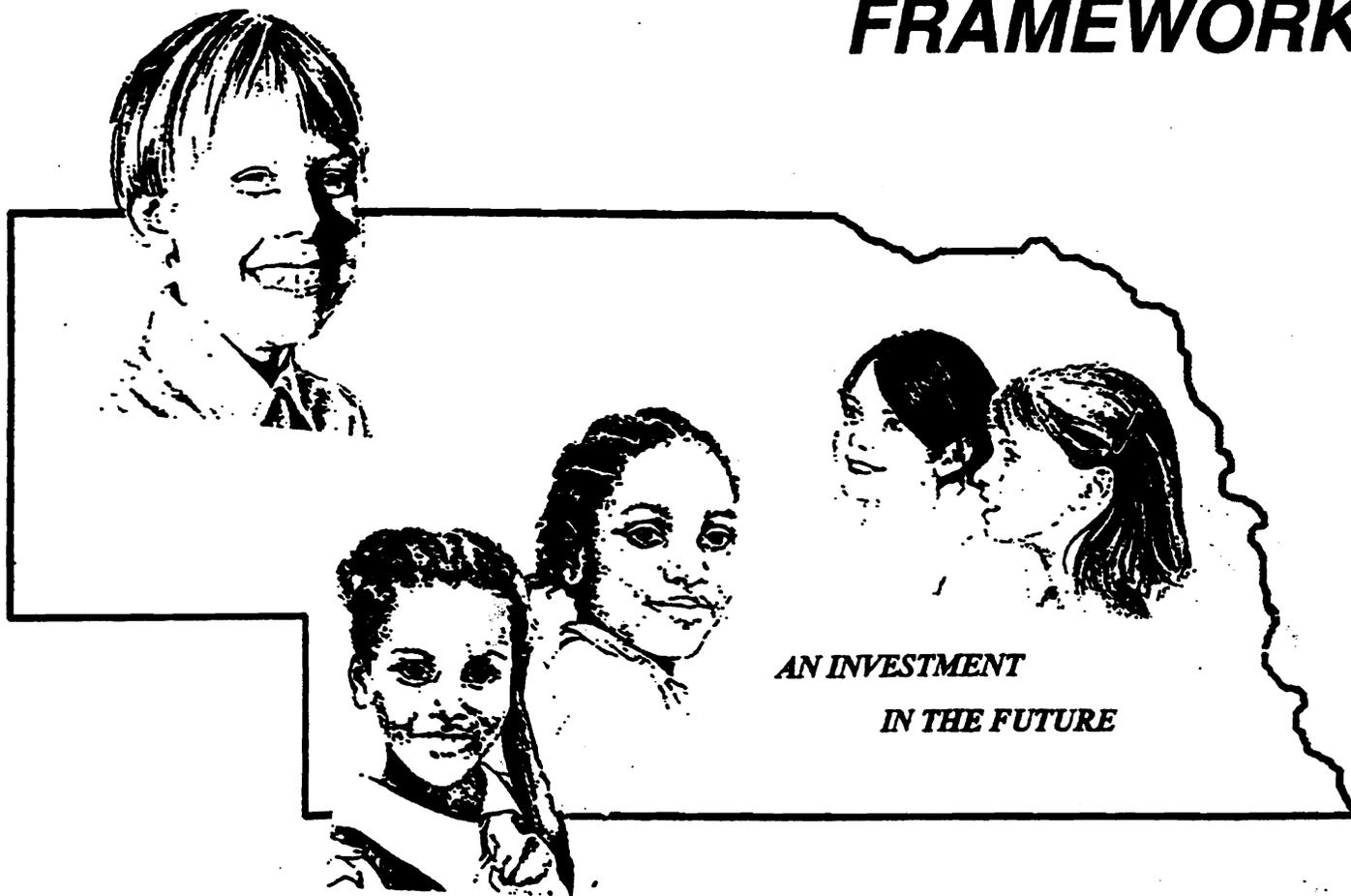


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NEBRASKA

HEALTH EDUCATION

FRAMEWORK



**AN INVESTMENT
IN THE FUTURE**

KINDERGARTEN through GRADE TWELVE

HEALTH EDUCATION FRAMEWORKS PROJECT

NEBRASKA DEPARTMENT OF EDUCATION
HEALTH EDUCATION SECTION

La Vonne Uffelman
Project Coordinator

October 10, 1997

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Preface

The *Nebraska K-12 Health Education Framework* is designed to provide direction, focus, and coordination for best practices in all areas of health education instruction. The framework is designed to help local school districts make decisions regarding local curriculum development. The framework also encourages the development of health-literate individuals who are critical thinkers, self-directed learners, effective communicators, and responsible productive citizens.

