



# Chapter 3

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## **About The Information in This Manual**

From time to time, the Massachusetts Department of Public Health may update some of the materials. Please check the School Health Manual online to see if there are any recent updates.

Please be certain to check for new laws and regulations that may be in effect after publication of this Manual. You may find the Massachusetts General Laws online at <http://www.mass.gov/legis/laws/mgl/> and the Code of Massachusetts Regulations at <http://www.lawlib.state.ma.us/cmr.html> . These sites are periodically updated, but are not the official version of the Massachusetts General Laws (MGL) or Code of Massachusetts Regulations (CMR). You should always refer to an official edition of the MGL and CMR. Official editions may be found at the Statehouse Bookstore and many public and law libraries.

## **Chapter 3**

# **COMPREHENSIVE SCHOOL HEALTH EDUCATION**

### **OVERVIEW OF COMPREHENSIVE SCHOOL HEALTH EDUCATION**

The centerpiece of a comprehensive school health education (CSHE) program is a documented, planned, sequential, and skills-based health education curriculum for students in pre-kindergarten through 12th grade. A high-quality curriculum is developmentally and culturally appropriate, is based on students' needs, and focuses on emerging health concepts and issues. The curriculum should be taught by trained teachers, using appropriate instructional methods. When possible, evidence-based approaches and teaching strategies should be used.

The purpose of a CSHE curriculum is to provide ongoing learning opportunities designed to maximize each student's prospects of making health-enhancing decisions throughout life. The desired outcome is both to prevent disease and disability and to promote wellness by integrating the physical, mental, emotional, and social dimensions of healthy development.

A CSHE curriculum is an integral part of an overall program, defined in Massachusetts as a comprehensive school health and human services program (CSHHSP), consisting of an organized set of policies, procedures, and activities designed to protect and promote the health and well-being of students and staff. It operates within a context of respect for the cultural diversity of the student population and encompasses many aspects of school life:

- health education;
- health services;
- the physical and social environment;
- guidance and support services;
- the food service program;
- physical education;
- family and consumer sciences;
- school and worksite health promotion; and
- family and community involvement.

A comprehensive curriculum is an interrelated set of age-appropriate and culturally relevant activities addressing students' health-related knowledge, attitudes about health risks and behaviors, and skill-building, to decrease risk while increasing health-promoting behaviors.

Additionally, a CSHE curriculum should be based on a well-planned scope and sequence of lessons that include all grade levels, K-12. Elementary-school students should learn basic health concepts and skills as a foundation. Intensive health education is especially important in the middle grades, because early adolescents may face intensified peer pressure to engage in behaviors that threaten their health and safety. Health education should continue through the final years of high school, when many adolescents have begun to drive cars, some have become sexually active, and all need

reinforcement for the development of healthy behaviors that will extend into adulthood. The knowledge and skills needed for a healthy lifestyle are developed, refined, and strengthened over the years through carefully sequenced health education.

### MASSACHUSETTS LAW AND HEALTH EDUCATION

The legal basis for health education in Massachusetts Public Schools is M.G.L. c.71, s.1, which states:

“Instruction in health education shall include, but not be limited to: consumer health, ecology, community health, body structure and function, safety, nutrition, fitness and body dynamics, dental health, emotional development, and training in the administration of first aid, including cardiopulmonary resuscitation . . . In connection with physiology and hygiene, instruction as to the effects of alcoholic drinks and of stimulants, including tobacco, and narcotics on the human system, as to tuberculosis and its prevention, as to the detection and prevention of breast and uterine cancer, and as to fire safety, including instruction in the flammable qualities of certain fabrics, and as to the prevention and treatment of burn injuries, shall be given to pupils in all schools under public control, except schools maintained solely for instruction in particular subject areas . . . No pupil shall be required to take or participate in instruction on disease, its symptoms, development and treatment, whose parent or guardian shall object thereto in writing on the grounds that such instruction conflicts with his sincerely held religious beliefs, and no pupil so exempt shall be penalized by reason of such exemption.”

