

HECAT

GLOSSARY

Attitudes: Positive or negative evaluations that one has toward other people, objects, concepts, activities, behaviors, events, trends, or other observations and occurrences. People who have a “positive” attitude toward some behavior are more likely to engage in that behavior. People who have a “negative” attitude about a behavior are less likely to engage in that behavior.

Benchmark: A benchmark is a standard for judging performance. A benchmark provides a description of student knowledge and skill expected at specific grades, ages, or developmental levels. Benchmarks are often used in conjunction with standards, and may be described quantitatively or qualitatively.

Characteristics of Effective Health Education Curricula: A summary of curriculum attributes that research findings indicate promote health-enhancing behaviors or reduce health risk-taking behaviors.

Commercially-Packaged Health Education Curricula: Curricula that are preassembled to include instructional, learning, and assessment activities; designed for a mass market; and usually distributed for a financial profit by a developer or publisher. Commercially-packaged curricula can also include those pre-assembled curricula that are distributed at no-cost or minimal cost by non-profit organizations or state and federal agencies.

Comprehensive Health Education Curriculum: A set of instructional strategies and learning experiences, for students in pre-kindergarten through grade 12, that provides multiple opportunities to acquire the knowledge, attitudes, and skills required to make health-promoting decisions, achieve health literacy, adopt health-enhancing behaviors, and promote the health of others. A comprehensive curriculum is one that is broad in scope and content and addresses numerous health problems, issues, or topics. (See *Health Education Curriculum* and *Single-topic Curriculum*.)

Coordinated School Health: A planned and organized set of courses, services, policies and interventions designed to meet the health and safety needs of pre-K–12 students. Schools promote optimal physical, emotional, social, and educational development of students by providing health education; physical education; health services; nutrition services; counseling, psychological and social services; and a healthy and safe environment; and by promoting parent/community involvement and staff wellness. A successful and well-coordinated approach to school health is characterized by administrators, teachers, and school board members who view health protection and promotion as an essential part of the school’s mission; a school health council comprised of school, family, and community representatives to ensure a planning process for continuous improvement; a school health coordinator responsible for organizing and coordinating the school health program; and school staff who help plan and implement a full array of school health courses, services, policies and interventions.

Cultural Competence: The ability of an individual to understand and respect values, attitudes, beliefs, and mores that differ across cultures. Culturally competent school staff applies this understanding in planning, implementing, and evaluating school health education and other school health programs and services.

Curriculum: An educational plan incorporating a structured, developmentally appropriate series of intended learning outcomes and associated learning experiences for students; generally organized as a detailed set of directions, strategies, and a related combination of school-based materials, content, and events.

Curriculum Content: The written information, pictures, graphics, instructional strategies, learning experiences, assessment strategies, and other materials that make up a curriculum. (See *Curriculum*.)

Developmentally Appropriate: Curriculum materials that are consistent with an individual's cognitive, mental, emotional, moral, and social development.

Disease Prevention: The processes of avoiding, preventing, reducing, or alleviating disease to promote, preserve, and restore health and minimize suffering and distress.

Diversity: The differences among groups of people and individuals based on factors such as ethnicity, race, socioeconomic status, gender, language, age, culture, religion, sexual orientation, and geographical area.

Evidence-based programs: Programs or interventions supported by credible scientific studies that find associated decreases in risk behaviors (e.g., delay in alcohol use, increase consumption of fruits and vegetables, delay sexual initiation or increase condom-use) or adverse health outcomes (e.g., violence, alcohol-related motor vehicle accidents, HIV or other STD transmission).

Functional Knowledge: Important concepts and information necessary to improve health-enhancing decisions, beliefs, skills, and practices as opposed to information that does not help to improve health decisions, beliefs, skills or practices. Examples of functional information include accurate information about risks of health-related behaviors, internal and external influences on health-risk behaviors, and socially normative behaviors.

Gender: Socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for boys and men or girls and women. These influence the ways that people act, interact, and feel about themselves. While aspects of biological sex are similar across different cultures, aspects of gender may differ.

Gender Expression: The way a person publicly expresses their gender to others through appearance and mannerisms (e.g., the way one dresses, talks, acts, moves). A person's gender expression does not necessarily indicate their sexual orientation.

Gender Identity: An individual's self-conception as being a man or a woman (or in some cases, both or neither), as distinguished from sex assigned at birth. For most people, gender identity and biological characteristics are the same. However, some people experience little or no connection between their birth sex and their gender identity.

Gender Roles: The set of activities, expectations and behaviors assigned to females and males based on what a society currently defines as appropriately masculine or feminine.

Health: A state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity; a functional state which allows a person to achieve goals and activities for a healthy life.

Health Education Curriculum: A set of instructional strategies and learning experiences that provide students with opportunities to acquire the attitudes, knowledge, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. A health education curriculum should have:

- A set of intended learning outcomes or learning objectives that are directly related to students' acquisition of health-related knowledge, attitude, and skills.
- A planned progression of developmentally appropriate lessons or learning experiences that lead to achieving these objectives.
- Continuity between lessons or learning experiences that clearly reinforce the adoption and maintenance of specific health-enhancing behaviors.
- Accompanying content or materials that correspond with the sequence of learning events and help teachers and students meet the learning objectives.
- Assessment strategies to determine if students achieved the desired learning.

