing curriculum based on local needs.

As Florida moved toward greater accountability for student achievement at each grade level, some of the Sunshine State Standards were further defined with specific “Grade Level Expectations” added over time. As time went on, two realities appeared that magnified the need to increase the level of rigor, coherence, and clarity in Florida’s academic standards. First, it was recognized that the level of rigor in the 1996 standards was inadequate to address the increased levels of achievement registered by our students. Second, ample evidence from both national and international measures of student achievement indicated the urgent need for higher levels of challenge for all our students. This could not occur without a serious effort to increase the level of rigor and expectations across the board for all Florida students.

The Department of Education recognized the need for a systematic approach to review and revise all of the academic standards, and on January 17, 2006, the State Board of Education adopted a six-year cycle that set forth a schedule of the regular review and revision of all K-12 content standards (<http://www.flstandards.org>). This move went far beyond increasing the rigor of the standards; however, it included this alignment of the new standards with instructional materials, professional development, and teacher licensure exams. This way, the new standards and their higher levels of rigor will be fully integrated into the entire culture of K-12 instruction. This move sets the stage for higher levels of rigor and higher academic achievement for years to come.

A Commitment to Excellence

In 2006, the Florida legislature boldly stated its commitment to higher and more challenging standards for Florida’s children by passing House Bill 7087. Florida law now reads:

§1001.03(1) ...The state board shall establish a schedule to facilitate the periodic review of the standards to ensure adequate rigor, relevance, logical student progression, and integration of reading, writing, and mathematics across all subject areas.

In 2008 the Florida Legislature passed SB 1908, which requires the creation of the Next Generation Sunshine State Standards. Many people were involved in the review and revision of the Next Generation Sunshine State Standards for health education. The Department of Education extends sincere thanks to all of the educators and members of the public for their active interest in this important work. We look forward to continued work with them as partners in implementing these higher expectations for all of Florida's students.

Dr. Eric J. Smith
Commissioner of Education

Health Education Standards Revision Process

In January 2008, the Bureau of Instruction and Innovation, Office of Healthy Schools convened a committee to lay the foundation for the revision of the current Sunshine State Standards for health education. This committee, known as the Framers Committee, determined the focus and number of strands as well as the development of corresponding educational standards. Members of this committee heard from experts in the field regarding such things as the need for quality health education standards, trends, and needs of the 21st century student. The committee was comprised of health education professionals at the district and school levels, the Florida Parent/Teacher Association, and health related organizations whose memberships include educators in the K-12 and post-secondary areas. The Department of Education provided these committee members with resources designed to assist with the revision process.

The Framers Committee determined there would be three strands: Health Literacy: Concepts; Health Literacy: Responsible Behavior; and Health Literacy: Promotion. The Concepts Strand focuses on health knowledge. Health knowledge includes ten overarching components: community health, consumer health, environmental health, family life, mental and emotional health, injury prevention and safety, nutrition, personal health, prevention and control of disease, and substance use and abuse. The Responsible Behavior and Promotion Strands focus on skill development in the following areas: analyzing influences; accessing information; interpersonal communication; decision-making; goal setting; self-management; and advocacy. These skills are associated with each of the ten overarching components listed above and work hand in hand with the Concepts Strand. The framers identified eight standards. Six of the standards replicate the 2007 revision of the National Health Education Standards, and two of the national standards were adjusted to better reflect Florida's needs and desired outcomes. The framers decided that standards should have corresponding benchmarks at each grade level from K-8, and remain clustered for grades 9-12.

Florida's Writers Committee had the charge to develop benchmarks associated with the identified strands and standards. This committee was comprised of district and classroom level health educators, two statewide health-related organizations, the Florida Parent/Teacher Association, a university professor, and a medical doctor. The committee began meeting in February 2008, and worked steadily through May 2008. The Department of Education provided the writers with resources designed to assist them with the revision of the benchmarks. The committee was given the charge of developing benchmarks with both rigor and relevance. Scaffolding and age appropriate skill development and acquisition were considered as part of the effort to develop academically rigorous and relevant standards.

As benchmarks were developed, framers were asked to continue to provide feedback. In March and April 2008, the Office of Healthy Schools met with both the framers and writers via conference calls to discuss the next steps in the revision process. Framers, again, were asked to continue to review the benchmarks and provide input.

The writers completed a final draft of the standards in May 2008. The standards were readied for public input, which ran from May through July 2008. While the public had the opportunity to provide input, expert reviewers in health education were also reviewing the standards. Reviewers included nationally recognized experts in health education from the university level, national health organizations, a federal organization that focuses on school health, the medical field, and state agencies.

Three hundred seventy-five online reviewers chose to complete the visitor profile. These reviewers identified themselves as teachers, parents, district level educators, state level educators, post secondary educators, school level administrators, business representatives, and out-of-state stakeholders.