Although health education curriculum topics are listed in some detail, there are no hour, topic, or grade-level requirements at the state level for health education. Establishing health education requirements is the responsibility of local school districts. As a result, health education varies from district to district.

M.G.L. c.71, s.32A specifies that districts implementing any curriculum that primarily involves human sexual education or human sexuality issues must notify parents/guardians in writing about the curriculum, make the curriculum available for review, and allow parents/guardians the option of exempting their children from any part of that curriculum.

M.G.L. c.69, s.1D directs the Massachusetts Board of Education to develop academic standards for core academic subjects, not including health per se. However, the statute includes the provision that “standards may provide for instruction in the issues of nutrition, physical education, AIDS education, violence prevention, and drug, alcohol and tobacco abuse prevention. The Board may also include the teaching of family life skills, financial management and consumer skills.” In 1999, the Massachusetts Department of Education (DOE) outlined such standards in the *Massachusetts Comprehensive Health Curriculum Framework*. The Framework, which incorporates health education, physical education, and family and consumer sciences, provides guidelines for developing or adopting K-12 curricula.

Please be certain to check for new laws and regulations that may be in effect after publication of this Manual. You may find the Massachusetts General Laws online at <http://www.mass.gov/legis/laws/mgl/> and the Code of Massachusetts Regulations at <http://www.lawlib.state.ma.us/cmr.html> . These sites are periodically updated, but are not the official version of the Massachusetts General Laws (MGL) or Code of Massachusetts Regulations (CMR).

You should always refer to an official edition of the MGL and CMR. Official editions may be found at the Statehouse Bookstore and many public and law libraries.

### COMPREHENSIVE SCHOOL HEALTH EDUCATION STANDARDS

Through health literacy, healthy self-management skills, and health promotion, comprehensive health education teaches fundamental health concepts, promotes habits and conduct that enhance health and wellness, and guides efforts to build healthy families, relationships, schools, and communities. The Massachusetts Comprehensive Health Curriculum Framework discusses recommended health education content in terms of 4 separate but interrelated strands: physical health, social and emotional health, safety and prevention, and personal and community health. Each strand includes several PreK-12 standards (14 in all) that define topic-oriented content and set expectations for knowledge and skills that students should acquire from their health studies.

#### Physical Health Strand

- Growth and Development
- Physical Activity and Fitness
- Nutrition
- Reproductive Health

#### Social and Emotional Health Strand

- Mental Health
- Family Life
- Interpersonal Relationships

#### Safety and Prevention Strand

- Disease Prevention and Control
- Safety and Injury Prevention
- Tobacco, Alcohol, and Other Substance Use/Abuse Prevention
- Violence Prevention

#### Personal and Community Health Strand

- Consumer Health and Resource Management
- Ecological Health
- Community and Public Health

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Within these standards, measurable student competencies are defined for each grade span (PreK-5, 6-8, 912). Detailed descriptions of the standards and the associated competencies may be found at <http://www.doe.mass.edu/frameworks/health/1999/1099.pdf>. Print copies are available upon request from the Department of Education.

The Massachusetts standards are organized primarily by topical content, although each standard also addresses skill development. The National Health Education Standards, developed by the Joint Committee on National Health Education Standards in 1995 and revised in 2005, place an even stronger emphasis on the critical health skills students need in order to adopt, practice, and maintain healthy behaviors. The National Health Education Standards state that:

- Students will comprehend concepts related to health promotion and disease prevention to enhance health.
- Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- Students will demonstrate the ability to access valid information and products and services to enhance health.
- Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- Students will demonstrate the ability to use decision-making skills to enhance health.
- Students will demonstrate the ability to use goal-setting skills to enhance health.
- Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
- Students will demonstrate the ability to advocate for personal, family, and community health.

Cited from the Pre-publication document of National Health Education Standards, Pre-K through 12, American Cancer Society, December 2005 – August 2006.

The Massachusetts Framework and the National Health Education Standards can complement one another, with the former outlining important topic areas and the latter focusing on the development of health-related skills.

