

Provides Adequate Time for Instruction and Learning

Description: An effective curriculum provides enough time to promote understanding of key health concepts and practice skills. Behavior change requires an intensive and sustained effort. A short-term or one-shot curriculum, delivered for a few hours at one grade level, is generally insufficient to support the adoption and maintenance of healthy behaviors.¹

Many school districts in the country limit the amount of time required to teach health education. If there is limited time to teach health education, it is more important to choose fewer health content areas and healthy behavior outcomes (HBOs) and teach those health content areas well. (Less is more.) Trying to teach every health content area and every related HBO should be avoided. Students need adequate time to learn and understand functional health knowledge and related essential skills to help them adopt and maintain healthy behaviors.

To meet this characteristic, it is important for health teachers, curriculum coordinators, and School Health Advisory Councils to advocate for more dedicated time to teach health education. Creating policies that mandate health education at every grade level will help with meeting this characteristic.

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

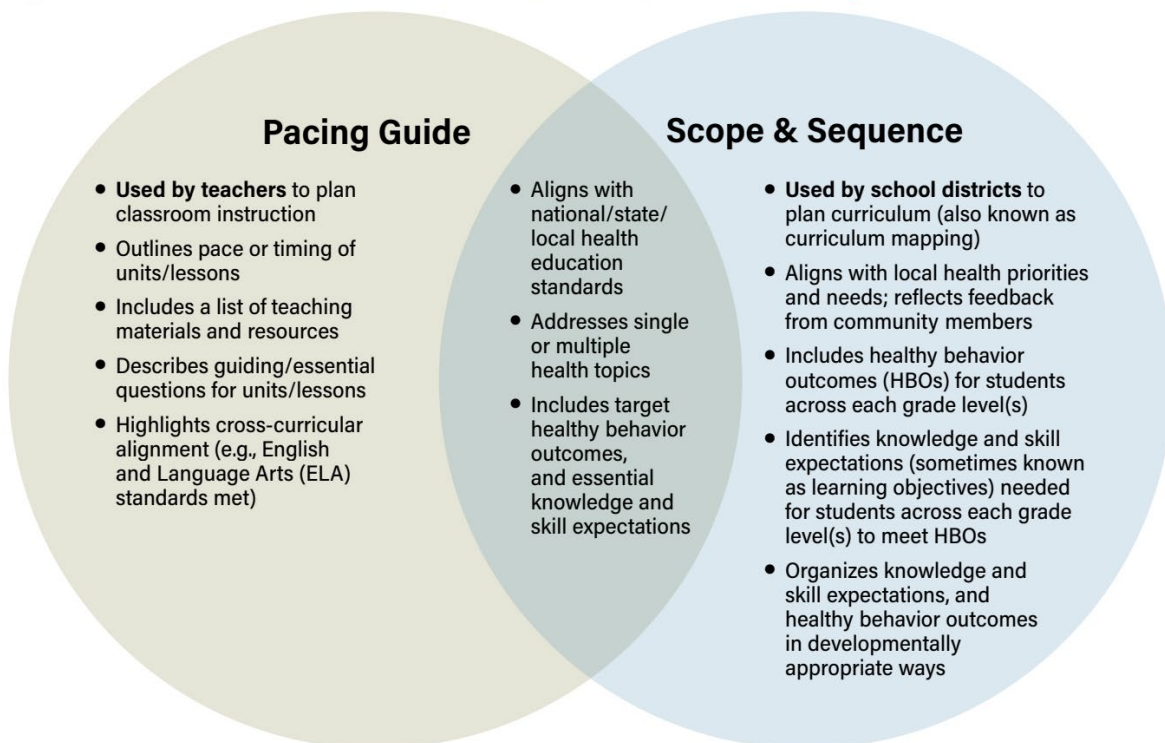


Grades K–2

Example

1. A committee is established to collaborate on developing a prekindergarten (Pre-K) to grade 12 scope and sequence for health education. Committee members may include grades Pre-K–5 classroom teachers, grades 6–12 health education teachers, grades Pre-K–12 physical education teachers, school personnel (e.g., nurses, social workers, counselors, and administrators), and community partners (e.g., public health, county extension, faith leaders, or medical personnel).
2. The committee has four grade level subgroups: primary, intermediate, middle, and high school. The committee receives professional development related to the National Health Education Standards, the Center for Disease Control and Prevention's (CDC's) characteristics of an effective health education curriculum, and the Health Education Curriculum Analysis Tool (HECAT).
3. The committee follows the steps outlined in the HECAT for developing a scope and sequence. (Refer to https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_appendix_05.pdf and https://www.cdc.gov/healthyyouth/hecat/pdf/scope_and_sequence.pdf).

