

Includes Teacher Information and Plans for Professional Development and Training That Enhance Effectiveness of Instruction and Student Learning

Description: An effective health education curriculum is implemented by teachers who have a personal interest in promoting positive health behaviors, believe in and are passionate about what they are teaching, demonstrate knowledge and comfort with curriculum content, and are skilled in implementing expected instructional strategies.

Effective health teachers attend ongoing professional development and training, which is critical for helping them implement a new curriculum or implement strategies that require new skills in teaching or assessment.¹

¹ Centers for Disease Control and Prevention, *Health Education Curriculum Analysis Tool* (Atlanta, GA: CDC, 2021).



Grades K–2 Examples

Example 1

For this teaching example, the lesson that is being taught is getting help for unsafe touch, and the Healthy Behavior Outcome (HBO) for this lesson is *V-8: Get help to prevent or stop unwanted or inappropriate touching* ([HECAT Appendix 3](#)).

1. The elementary teachers and other personnel including the school's nurse, counselor, social worker, and principal have created a team to locate lessons to teach students how to ask for help related to unwanted or inappropriate touch. They used the Health Education Curriculum Analysis Tool (HECAT) to identify the following knowledge expectations for children in grades K–2:

- a. Describe the difference between wanted and unwanted touch.
- b. Explain why unwanted touch or inappropriate touches should be reported to a trusted adult.
- c. Explain that a child is not at fault if someone touches them in an unwanted or inappropriate way.
- d. Explain why everyone has the right to tell others not to touch their bodies.

The teachers, school nurse, counselor, social worker, and principal also used the HECAT to develop the following skill expectations:

- a. Identify trusted adults at home and professionals at school who students can tell about unwanted or inappropriate touch.
 - b. Demonstrate how to effectively tell a trusted adult when experiencing unwanted or inappropriate touch.
 - c. Demonstrate effective refusal skills including firmly saying “no” and moving away to avoid unwanted or inappropriate touch.
2. The team seeks and locates a program related to unwanted or inappropriate touch for primary grades students. The program meets the following criteria:
 - a. Addresses the functional knowledge and health-related skills related to unwanted or inappropriate touch educators identified for their students
 - b. Provides training for teachers and other school personnel related to the delivery of the program
 3. All K–2 teachers and other school personnel including the nurse, counselor, social worker, and principal receive training to implement the program.

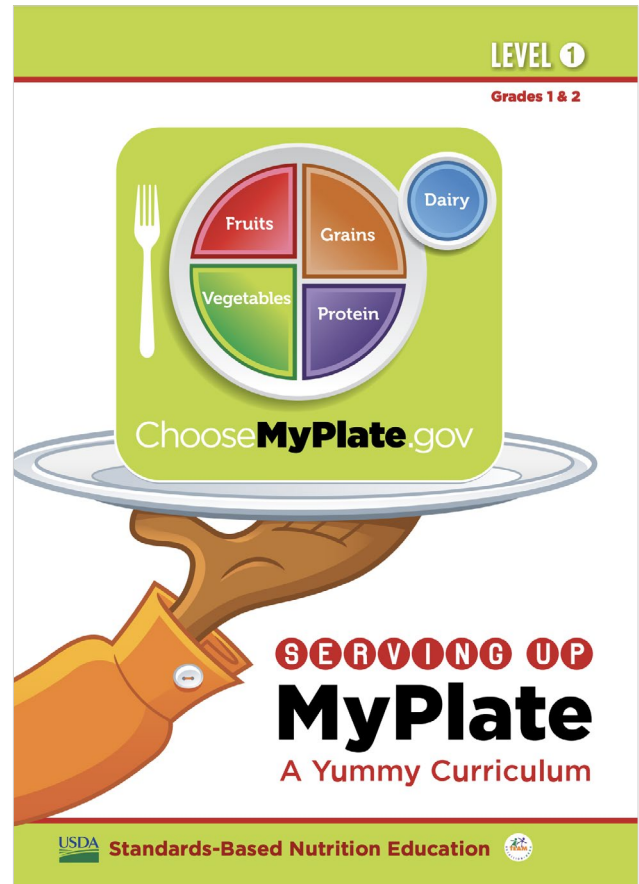


Example 2

For this teaching example, the unit that is being taught is Food and Nutrition, and the HBOs for this lesson include *FN-1: Follow a healthy eating pattern that meets individual preferences and needs for growth and development*, *FN-2: Choose a variety of foods within each food group*, *FN-3: Eat lots of fruits and vegetables*, and *FN-8: Limit foods high in sugar, saturated fats, trans fats, and sodium* ([HECAT Appendix 3](#)).

1. The school has adopted the *Serving Up MyPlate: A Yummy Curriculum* developed by personnel at the United States Department of Agriculture as part of its health education curriculum.
2. The curriculum director plans a professional development day for the teachers and other school personnel related to the implementation of this curriculum. In preparation for this day, the teachers are instructed to download the curriculum (<https://www.fns.usda.gov/tn/serving-myplate-yummy-curriculum>) specific to their grade level and review the lessons, learning objectives, lessons including information for teachers, student handouts, and related materials.
3. The teachers meet by grade level to discuss the program and share ideas related to the effective implementation of the curriculum.

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Grades 3–5 Examples

Example 1

For this teaching example, the unit that is being taught is Mental and Emotional Health, and the HBO for this lesson is *MEH-5: Use self-control and impulse-control strategies to promote health* ([HECAT Appendix 3](#)).