### SELECTING OR DEVELOPING CSHE CURRICULA

In Massachusetts, health education curricula and textbooks are chosen locally. Most school districts have established processes to review and select texts and curricula. Ideally, this process involves a team or work group that includes health education specialists, curriculum specialists, physical education and family/consumer sciences teachers, school nurses, school physicians, school counselors, school administrators, food service administrators, parents, and community representatives. The School Health Advisory Committee may also be used for this purpose (see Chapter 2). Including parents and community members on curriculum review teams is important to ensure that the curriculum addresses health topics of local concern and that it is consistent with community values.

By reviewing the entire scope and sequence of the curriculum under consideration, the team can ensure that essential knowledge and skills are addressed, that there are no gaps or unnecessary redundancies in topic coverage, and that skills and concepts introduced in earlier grades are reinforced in later grades.

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Effective curricula share eight characteristics:

- They are research-based and theory driven;
- They include basic, accurate information that is developmentally appropriate;
- They use interactive, experiential activities that actively engage students;
- They provide students with opportunities to model and practice relevant social skills;
- They address social or media influences on behavior;
- They strengthen individual values and group norms that support health-enhancing behaviors;
- They are of sufficient duration to allow students to gain the needed knowledge and skills; and
- They include teacher training that enhances effectiveness. (Lohrmann & Wooley, 1998)

Although many professionally developed health education curricula are available, most are either not comprehensive or not fully and rigorously evaluated. Some of the former category target specific age groups (e.g., K-3, early adolescents) rather than all ages. The majority of the latter, those with strong evaluation support for their effectiveness in influencing student behavior, have focused on a few specific outcomes, rather than covering the full range of important health topics. Recently, for example, a number of curricula or school programs which are focused on healthy eating and physical activity (Gortmaker et al., 1999) and suicide prevention (Aseltine & DeMartino, 2004) have been evaluated and have shown evidence of effectiveness. A list of research-based curricula and programs with evidence of reducing behaviors leading to teen pregnancy and sexually-transmitted disease is available from Advocates for Youth (2003). The U.S. Department of Education (2002) has published a list of exemplary and promising school programs with evidence of reducing violent behavior and substance use.

It is possible to find comprehensive school health education curricula with evaluation results supporting at least *some* objectives; four are listed at the end of this chapter under Resources: General Health Education Curricula. However, a school district may find that no single evaluated K-12 curriculum meets its needs and may decide to develop its own curriculum, to use different curricula at different grade levels, or to supplement topic-specific curricula with lessons from other sources. The district curriculum director and other school and community professionals who have expertise in health content and/or curriculum development should be key participants in such efforts.

In the future, the number of comprehensive, research-based programs is likely to increase. As availability increases, so will the expectation that schools will use programs and curricula that have been carefully evaluated. At present, the CDC-developed Health Education Curriculum Analysis Tool (HECAT) sets useful guidelines for schools or districts that need to select, review, or develop a school health education curriculum. In addition to step-by-step instructions for bringing together a curriculum review team, the HECAT also provides scoring sheets for team members to use in rating the extent of topic coverage and the depth of student skills practice. CDC has also developed a similar tool, called the PECAT, to assist with evaluation of physical education curricula. It has also provided the Consumer Guide to Health Education Curricula, an interactive, online program, based on the HECAT, which contains expert analyses of critical components of health education curricula. For more information about these tools, see CDC's Division of Adolescent and School Health (DASH) website at: <http://www.cdc.gov/HealthyYouth/keystrategies/action.htm>.

### **INTEGRATING CSHE WITH OTHER COMPONENTS OF THE COORDINATED SCHOOL HEALTH (CSH) MODEL**

School health programs are most effective in helping youth develop healthy lifestyles when all components are coordinated and when they reinforce one another. Comprehensive school health

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education can and should work with other CSH components in a number of ways. (See Chapter 1 for a detailed discussion of the elements of the Coordinated School Health model.)