Figure 1: Differences and Similarities between a Scope and Sequence and a Pacing Guide ³⁻⁵



4. After identifying and prioritizing the expected HBOs by grade span (grades Pre-K–2, 3–5, 6–8, and 9–12), the committee divides into subgroups to review the HBOs.
 - a. The primary teachers immediately note that it would be impossible to meet the HBOs given the 150 minutes per year of instructional time allocated to health education in grades Pre-K to 2.
 - b. The subgroup brainstorms ideas to increase the amount of time allocated to health education at the primary level.
 - i. The physical education teachers propose that they can integrate the HBOs, knowledge expectations, and skill expectations related to physical activity into their physical education curriculum.
 - ii. Additionally, a primary teacher suggests that a weekly instructional block (30 minutes, Monday afternoons) currently allocated to another initiative is not an effective use of instructional time. Other primary teachers agree and note that weekly instructional block could be reallocated to health education.
 - c. The primary subgroup recommends these two strategies for increasing the allotted instructional time for health education to the committee.
5. The committee endorses the recommended strategies and identifies ways to gather additional feedback and support from other primary teachers, physical education teachers, and school or district administrators.
6. The proposed strategies are supported by the school community. Additional dedicated time for classroom health instruction at the primary level is granted: 30 minutes per week on Monday afternoons, totaling 36 hours.
7. The primary teachers then select the HBOs, knowledge expectations, and skill expectations that can be met within this amount of instructional time for health education.