As a matter of state-level education policy, the State Board of Education supports an abstinence* approach to risk behaviors associated with tobacco, alcohol, drugs and sexual activity. The Board's policy should be interpreted to mean that school health programs for risk behaviors associated with tobacco, alcohol, drugs and sexual activity should be centered around an emphasis on abstinence. In addition, the policy means that state monies shall be dedicated to abstinence programs.

The State Board of Education recognizes the right of school districts to maintain local control, to make decisions that address local community concerns, and to use instructional approaches other than those contained in this document. Local districts may use local funds to support local programs of their own choosing. Because of the nature of this subject and some of the activities, school districts should use caution. They should inform parents of intended activities and permit parents to have their children excluded from the activities, if requested.**

* The State Board of Education adopted specific Abstinence Guidelines for use in all units involving family life/sexuality education. See page 94 for the guidelines.

** See Appendix section, tab 23.

Dear Colleagues:

The Nebraska Department of Education is committed to the principle of providing quality education for all students. Our commitment is expressed in the High Performance Learning Model, a model that offers guidance to local school districts as they plan and implement school improvement activities including the redesign of their curriculum.

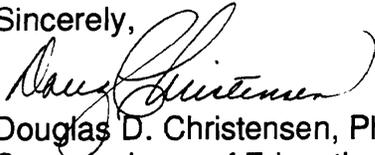
High Performance Learning requires quality curriculum, effective instructional programs and implementation of promising practices. Curriculum frameworks provide ways to assist districts in developing quality local curriculum and quality instructional practices.

The Department of Education suggests that local schools use curriculum frameworks to examine current curriculum, to determine important revisions and to consider the implementation of health principles. The Nebraska K-12 Health Education Frameworks identifies essential content knowledge and skills in the area of health education. It provides direction without being prescriptive.

The frameworks document is not a curriculum, but rather a guide for local decision-making. It provides for vertical and horizontal combinations of health information and encourages the connection between health and other subject areas. It advocates student participation by encouraging inquiry and the use of active, creative learning experiences. The Health Education Frameworks provides suggestions and is deliberately flexible to accommodate the needs and resources of individual school districts.

We hope that this K-12 Health Education Frameworks provides useful guidance and support to enhance learning for all Nebraska. We offer it to you to use as a resource for local curriculum planning.

Sincerely,



Douglas D. Christensen, Ph. D.
Commissioner of Education

The Frameworks Explained

The *Nebraska K-12 Health Education Frameworks* project is designed to provide direction, focus, and coordination for best practices in health education instruction. The Frameworks is a resource for schools to improve the quality of instruction education in health for ALL students. The Frameworks is not a mandate; rather, local districts may use the Frameworks to determine and implement the concepts, ideas, and practices presented in the Frameworks. Readers of this document are being asked to reflect on reforming health education in Nebraska and utilizing the Frameworks as a tool in this process.

The educators and the persons involved in the preparing of this document made connections within other disciplines across the curriculum. Health education in schools is oftentimes delivered by teachers in other curricular areas such as physical education, family and consumer science, science, social studies, or the school nurse. Each complements the other through common skills and processes of learning. The connections from one area to another help students develop meaning and reality in health as it encompasses and crosses all of the curriculum areas.

This document was developed to provide guidance and resources for local education communities as they restructure their schools and improve their health education programs. Local planners who recognize the diversity of their students' unique learning styles, backgrounds, attitudes, interests, aptitudes, and needs know best what specific programs will help their students reach these Nebraska Health Education Principles. Frameworks can also provide focus for preservice teacher education programs.

The opening section of this document discusses the changes presently influencing and impacting health education. The elements of change addressed include: health literacy for all students, appropriate learning environments, role of technology, diversity of learners, and developmentally appropriate materials. The Frameworks are patterned after nationally recognized standards in health education, but have been adapted to fit the mission and beliefs developed by the Stakeholders Committee which included parents, business and community leaders, educational leaders, school board members, administrators, and health educators.