School nurses, counselors, and other school health staff are key partners with classroom health teachers in promoting the health of children and adolescents. Health education content can also be strengthened when health teachers collaborate with other teachers and staff, as well as with students, families, and the community. School nurses are an excellent resource and can offer presentations on a wide range of health issues at all grade levels. They may be called upon to deliver behavioral health education lessons in some areas (e.g., puberty, staying healthy during flu season, dealing with depression and stress), and they can make youth aware of the school and community health and mental health services available to them. Additionally, by working with school health staff, teachers can learn how to access and use the school's identification and referral system so that they may guide students with health needs toward the appropriate staff professionals.

Physical education teachers and school food service staff are additional resources in promoting health. Students who learn about target heart rate in health class can be asked in physical education to monitor their own heart rates before and after exercise. Food service staff can give teachers and students information about nutrition and safe food handling. Teachers, in turn, can involve their students in analyzing the nutritional content of cafeteria offerings. Teachers of non-health subjects can sometimes be enlisted to deliver health education lessons. The *Planet Health* curriculum, for example (Gortmaker et al., 1999), includes nutrition and physical-activity lessons to be taught by middle-school math, science, social studies, and language arts teachers.

Older students can also be an effective resource. Some successful elementary and middle-school health education programs involve trained high-school peer leaders in conducting classroom health education activities. Children and youth are more likely to adopt a behavior if it is modeled or advocated by someone they wish to emulate.

Family and community involvement in health education is especially important. Parents/guardians and community agency members (including primary care providers) can and should be involved in school health advisory committees. Many school-based prevention programs also involve parents/guardians and community agency personnel in the implementation of health education curricula. For example, community agency personnel may assist students with assignments that ask them to identify the particular health needs of their communities and/or to locate health-related products and services available in their communities.

Health teachers can encourage family involvement by sending home information about health and by providing parent/guardian education programs focusing on topics that parallel those covered in the curriculum.

### TRAINING HEALTH EDUCATION INSTRUCTORS

To be effective in increasing knowledge and influencing behavior, classroom health education should be delivered by well-trained instructors. In Massachusetts, teachers can earn a combined Health Education/Family and Consumer Sciences certification, licensing them to teach health education in secondary schools. This certification requires not only a solid background in health content knowledge but also experience in using interactive skills methods, dealing with sensitive issues in a group setting, devising activities and assignments that encourage students to practice skills, and assessing whether students meet learning standards. In Massachusetts, approximately 4 out of 5 lead health teachers in public secondary schools hold certification in health education (Massachusetts School

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Health Education Profiles, 2004). Classroom teachers at the elementary school level may be less well prepared, however, since coursework in health education is not a requirement for elementary teacher certification. These teachers should be encouraged to obtain additional training in this area and request mentoring by licensed health educators from the school district.

It is also important that instructors be trained on the *specific* curriculum to be used in their classrooms. The effectiveness of research-based curricula depends on the lessons being implemented with fidelity. Although teachers can gain an overview understanding of a particular curriculum in an hour or two and can increase their knowledge base in several hours, more thorough and comprehensive training is needed if teachers are to implement the full curriculum skillfully. Like students, teachers need both in-depth information and extensive skill-building exercises related to the curriculum. It is especially important that teachers have multiple opportunities for practice, feedback, and reinforcement in those areas that may be unfamiliar or uncomfortable, such as managing student cooperative learning exercises or discussing sensitive topics.

### IMPLEMENTING THE CURRICULUM

Whether dealing with a whole K-12 curriculum or just one topic, instructors in health education are encouraged to use methods that are likely to influence behavior, not merely impart knowledge. In general, methods that work best are interactive ones that encourage students to personalize the messages and apply them to their own lives. As with learning any skill, practice and feedback are essential. For example, students can construct healthy menus, role-play alcohol refusal skills, identify personal pressures to engage in risky behavior, or compare the trustworthiness of information about medications obtained from various Web-based information sources.