RETURN TO
Navigational Grade Icons

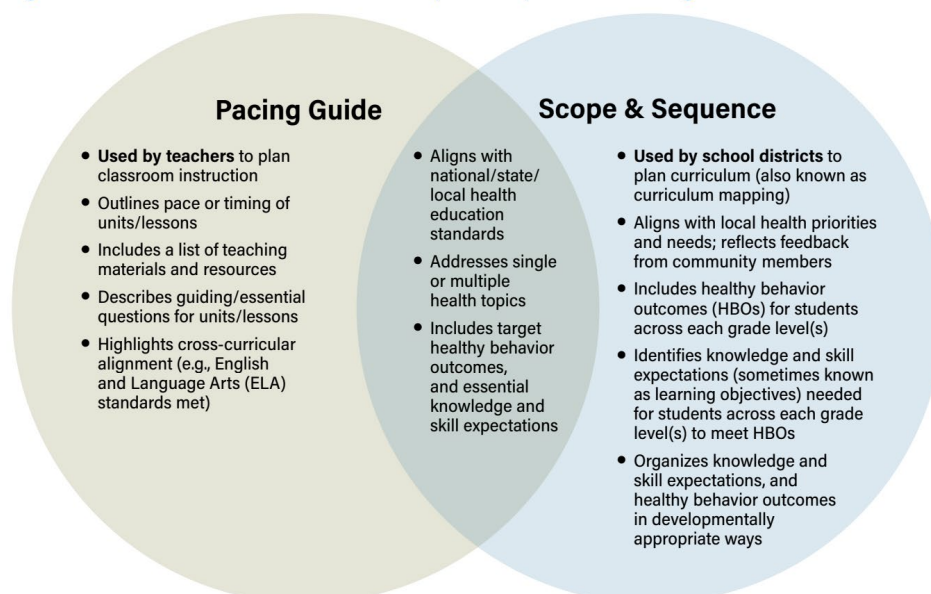
Grades 3–5

Example

1. A committee representing prekindergarten (Pre-K) to grade 5 classroom teachers, grades 6 to 12 health education teachers, grades K to 12 physical education teachers, other grades Pre-K to 12 school personnel (e.g., nurses, social workers, counselors, and administrators), and community partners (e.g., public health, county extension, faith leaders, or medical personnel) collaborate to develop a Pre-K to 12 scope and sequence for health education.
2. The committee receives professional development related to the National Health Education Standards, the CDC's characteristics of an effective health education curriculum, and the HECAT.
3. The committee then follows the steps delineated in the HECAT for developing a scope and sequence. (Refer to https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_appendix_05.pdf and https://www.cdc.gov/healthyyouth/hecat/pdf/scope_and_sequence.pdf.)
4. While discussing the amount of health instructional time allocated for elementary students, the classroom teachers and curriculum director tell the committee that less than 150 minutes per year is allocated to health education for students in grades Pre-K to 5.
5. Given that the school's curriculum director had already used grant funding to purchase a comprehensive health education curriculum for students in kindergarten to grade 5, the teachers and curriculum director inform the committee that instructional time at the elementary level would be increased so that teachers would have time to teach all lessons in the curriculum for students in kindergarten to grades 5. Therefore, students would receive 29 lessons in grade 3, 28 lessons in grade 4, and 38 lessons in grade 5.



Figure 1: Differences and Similarities between a Scope and Sequence and a Pacing Guide ³⁻⁵

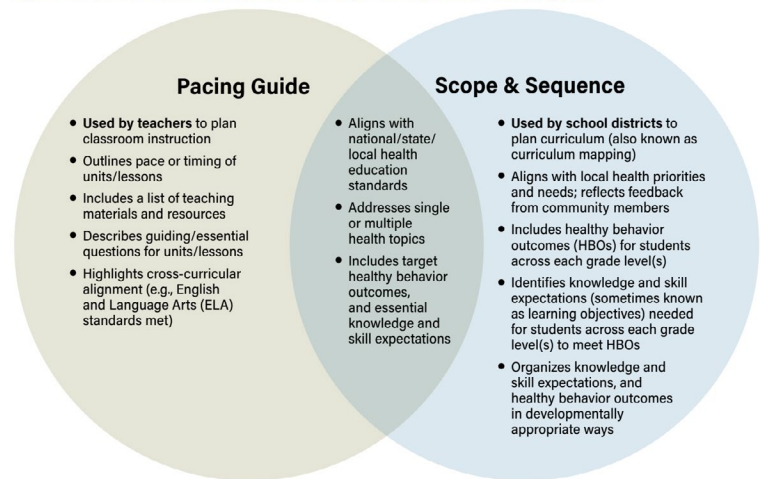


Grades 6–8

Example

1. For this example, a new middle school administration has cited a need to focus more time on subjects that are tested and reported to the state, and as a result, has cut health education in 6th grade. This change leaves the health education program with only 10 hours of classroom instruction in each of grades 7 and 8.
2. The health educators meet and decide that given this cut, they must “go deeper rather than wider” with their instruction to address the health behaviors of their students. Knowing that the number of classes is very limited and that each class is vital, they follow the guidance from the HECAT to develop a scope and sequence and to ensure that their 7th and 8th grade curriculum is aligned and sequential. (Refer to https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_appendix_05.pdf and https://www.cdc.gov/healthyyouth/hecat/pdf/scope_and_sequence.pdf.)
3. Upon analyzing local data, the health educators determine that two priority content areas for each grade will be selected, and each are coupled with two to three skills. The teachers identify the HBOs and knowledge and skill expectations, and two units of study are developed for each grade.
 - a. Given the limited instructional time, this process allows for alignment and helps to avoid duplication while allowing for reinforcement of content and skill development over the two grades.

