

# Effective Practices

## Characteristics of Effective Health Education Curricula

Health education can contribute to significant improvements in students' health-related behaviors. Today's state-of-the-art health education curricula reflect the growing body of research that emphasizes teaching functional health information (essential concepts); shaping personal values that support healthy behaviors; shaping group norms that value a healthy lifestyle; and developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors. Less effective curricula often place an emphasis only on teaching scientific facts and increasing student knowledge.

Reviews of effective programs and curricula and input from experts in the field of health education have identified the following characteristics of effective health education curricula: <sup>1-10</sup>

1. **Focuses on specific behavioral outcomes.** Curricula have a clear set of behavioral outcomes. Instructional strategies and learning experiences focus exclusively on these outcomes.
2. **Is research-based and theory-driven.** Instructional strategies and learning experiences build on theoretical approaches, such as social cognitive theory and social inoculation theory that have effectively influenced health-related behaviors among youth. The most promising curricula go beyond the cognitive level and address the health determinants, social factors, attitudes, values, norms, and skills that influence specific health-related behaviors.
3. **Addresses individual values and group norms that support health-enhancing behaviors.** Instructional strategies and learning experiences help students accurately assess the level of risk-taking behavior among their peers (e.g., how many of their peers use illegal drugs), correct misperceptions of peer and social norms, and reinforce health-enhancing attitudes and beliefs.
4. **Focuses on increasing the personal perception of risk and harmfulness of engaging in specific health risk behaviors as well as reinforcing protective factors.** Curricula provide opportunities for students to assess their actual vulnerability to health risk behaviors, health problems, and exposure to unhealthy situations. Curricula also provide opportunities for students to affirm health-promoting beliefs, intentions, and behaviors.
5. **Addresses social pressures and influences.** Curricula provide opportunities for students to deal with relevant personal and social pressures that influence risky behaviors, such as the influence of the media, peer pressure, and social barriers.
6. **Builds personal and social competence by addressing skills.** Curricula build essential skills, including communication, refusal, assessing accuracy of information,

decision making, planning and goal-setting, and self-management, that enable students to build personal confidence and ability to deal with social pressures and avoid or reduce risk-taking behaviors. For each skill, students are guided through a series of developmental steps:

1. Discussing the importance of the skill, its relevance, and relationship to other learned skills.
  2. Presenting steps for developing the skill.
  3. Modeling the skill.
  4. Practicing and rehearsing the skill using real-life scenarios.
  5. Providing feedback and reinforcement.
7. **Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors.** Curricula provide accurate, reliable, and credible information for usable purposes - so that students can assess risk, correct misperceptions about social norms, identify ways to avoid or minimize risky situations, examine internal and external influences, make behaviorally relevant decisions, and build personal and social competence. A curriculum that relies exclusively or primarily on disseminating information for the sole purpose of improving knowledge is inadequate and incomplete.
8. **Uses strategies designed to personalize information and engage students.** Instructional strategies and learning experiences are student centered, interactive, and experiential. The strategies include group discussions, cooperative learning, problem solving, role playing, and peer-led activities. Learning experiences correspond with students' cognitive and emotional development and help them personalize information and maintain their interest and motivation while accommodating diverse capabilities and learning styles. Instructional strategies and learning experiences include methods for
1. Addressing key health-related concepts.
  2. Encouraging creative expression.
  3. Sharing personal thoughts, feelings, and opinions.
  4. Developing critical thinking skills.
9. **Provides age-appropriate and developmentally-appropriate information, learning strategies, teaching methods, and materials.** Curricula address students' needs, interests, concerns, developmental and emotional maturity level, and current knowledge and skill levels. Learning should be relevant and applicable to students' daily lives.
10. **Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.** Curricular materials are free of culturally biased information, but also include information, activities, and examples that are inclusive of diverse cultures and lifestyles, such as gender, race, ethnicity, religion, age, physical/mental ability, and appearance. Strategies promote values, attitudes, and behaviors that support the cultural diversity of students; optimize relevance to students from multiple cultures in the school community; strengthen students' skills necessary to engage in intercultural

interactions; and build on the cultural resources of families and communities.