The likelihood of students learning and applying health skills increases if those skills are practiced in a variety of situations. For example, students can be asked to demonstrate goal-setting skills when constructing a personal plan for increasing their level of aerobic exercise, and these same skills can later be applied to designing a healthy weight-loss plan.

### ASSESSING STUDENT PROGRESS

It is important to assess whether students have reached the learning standards set by the health education curriculum, acquired the necessary content knowledge, and developed proficiency in targeted health-related skills. Health education is not one of the subjects included in the statewide Massachusetts Comprehensive Assessment System (MCAS), so schools should develop health education assessments aligned with their own curricula. An extensive bank of health education test items, matched to the National Health Education Standards, has been developed and piloted by the Health Education Assessment Project of the Council of Chief State School Officers' (CCSSO) State Collaborative on Assessment and Student Standards (SCASS). This testing collection includes both selected response (multiple-choice) items to assess content knowledge and performance-based questions and activities that require students to demonstrate more complex skills. Additional information about SCASS and health education assessment resources is available at <http://www.ccsso.org/projects/SCASS/>. Test items are password-protected and can be made available only to authorized school personnel who have completed DOE health education assessment training requirements and sign a nondisclosure agreement. To find out more about health education assessment offerings and technical assistance from DOE, contact the department's Comprehensive School Health Education Coordinator.

**SUMMARY**

A carefully planned, sequential, evidence-based K-12 health education program, properly implemented by trained teachers and coordinated with other CSH components, can play a vital role in ensuring that young people develop the knowledge, attitudes, and skills they will need to be healthy as adults.

### RESOURCES: MASSACHUSETTS AGENCIES AND ORGANIZATIONS

#### **Massachusetts Association for Health, Physical Education, Recreation and Dance (MAHPERD)**

P.O. Box 182

Attleboro, MA 02703

Phone: 774-254-4657

Fax: 508-342-7020

Website: <http://www.ma-hperd.org>

MAHPERD is a nonprofit, professional membership association of educators dedicated to enhancing quality of life through education based in the allied disciplines of health, physical education, recreation, and dance.

#### **Massachusetts Department of Education**

##### **Coordinated School Health Program**

350 Main Street

Malden, MA 02148-5023

Phone: 781-338-3603 or 781-338-6308

Website: <http://www.doe.mass.edu/cnp/hprograms/cshp/>

DOE's Coordinated School Health Program provides training and technical assistance related to comprehensive school health education curricula, instruction, and assessment.

#### **Massachusetts Department of Public Health**

##### **Coordinated School Health Program**

Bureau of Family and Community Health

250 Washington Street

Boston, MA 02108

Phone: 617-624-5537

Website: <http://www.mass.gov/dph/fch/schoolhealth/cshp.htm>

### RESOURCES: CURRICULUM ANALYSIS AND TEACHING/ PLANNING TOOLS

#### **Centers for Disease Control and Prevention**

##### **Division of Adolescent and School Health (DASH)**

P.O. Box 8817

Silver Spring, MD 20907

E-mail: [HealthyYouth@cdc.gov](mailto:HealthyYouth@cdc.gov)

Website: <http://www.cdc.gov/HealthyYouth/>

DASH seeks to prevent the most serious health risk behaviors among children, adolescents, and young adults. As part of this mission, CDC has developed 3 complementary curriculum analysis tools to assist state and local education agencies in selecting and/or developing quality, research-based health and physical education curricula. These user-friendly tools help educators determine the degree to which a curriculum includes critical elements of effectiveness, distilled from national education standards and CDC's school health guidelines. The tools are:

- Health Education Curriculum Analysis Tool (HECAT).
- Physical Education Curriculum Analysis Tool (PECAT).
- Consumer Guide to Health Education Curricula, an interactive, online program in a *Consumer Reports*-style format that contains expert analyses of critical components of health education curricula, based on the HECAT, as well as analyses of outcome evaluation findings.