The Department of Education also provided the public with three opportunities to participate in public forums held in various counties throughout the state. Participants were provided an overview of the revision process by the chief of the Bureau of Instruction and Innovation. They also received a presentation from the health education coordinator that detailed the health education standards review process.

The writers met for a final time in July 2008 to review the input provided by both the public and expert reviewers. The writers carefully reviewed all comments. Adjustments were made to the benchmarks based on these comments. As a result of the adjustments, a crosswalk of the standards and benchmarks was completed to assure the intent, rigor, relevance, and quality of the standards were being met.

The names of the framers, speakers, writers, and expert review panelists are included in the *Acknowledgments* section of this document.

Access Points for Students with Significant Cognitive Disabilities

As part of the revision to the Next Generation Sunshine State Standards, access points for students with significant cognitive disabilities were developed. These access points are expectations written for students with significant cognitive disabilities to access the general education curriculum. Embedded in the Next Generation Sunshine State Standards, access points reflect the core intent of the standards with reduced levels of complexity. The three levels of complexity include participatory, supported, and independent with the participatory level being the least complex.

The access points for the Next Generation Sunshine State Standards for health education were developed through the cooperative efforts of writing teams composed of Florida educators under the direction of staff from the Learning Systems Institute at Florida State University and the Florida Department of Education.

Structure of the Standards Documents

The Next Generation Sunshine State Standards for health education are organized by grade level for grades K-8 and by cluster for grades 9-12. This structure was determined by the Framers Committee.

The model for writing the standards was provided by the revised 2007 National Health Education Standards.

The standards correspond with one of the following strands or big ideas and are listed as: Health Literacy: Concepts, Health Literacy: Responsible Behavior, Health Literacy: Promotion. The strands are ordered by letter: C for Concepts, B for Responsible Behavior and P for Promotion. Two standards are located under Strand C, four under Strand B, and two under Strand P equaling a total of eight standards. Each standard has associated benchmarks identifying specific knowledge or skills students are to acquire. Standards and benchmarks will be pulled from the various strands to write specific course descriptions at the secondary level.

With people from many parts of the health education community involved with framing, writing, reviewing, and revising the standards, the Next Generation Sunshine State Standards for health education are truly the stakeholder's standards. The Florida Department of Education is sincerely grateful for the work performed in revising these content standards.

Mary Jane Tappen
Deputy Chancellor for Curriculum, Instruction, and Student Services

Acknowledgments

The Bureau of Instruction and Innovation Office of Healthy Schools is thankful for the assistance and input of the many stakeholders who have participated in this revision process. Without the interest and comments from the many stakeholders, we would not have been able to produce standards of this caliber.

We especially thank the individuals who gave their time, energy, and expertise during the revision process of the standards by serving on the Framers Committee and the Writers Committee as well as to those who took the time to review and provide comments to the drafts online. These people include, but are not limited to the following:

Health Education Standards Framers Committee

- Kathleen Bowles
Safe and Healthy Schools Supervisor, Duval County
- Suzanne Edgar
Family Life/Human Sexuality Facilitator, Broward County
- Robert Hagemann
Middle School Principal, Sarasota County
- James Hayes
Elementary Health/Physical Education Teacher, Charlotte County
- Peggy Johns
Health Education Supervisor, Pinellas County
- Dawn Skenes Johnson
Florida Parent Teacher Association PTA
- Therese LeTourneau
Franchise Manager, Florida Virtual School
- Fannie Page
Middle School Health Education Teacher, Polk County
- Lorri Pilkington
President, Florida School Health Association
- Jose Rivera
Elementary/Middle School Health Education Teacher, Duval County
- Lisa Ross
Health Association President, Florida Alliance for Health, Physical Education, Recreation, Dance and Sports
- Judy Strickland
Middle School Health Education Teacher, Pinellas County
- Myrna Watkins
Health Education Coordinator, Marion County
- Linda West
Comprehensive Health Specialist K-12, Polk County
- Jackie White
District Supervisor, HIV/AIDS Education, Miami-Dade County

National Experts who Presented Research to the Framers

- Sharon Murray
Society of State Directors of Health, Physical Education, and Recreation
- Marlene Tappe
Minnesota State University
- Katherine Wilber
Maine Department of Education