11. **Provides adequate time for instruction and learning.** Curricula use adequate time to promote understanding of key health concepts and to practice skills. Affecting change requires an intensive and sustained effort. Short-term or “one shot” curricula (e.g., a few hours at one grade level) are generally insufficient to support the adoption and maintenance of healthy behaviors.
12. **Provides opportunities to reinforce skills and positive health behaviors.** Curricula build on previously learned concepts and skills and provide opportunities to reinforce health-promoting skills across health topic areas and grade levels, such as more than one practice application of a skill and skill “booster” sessions at subsequent grade levels or in other academic subject areas. Curricula that address age-appropriate determinants of behavior across grade levels and reinforce and build on learning are more likely to achieve longer-lasting results.
13. **Provides opportunities to make positive connections with influential others.** Curricula link students to other influential persons who affirm and reinforce health-promoting norms, beliefs, and behaviors. Instructional strategies build on protective factors that promote healthy behaviors and enable students to avoid or reduce health risk behaviors by engaging peers, parents, families, and other positive adult role models in student learning.
14. **Provides clear, consistent messages from families, community members, and school personnel on the importance of youth adopting and maintaining health-promoting behaviors.**
15. **Includes teacher information and plans for professional development and training that enhances effectiveness of instruction and student learning.** Curricula are implemented by teachers who have a personal interest in promoting positive health behaviors, believe in what they are teaching, are knowledgeable about the curriculum content, and are comfortable and skilled in implementing expected instructional strategies. Ongoing professional development and training is critical for helping teachers implement a new curriculum or implement strategies that require new skills in teaching or assessment.

## References

1. Botvin GJ, Botvin EM, Ruchlin H. School-Based Approaches to Drug Abuse Prevention: Evidence for Effectiveness and Suggestions for Determining Cost-Effectiveness. In: Bukoski WJ, editor. *Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy*. NIDA Research Monograph No. 176. Washington, DC: U.S. Department of Health and Human Services; 1998:59–82. Available at [http://www.drugabuse.gov/pdf/monographs/monograph176/059-082\\_Botvin.pdf](http://www.drugabuse.gov/pdf/monographs/monograph176/059-082_Botvin.pdf).
2. Contento I, Balch GI, Bronner YL. Nutrition education for school-aged children. *Journal of Nutrition Education* 1995;27(6):298–311.
3. Eisen M, Pallitto C, Bradner C, Bolshun N. *Teen Risk-Taking: Promising Prevention Programs and Approaches*. Washington, DC: Urban Institute; 2000. Available at <http://www.urban.org/url.cfm?ID=310293>.
4. Gottfredson DC. School-Based Crime Prevention. In: Sherman LW, Gottfredson D, MacKenzie D, Eck J, Reuter P, Bushway S, editors. *Preventing Crime: What Works, What Doesn't, What's Promising*. National Institute of Justice; 1998. Available at <http://www.ncjrs.org/pdffiles/171676.pdf>.
5. Kirby D. *Emerging Answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2001.
6. Lohrmann DK, Wooley SF. Comprehensive School Health Education. In: Marx E, Wooley S, editors. *Health Is Academic: A Guide to Coordinated School Health Programs*. New York: Teachers College Press; 1998:43–45.
7. Nation M, Crusto C, Wandersman A, Kumpfer KL, Seybolt D, Morrissey-Kane, E, Davino K. What works. Principles of effective prevention programs. *American Psychologist* 2003; 58(6/7): 449-456.
8. Lytle L, Achterberg C. Changing the diet of America's children: what works and why? *Journal of Nutrition Education* 1995;27(5):250–60.
9. Stone EJ, McKenzie TL, Welk GJ, Booth ML. Effects of physical activity interventions in youth. Review and synthesis. *American Journal of Preventive Medicine* 1998;15(4):298–315.
10. Weed SE, Ericksen I. A model for influencing adolescent sexual behavior. Salt Lake City, UT: Institute for Research and Evaluation; 2005. Unpublished manuscript.