CDC also offers the *School Health Index*, a self-assessment and planning tool that enables schools to identify the strengths and weaknesses of their health promotion policies and programs; develop an action plan for improving student health; and involve teachers, parents, students, and the community in improving school policies and programs. The School Health Index is available at <http://apps.nccd.cdc.gov/shi/>.

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Finally, DASH periodically conducts a national survey, the School Health Policies and Programs Study (SHPPS), to assess school health policies and programs. Summaries of results for Massachusetts, as well as the nation, may be obtained from <http://www.cdc.gov/HealthyYouth/SHPPS>

### Media Education Foundation

60 Masonic Street

Northampton, MA 01060

Phone: 800-897-0089 or 413-584-8500

Fax: 800-659-6882 or 413-586-8398

E-mail: [info@mediaed.org](mailto:info@mediaed.org)

Website: <http://www.mediaed.org>

Media Education Foundation is a nonprofit educational organization devoted to media research and production of resources to assist educators in fostering analytical media literacy.

## RESOURCES: GENERAL HEALTH EDUCATION CURRICULA

Each of the following has received research support for the efficacy of at least *some* aspects of its curriculum:

*Great Body Shop* (for grades PreK-8)

Children's Health Market

P.O. Box 7294

300 Danbury Road, Suite 102

Wilton, CT 06897

Phone: 800-782-7077

Website: <http://www.thegreatbodyshop.net/>

*Growing Healthy* (for grades K-6)

National Center for Health Education

375 Hudson Street

New York, NY 10014

Phone: 212-463-4053

Fax: 212-463-4060

Website: <http://www.nche.org/>

*Michigan Model for Comprehensive School Health Education* (for grades K-12)

Central Michigan University's Educational Materials Center (EMC)

139 Combined Services Building

Central Michigan University

Mt. Pleasant, MI 48859

Phone: 989-774-3953 or 800-214-8961

Website: <http://www.emc.cmich.edu/mm/default.htm>

EMC is the official distribution center for the Michigan Model<sup>®</sup>. The Center works with the Michigan Model<sup>®</sup> State Steering Committee to keep materials current.

*Teenage Health Teaching Modules* (for grades 6-12)

Center for School Health Programs

Education Development Center

55 Chapel Street

Newton, MA 02458

Phone: 617-969-7100

Website: <http://www.thtm.org/>

**Note:** Information about topic-specific curricula can be found in the Resources sections of the related chapters.

## RESOURCES: NATIONAL AGENCIES AND ORGANIZATIONS

### **Advocates for Youth**

2000 M Street NW, Suite 750  
Washington, DC 20036  
Phone: 202-419-3420  
Fax: 202-419-1448  
E-mail: [questions@advocatesforyouth.org](mailto:questions@advocatesforyouth.org)  
Website: <http://www.advocatesforyouth.org>

### **American Association for Health Education (AAHE)**

#### **American Alliance for Health, Physical Education, Recreation & Dance (AAHPERD)**

1900 Association Drive  
Reston, VA 20191-1598  
Phone: 703-476-3400 x437 or 800-213-7193 x437  
Website: <http://www.aahperd.org>

One of 6 organizations now joined as AAHPERD, AAHE develops standards and services related to health education for both professionals and nonprofessionals, promotes policies and evaluative procedures that will result in effective health education programs, and assists in the development and mobilization of resources for effective health education and promotion. AAHE publishes the *American Journal of Health Education*, the *International Electronic Journal of Health Education*, and project briefs aimed at strengthening the professional preparation of elementary, middle school, and special-education teachers in health education, including HIV prevention education.