Health Education Standards Writing Committee

- Kathleen Bowles
Supervisor, Safe and Healthy Schools, Duval County
- Kathy Bowman-Harrow
Health Education Resource Teacher, K-12, Orange County
- Katherine Crane
Middle School Health Education Teacher, Santa Rosa County
- Marsha Fishbane
Physician, Palm Beach County Health Department
- Cynthia Gass
Comprehensive Health Specialist, K-12, Polk County
- Cheryll Hall
Past Health Association President, Florida Alliance for Health, Physical Education, Recreation, Dance, and Sports
- Peggy Hinman
High School Health Education Teacher, Pasco County
- Jessica Hoag
High School Health Education Teacher, Pinellas County
- Peggy Johns
Health Education Supervisor, Pinellas County
- Dawn Skenes Johnson
Florida Parent Teacher Association
- Paula Kozelka
Middle School Health Education Teacher, Okaloosa County
- Jose Rivera
Elementary/Middle School Health Education Teacher, Duval County
- Gayla Sanders
High School Health Education Teacher, Leon County
- Leslie Shugart
Past President, Florida School Health Association
- John Todorovich
Interim Chair, Department of Health, Leisure, and Exercise Science, University of West Florida
- Myrna Watkins
Health Education Coordinator, Marion County
- Linda West
Comprehensive Health Education Specialist K-12, Polk County

Health Education Access Point Writing Team

- Jan McKay
Research Associate, Learning Systems Institute, Florida State University
- Daisy Eddins
Adapted Physical Education Teacher, Santa Rosa County
- Deby Green
Varying Exceptionalities Specialist, Paul B. Stephens School, Pinellas County
- Lynn Jamison
Staffing Specialist, Columbia County
- Jill Klein
School Nurse, Gretchen Everhart School, Leon County
- Helen Pastore
ESE Teacher, Oak Park School, Sarasota County
- Pat Porak
Program Specialist, Lake County

Health Education Standards Expert Review Panelists

- Bonnie Edmondson
HIV/STD Prevention Education Coordinator, Connecticut State Department of Education
- Carolyn Fisher
Senior Advisor, Division of Adolescent School Health, Centers for Disease Control and Prevention
- Toni Moody
Physician, Founder/Executive Director, Health Masters Club, Incorporated
- Marlene Tappe
Assistant Professor, Minnesota State University
- Susan Telljohann
Professor, University of Toledo
- Mae Waters
Program Manager/Consultant, Florida State University
- Mary Waters
School Health Project Manager, American Cancer Society
- Katherine Wilbur
National Health Education Manager, Alliance for a Healthier Generation

FLORIDA HEALTH EDUCATION STANDARDS

K-12 GRADE-LEVEL STANDARDS

Health education is integral to the primary mission of schools. It provides students with a continuum of learning experiences to develop the knowledge and skills they need to become successful learners and healthy productive adults. Health literacy is a fundamental part of the school health program and is essential to the health and wellness of the student.

The Partnership for 21st Century Skills (2008) defines health literacy as:

- Obtaining, interpreting, and understanding basic health information and services and using such information and services in ways that are health enhancing.
- Understanding preventive physical and mental health measures, including proper diet, nutrition, exercise, risk avoidance, and stress reduction.
- Using available information to make appropriate health-related decisions.
- Establishing and monitoring personal and family health goals.
- Understanding national and international public health and safety issues.

The goal of health education is to produce health literate students. A health literate person....

- Is a self-directed learner.
- Is a critical thinker and problem solver.
- Is an effective communicator.
- Is a responsible, productive citizen.

2004 Council of Chief State Schools Officers (CCSSO)

Quality educational standards help schools identify and develop appropriate effective health education curricula, strengthen their delivery of health education and improve the ability of school health educators to influence healthy behaviors and healthy outcomes among school-age youth. Florida's Next Generation Sunshine State Standards for health education are based upon established health behavior theories, models, and evidence-based research, as well as best practices. The standards and rationales are derived from the National Health Education Standards that provide the framework for the alignment of assessment, curriculum, and instruction.

Florida's Next Generation Sunshine State Standards for health education are organized around three strands that define major elements of health literacy. These strands are relevant across all grade levels and provide unifying threads of understanding.

Each standard includes a rationale statement intended to provide clarity.

The benchmarks provide the specificity, by grade level or cluster, to meet the standards. The benchmarks enable students to acquire knowledge and skills that are age and developmentally appropriate.

The standards and corresponding benchmarks encompass one or more of the ten components of health education: community health, consumer health, environmental health, family life, mental and emotional health, injury prevention and safety, nutrition, personal health, prevention and control of disease, and substance use and abuse. The standards and benchmarks are not specific to a health education concept or component, but focus on health knowledge and skill development and acquisition.

The ten components are distributed throughout the benchmarks in the instructional examples. The benchmarks are not limited to only the examples presented; other components may fit a benchmark and should be used.

The knowledge and skills that students will acquire as a result of effective health education are listed below by Strand, Standard, and the Rationale statement.

C. Health Literacy: CONCEPTS

Standard 1 - Comprehend concepts related to health promotion and disease prevention to enhance health.

RATIONALE: The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviors among youth. This standard includes essential concepts that are based on established health behavior theories and models. Concepts that focus on both health promotion and risk reduction are included in the benchmarks.