Health Instruction: The process, including delivery of lessons, facilitation of learning, directing of activities and learning events and other components of the classroom experience, designed to provide an opportunity for students to acquire developmentally-appropriate health knowledge and attitudes and improve health-enhancing skills and behaviors.

Health Literacy: The capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services to enhance health.

Health Promotion: Any planned combination of educational, political, environmental, regulatory, and organizational mechanisms that support actions and conditions of living conducive to the health of individuals, families, groups, and communities.

Health-Related Skills: Abilities to translate knowledge and readiness into the performance of actions that enable students to deal with social pressures, avoid or reduce risk-taking behaviors, enhance and maintain personal health, and promote the health of others. These skills include communication, refusing pressure to engage in unhealthy behaviors, assessing the accuracy of information, making informed decisions, and planning and setting goals. Effective curricula include the instruction of health-related skills.

Healthy Behavioral Outcomes: The anticipated or expected health behaviors that should guide the development and delivery of pre-K–12 school health education.

Integrated Curricula: Curricula that are organized in ways that reinforce the development and application of knowledge and skills in more than one area of study, such as health, math, language arts, and science.

Knowledge Expectations: Derived from and predicated on the National Health Education Standards, Standard 1, these identify the developmentally appropriate functional information students should know in each topic and by the end of grades 2, 5, 8, and 12. (See *Functional Knowledge*.)

Locally-Developed Health Education Curricula: Curricula that are developed at the local school district, individual school, or classroom level and include predetermined instructional, learning, and assessment activities to address state or local laws or mandates, state or local health education standards and objectives, and the school district health education course of study.

National Health Education Standards: Written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and assessment of student knowledge and skills in health education.

Norms: Standards, models, beliefs, or patterns of behavior considered to be typical for a specific group. A norm is an implied agreement or understanding among a groups' membership about how members in a group behave or should behave.

Performance Assessment: A form of assessment designed to measure what students know or are able to do through their ability to perform certain tasks.

Performance Indicators: Specific concepts that students should know and skills they should be able to do to demonstrate movement (progress or decline) relative to a given target or standard. An indicator describes specific and measurable aspects of a standard. The performance indicators described in the *National Health Education Standards* help educators focus on essential health knowledge and skills that are basic to the development of student learning of each standard and serve as a blueprint for student assessment.

Reliable: Trustworthy, dependable, and appropriate information, products, and services.

Research-Based: Strategies, programs, and policies with evidence from the scientific literature that they have demonstrated effectiveness in accomplishing intended learner and program outcomes.

Risk-avoidance: Places an emphasis on eliminating or avoiding behaviors that lead to adverse health outcomes. Examples include: not smoking, not drinking alcohol or using other drugs; not engaging in sexual intercourse; and not engaging in violence.

Risk-reduction: Places an emphasis on lessening or reducing the frequency of behaviors that result in adverse health outcomes, or the adopting additional behaviors that reduce the risk of adverse health outcomes. Examples include wearing seatbelts while driving or riding in a car; eating foods that are low in added fat and sugar; using condoms consistently and correctly if sexually active; and washing hands before eating or handling food.

School Health Education: The component of a school health program that includes the development, delivery, and evaluation of a planned instructional program and other learning experiences to promote the health and well-being of students, pre-kindergarten through grade 12. It provides students with the knowledge, values, and skills needed to maintain and improve their health, prevent disease, avoid or reduce health-related risk behaviors, and promote the health of others.

School Policy: Official mandates, adopted by an authoritative governing body (e.g., local school board, State board of education) that affect the school environment and the actions of students and employees. Policies include legal codes, rules, standards, administrative orders, guidelines, mandates, or resolutions. School policies can be adopted at the school district, state, or federal level but are implemented at the school level.

Scope and Sequence: A pre-K–12 curricular structure that outlines the breadth and depth of key health learning concepts across grade level(s) (scope) and the logical progression of essential health knowledge, skills and behaviors to be addressed at each grade level or grade group (sequence). Together a scope and sequence of learning bring order to the delivery of content, supporting maximum student learning and offering sustained opportunities for learning.

Self Efficacy: The belief in one's capability to learn and/or perform specific tasks to achieve desired goals and that influence events that affect their life.

Single-Topic Health Education Curriculum: A set of instructional strategies and learning experiences that provide students with opportunities to acquire the knowledge, attitudes, and skills that are required to make health-promoting decisions, achieve health literacy, adopt health-enhancing behaviors, and promote the health of others, specifically related to one health topic area, such as alcohol and other drug use, healthy eating, mental and emotional health, personal health and wellness, physical activity, safety, sexual health, tobacco, or violence. (See *Comprehensive Health Education Curriculum* and *Health Education Curriculum*.)

Skill Expectations: Derived from and predicated on the performance indicators of the National Health Education Standards, Standards 2–8, these identify the developmentally appropriate skills (learning) students should perform in each topic and by the end of grades 2, 5, 8, and 12.

Student Assessment: The process of gathering, describing, or quantifying information about student performance and level of achievement based on established standards.

Valid: Accurate, legitimate, authoritative, and authentic health information, health products, and health services.

Values: Principles, standards, or qualities regarded as worthwhile or desirable.