Figure 1: Differences and Similarities between a Scope and Sequence and a Pacing Guide ³⁻⁵



RETURN TO
Navigational Grade Icons



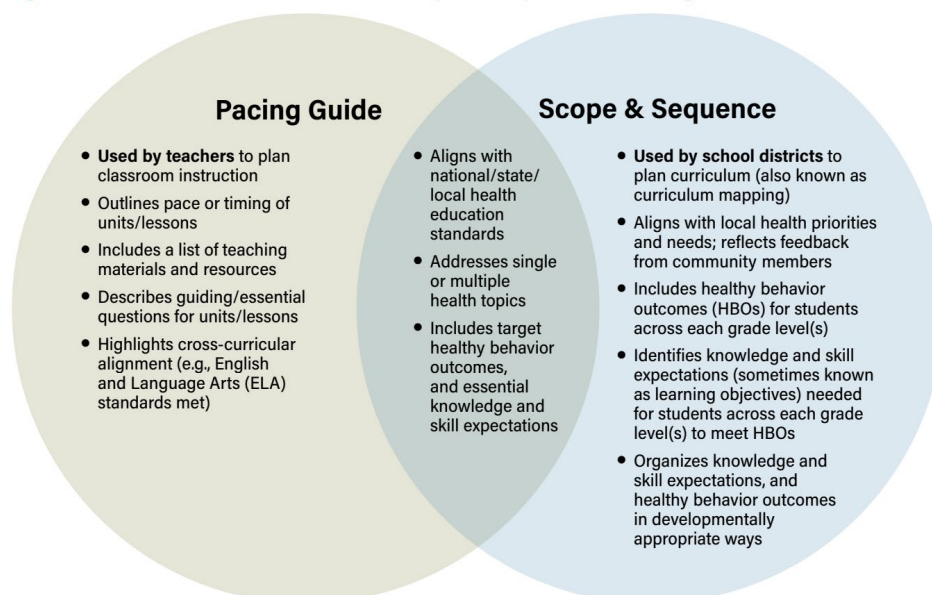
Grades 9–12

Example

1. For this example, a one-semester health class is a state requirement for graduation (18 weeks of instruction). This school district also requires a 9-week health education course at the 7th grade level. The health education curriculum coordinator works with select middle and high school health teachers in the district to develop a health education scope and sequence using the HECAT for guidance. (Refer to https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_appendix_05.pdf and https://www.cdc.gov/healthyyouth/hecat/pdf/scope_and_sequence.pdf.)
 - a. A scope and sequence provides a picture of a school district's entire curriculum in a subject area. A health education scope and sequence outlines the breadth and arrangement of key health topics and concepts across grade levels (scope), and the logical progression of essential health knowledge, skills, and HBOs to be addressed at each grade level (sequence) where health education is being taught. A health education scope and sequence should identify what students should know and do at the end of each grade or grade span and when it should be taught.
2. There are several steps to take when developing a health education scope and sequence.
 - a. Determine the necessary health education standards or benchmarks and additional knowledge and skill expectations required at the local level.
 - b. Clarify health priorities by using local, state, and national health data on youth health-related behaviors, including health problems and risk-taking behaviors among school-aged youth.
 - c. Select key health topics, based on data that should be addressed at each grade level where health education is taught.
 - d. Identify and prioritize the expected HBOs for students for each topic that will meet the needs of the community and school district.
 - e. Determine the essential knowledge and skill expectations that directly relate to the HBOs for each health topic. The knowledge and skill expectations should specify what students should know and be able to do in relation to each of the key health topics and align with standards or benchmarks.



Figure 1: Differences and Similarities between a Scope and Sequence and a Pacing Guide ³⁻⁵



- f. Decide specifically when each of the essential health education knowledge and skill expectations should be taught across the curriculum for all grades.
 - g. Determine the overall amount of instructional time. Allow sufficient time for each of the following:
 - i. For each knowledge and skill expectation to be introduced, reinforced, and mastered
 - ii. For students to successfully develop the breadth and depth of knowledge of all health education concepts
 - iii. For students to be able to perform all health-behavior skills
 - h. Review and validate the scope and sequence.
3. Creating a health education scope and sequence provides guidance to all health teachers and can help them avoid trying to teach too many health content areas. In this example, when developing the scope and sequence, the health education curriculum coordinator and health teachers limit the number of health content areas they will teach. They understand that there isn't enough time to adequately address every content area and the corresponding HBOs.

RETURN TO
Navigational Grade Icons