### **American School Health Association**

7263 State Route 43  
P.O. Box 708  
Kent, OH 44240  
Phone: 330-678-1601  
Fax: 330-678-4526  
E-mail: [asha@ashaweb.org](mailto:asha@ashaweb.org)  
Website: <http://www.ashaweb.org>

ASHA publications include:

- *Health Is Academic: A Guide to Coordinated School Health Programs* (1998)
- *Introductory Guide to Advocacy: Working to Improve Advocacy for School Health Education and Services* (2001)
- *National Health Education Standards: Achieving Health Literacy* (1995)
- *Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils* (2003)
- *School Health Education Research: Methods, Protocols, and Instruments*
- *School Health Policies and Programs Study (SHPPS) 2000: A Summary Report* (2001)

### **Association of State and Territorial Directors of Health Promotion and Public Health Education**

1101 Fifteenth Street NW, Suite 601  
Washington, DC 20005  
Phone: 202-659-2230  
Fax: 202-659-2339  
Website: <http://www.astdhpphe.org/>

This organization's mission is to serve as a channel for the exchange of information and experience among directors of public health education programs.

### **Coalition Organized for Health Education in Schools (COHES)**

PMB 388, 738 Main Street

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Waltham, MA 02451  
Phone: 888-550-9600

Website: <http://www.cohes.org>

COHES is a statewide, voluntary coalition committed to improving the health of school-age youth in Massachusetts by advocating for and supporting comprehensive health education.

### **Comprehensive Health Education Foundation (CHEF)**

22419 Pacific Hwy S  
Seattle, WA 98198-5106  
Phone: 800-323-2433 or 206-824-2907  
TTY: 800-833-6388  
E-mail: [info@chef.org](mailto:info@chef.org)

Website: <http://www.chef.org>

CHEF is an organization dedicated to promoting health and quality of life through education. It offers prevention curricula and health education programs for K-12 students, as well as resources for educators.

### **Health, Mental Health and Safety Guidelines for Schools**

Health and Safety Education

Website: [http://www.nationalguidelines.org/chapter\\_full.cfm?chapter=health](http://www.nationalguidelines.org/chapter_full.cfm?chapter=health)

This website contains guidelines developed by more than 300 health, education, and safety professionals from more than 30 different national organizations, as well as by parents and other supporters. The lead organizations for the guidelines were the American Academy of Pediatrics and the National Association of School Nurses.

### **National Commission for Health Educator Credentialing (NCHEC)**

1541 Alta Drive, Suite 303  
Whitehall, PA 18052-5642  
Phone: 484-223-0770 or 888-624-3248  
Fax: 800-813-0727  
E-mail: [nchec@nchec.org](mailto:nchec@nchec.org)

Website: <http://www.nchec.org>

NCHEC's mission is to improve the practice of health education and to serve the public and profession of health education by certifying health education specialists, promoting professional development, and strengthening professional preparation and practice.

### **National Institute of Child Health and Human Development (NICHD) Information Resource Center (IRC)**

P.O. Box 3006  
Rockville, MD 20847  
Phone: 800-370-2943  
Fax: 301-984-1473  
E-mail: [NICHDInformationResourceCenter@mail.nih.gov](mailto:NICHDInformationResourceCenter@mail.nih.gov)

Website: <http://www.nichd.nih.gov>

NICHD's IRC provides information on health issues to the public. Its website offers health information, access to trained information specialists, and viewing/download/order access to NICHD publications.

### **Rocky Mountain Center for Health Promotion and Education (RMC)**

7525 West 10th Avenue  
Lakewood, CO 80214  
Phone: 303-239-6494  
Fax: 303-239-8428  
E-mail: [info@rmc.org](mailto:info@rmc.org)

Website: <http://www.rmc.org>

RMC is a private, nonprofit corporation that disseminates comprehensive school health education programs; offers technical assistance and training on the national health education standards; and provides in-service training to educators, parents, and others. The organization's newsletter, *RMC Health Educator*, is available free of charge.

**Council of Chief State School Officers**

**State Collaborative on Assessment and Student Standards (SCASS)**

Division of State Services and Technical Assistance

One Massachusetts Avenue NW, Suite 700

Washington, DC 20001-1431

Phone: 202-336-7000

Fax: 202-408-8072

Website: <http://www.ccsso.org/projects/SCASS/>

The State Collaborative on Assessment and Student Standards (SCASS) encourages and assists collaboration among states on design and development of assessment.

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**Note:** Articles with PMID number have been indexed by PubMed for MEDLINE.