Standard 2 – Analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

RATIONALE: Health is affected by a variety of positive and negative influences within society. This standard focuses on identifying and understanding the diverse internal and external factors that influence health practices and behaviors among youth including personal values, beliefs, and perceived norms.

B. Health Literacy: RESPONSIBLE BEHAVIOR

Standard 1– Demonstrate the ability to access valid health information, products and services to enhance health.

RATIONALE: Accessing valid health information and health-promoting products and services is critical in the prevention, early detection, and treatment of health problems. This standard focuses on how to identify and access valid health resources and to reject unproven sources. Application of the skills of analysis,

comparison and evaluation of health resources empowers students to achieve health literacy.

Standard 2 - Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

RATIONALE: Effective communication enhances personal, family, and community health. This standard focuses on how responsible individuals use verbal and nonverbal skills to develop and maintain healthy relationships. The ability to organize and to convey information and feelings is the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

Standard 3 – Demonstrate the ability to use decision-making skills to enhance health.

RATIONALE: Decision-making skills are needed in order to identify, implement, and sustain health-enhancing behaviors. This standard includes the essential steps that are needed to make healthy decisions as prescribed in the benchmarks. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve their quality of life.

Standard 4 – Demonstrate the ability to use goal-setting skills to enhance health.

RATIONALE: Goal-setting skills are essential to help students identify, adopt, and maintain healthy behaviors. This standard includes the critical steps needed to achieve both short-term and long-term health goals. These skills make it possible for individuals to have aspirations and plans for the future.

P. Health Literacy: PROMOTION

Standard 1 – Demonstrate the ability to practice advocacy, health-enhancing behaviors, and avoidance or reduction of health risks for oneself.

RATIONALE: Research confirms that the practice of health enhancing behaviors can contribute to a positive quality of life. In addition, many diseases and injuries can be prevented by reducing harmful and risk-taking behaviors. This standard promotes the acceptance of personal responsibility and self-advocacy for health, and encourages the practice of healthy behaviors.

Standard 2 - Demonstrate the ability to advocate for individual, peer, school, family, and community health.

RATIONALE: Advocacy skills help students promote healthy norms and healthy behaviors. This standard helps students develop important skills to target their health enhancing messages and to encourage others to adopt healthy behaviors.

Additionally, the Centers for Disease Control and Prevention lists the following characteristics of effective health education which purport what a quality health education program looks like, beginning with the foundation laid by educational standards.

- Focuses on specific behavioral outcomes
- Is research-based and theory-driven
- Addresses individual values and group norms that support health enhancing behaviors
- Focuses on increasing personal perception of risk and harmfulness of engaging in specific health risk behaviors and reinforcing protective factors
- Addresses social pressures
- Builds personal and social competence
- Provides functional health knowledge that is basic, accurate, and directly contributes to health promoting decisions and behaviors
- Uses strategies designed to personalize info and engage students
- Provides age and developmentally appropriate information, learning strategies, teaching methods and materials
- Emphasizes adequate time for instruction
- Provides opportunities to reinforce skills and positive health behaviors
- Provides opportunities to make connections with other influential persons
- Includes teacher information and plans for professional development and training to enhance effectiveness of instruction and learning

Benchmark Coding Scheme

The standards are associated by strands or big ideas. Standards one and two are associated with Health Literacy: Concepts; standards three through six are associated with Health Literacy: Responsible Behavior; and standards seven and eight are associated with Health Literacy: Promotion. The coding provided below directs the user.

HE.	5.	C.	1.	1
Subject	Grade Level	Strand	Standard	Benchmark

Strands

C ~ Health Literacy Concepts

B ~ Health Literacy Responsible Behavior

P ~ Health Literacy Promotion

Access Points Coding Scheme

HE.	5.	C.	1.	In.a
Subject	Grade Level	Strand	Standard	Access Point

Access Points Key:

In ~ Independent

Su ~ Supported

Pa ~ Participatory

ACRONYMS

AED	automated external defibrillator
BMI	body mass index
CAT-scan (CT Scan)	computerized axil tomography
CDC	Centers for Disease Control and Prevention
CPR	cardiopulmonary resuscitation
DOH	Department of Health
EKG (ECG)	electrocardiogram
EMS	emergency medical services
EMT	emergency medical technician
HIV	human immunodeficiency virus
HPV	human papillomavirus
MRI	magnetic resonance imaging
NIDA	National Institutes of Drug Abuse
NIH	National Institutes of Health
OTC	over-the-counter
PFD	personal flotation device
PSA	public service announcement
RR	railroad
STD	sexually transmitted disease
STI	sexually transmitted infection
211	regional telephone number to give help and to get help
911	regional telephone number to request emergency response