1. The teacher would like to gain greater insight related to the classroom management strategies to support social and emotional learning in the classroom with a focus on behavior management. The teacher searches the internet for professional development related to these topics. The teacher locates the Centers for Disease Control and Prevention's website related to classroom management (<https://www.cdc.gov/healthyyouth/classroom-management/index.htm#print>). The teacher uses the link related to behavior management (<https://www.cdc.gov/healthyyouth/classroom-management/behavior-management.htm>) to identify strategies to promote clear and consistent expectations and effectively manage behavior in the classroom. The teacher then creates a lesson in which the teacher and students collaboratively develop classroom rules to support positive, prosocial behaviors.

Example 2

For this teaching example, the unit that is being taught is Violence Prevention, and the HBOs for this unit include *V-1: Manage conflict in nonviolent ways*, *V-2: Manage emotional distress in nonviolent ways*, and *V-3: Avoid bullying or being a bystander to bullying* ([HECAT Appendix 3](#)).

1. The teacher would like to gain greater insight related to violence prevention. The teacher talks with the school counselor and social worker about strategies for teaching students knowledge and skills related to conflict resolution, managing emotional distress, and bullying prevention. They search the internet to find a professional development opportunity related to teaching upper-elementary students about violence prevention. They find an opportunity and then ask the principal to send a team composed of teachers, the school counselor, and the social worker to the professional development program. The principal approves their request, and the team attends the program. The team works collaboratively to improve the violence prevention units that they are teaching students in grades 3 to 5.

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Grades 6–8 Examples

Example 1

For this teaching example, the unit that is being taught is Sexual Health Education, and the HBOs for the unit are *SH-3: Treat all people with dignity and respect with regard to their gender identity and sexual orientation*, *SH-8: Be sexually abstinent*, and *SH-10: Use appropriate health services to promote sexual and reproductive health* ([HECAT Appendix 3](#)).

1. The health education teacher realizes that to address the needs of each student in the class, they must be competent and comfortable in delivering culturally relevant sexual health education. To date, the teacher has limited training on the needs of the LGBTQ+ students, and therefore, the teacher has researched credible organizations and enrolled in an online training series that is focused on comprehensive sexual health education specifically for sexual minority youth.



Example 2

For this teaching example, the unit that is being taught is Violence Prevention, and the HBOs for the unit are *V-4: Avoid engaging in violence, including sexual harassment, coercion, exploitation, physical fighting, and rape*, *V-6: Avoid associating with others who are involved in or who encourage violence or criminal activity*, and *V-7: Get help to prevent or stop violence including harassment, abuse, bullying, hazing, fighting, and hate crimes* ([HECAT Appendix 3](#)).

1. The state has just enacted a new mandate requiring the delivery of sexual abuse and sexual assault prevention education for all students every year in grades K–12. The principal has approached the health education teacher to implement this mandate through the health education classes in middle school. The health education teacher has never taught this subject and does not feel comfortable being the sole deliverer for this content area. Therefore, the teacher develops a team of professional experts within the school consisting of the school nurse, school social worker, school counselor, and school resource officer to coteach this unit. The teacher identifies a professional learning series being offered by the local sexual assault prevention community organization. The teacher and team request and receive permission to attend the training, which is a research-informed and best practice curriculum designed for middle school students. The team designs a planned and ongoing approach to integrate this material into the existing health education curriculum with each professional supporting the delivery of this material.

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Grades 9–12 Examples

Example 1

For this teaching example, the unit that is being taught is Food and Nutrition, and the HBOs for the unit are *FN-3: Eat lots of fruits and vegetables*, *FN-4: Choose to eat whole-grain products*, *FN-5: Choose to eat or drink fat-free or low-fat dairy or fortified-dairy alternatives*, *FN-6: Drink lots of water*, *FN-7: Avoid sugary drinks*, *FN-8: Limit foods high in added sugars, saturated fats, trans fats, and sodium*, and *FN-9: Choose to eat or drink nutrient-dense foods and beverages when dining* ([HECAT Appendix 3](#)).



1. The high school health teacher has limited knowledge about food and nutrition. The health teacher searches to find a professional development opportunity related to teaching high school students about food and nutrition and finds one that looks interesting that is being conducted in 2 weeks. The health teacher seeks approval from the principal to attend the professional development, and approval is granted. The health teacher attends the food and nutrition professional development and uses the knowledge and skills that were learned to improve the food and nutrition lessons that are going to be taught to the high school students.

Example 2

For this teaching example, the focus is on the entire semester-long health class.

1. The principal conducted a teaching evaluation on the health teacher and identified the following areas in need of improvement.
 - a. There was a lack of organization and preparation.
 - b. The lesson was too teacher centered — students need to be engaged throughout the lesson.
2. The health teacher decided to take the following actions to improve the areas of weakness.
 - a. The health teacher stayed after school each day and prepared for the next day's lesson. This included printing and organizing any needed materials for the lesson, rehearsing the lesson several times, and thinking about and anticipating student questions related to the lesson. In addition, the health teacher reflected on the lesson after it was taught and identified areas of strengths and ways to improve the lesson the next time it was taught.
 - b. The health teacher researched student-engagement activities and made a commitment to add additional student-centered activities into future lessons.



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