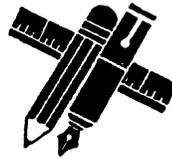
Ensuing sections address the health education principles. The grade-level groupings of K-2, 3-5, 6-8, and 9-12 are included. These multi-age groupings provide flexibility to achieve the measurable targets and activities. The use of multi-age groupings assumes that there will be continuous learning within each group and between groups. Each multi-age grouping begins with the Nebraska principles, followed by sample targets and sample activities to provide guidance to teachers on how to connect the subject matter to real-life experiences. The appendix provides guidance in the area of abstinence education and models with examples how the parameters for sexuality education might be developed for a district or school. Also included in the appendix are resources for teachers in specific content areas, information concerning state and national professional organizations, and access to electronic networking, as well as tools to help the process at the local levels.

The Framework project is not enough to complete health education reform. The critical factors in reform are committed parents, teachers, and community members. Teachers need support in the form of partnerships, instructional materials, and time. Teachers will need ongoing commitment from their colleagues, administrators, and communities to make health education a reality for all students.


Ann Masters
Curriculum & Instruction Administrator


LaVonne Uffelman
Project Coordinator

ACKNOWLEDGMENTS



Numerous individuals representing teachers, educators, business and community, parents, school boards, administration, professional and private organizations, curriculum supervisors, and citizens have provided input to create a useful document for Nebraska. Their efforts are greatly appreciated.

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About the Health Education Frameworks Project

The Frameworks is a resource for schools to improve the quality of education for ALL.

The Nebraska K-12 Health Education Frameworks Project is designed to provide direction and coordination for best practices in health education instruction. The project is supported by a grant from the Centers for Disease Control, cooperative agreement # U87/CCU709001-05, and the Nebraska Department of Education.

The Frameworks is a resource for schools to improve the quality of education for ALL students. The Frameworks document is a statement of what students should **know** and **be able to do** to achieve the principles of health education. It is NOT a mandate, a method of instruction, or a curriculum.

The *Nebraska K-12 Health Education Frameworks* includes a **mission statement, beliefs, principles, targets, and sample activities**. It also includes references for **multicultural education, special needs students, students with diverse needs, inclusion, multidisciplinary, and transdisciplinary education**.

Many individuals contributed to this document. They include the Stakeholders Committee, Writing Teams, and a Review Group. Members of these groups included parents, business and community leaders, physicians, educational leaders, school board members, administrators, and health educators, who provided a wealth of ideas and perspectives for enhancing health education in Nebraska.

The Nebraska Frameworks Project cannot alone change health education. Teachers must be committed to the implementation of quality health education programs. They also need strong support from the school districts to reach the goal of providing students in all Nebraska schools--large and small, rural and urban--with the opportunity to develop competency in health education by high school graduation.

Health Education

In an era of education reform, state principles for health education are critical to the healthy development of our children and youths. These principles can help improve student learning by providing a foundation and framework for curriculum development, classroom instruction, and assessment of student performance. The principles also provide a guide for enhancing pre-service professional preparation and continuing education of teachers responsible for health instruction in our schools.

A primary goal of health education is improved educational achievement for all students and improved health in Nebraska. These principles describe for schools, parents, and communities what our students should know about health and what health instruction should enable them to do. While they are voluntary, the principles for school health education are aimed at improving the health knowledge and skills of our children and youths. Quality school health education will help prepare our students to become health literate and so establish the foundation for academic achievement and healthy, productive lives.

In developing these principles, the following criteria were applied for both the broad health education content principles and the more focused targets and activities at four grade levels. Principles must be:

- **Essential (Is each principle, target, and activity essential for a student to become health literate and lead a high quality of life?)**
- **Reasonable (Is it reasonable to assume schools can design and implement a program that will enable students to actually meet the principles, targets, and activities identified?)**
- **Clear and understandable (Is the language of the principles and targets clear and understandable to the general public and educators?)**

The Nebraska Health Education Principles were developed using the National Health Education Standards as a resource. These National Standards were developed by The Joint Committee on National Health Education Standards, which consisted of professionals working in local education agencies, state education agencies, institutions of higher education, and national health and education organizations. The following organizations had representation on this committee:

- **American Cancer Society**
- **Association for the Advancement of Health Education**
- **American Public Health Association**
- **American School Health Association**
- **Society of State Directors of Health, Physical Education, and Recreation**
- **Division of Adolescent and School Health/US Centers for Disease Control and Prevention**
- **US Department of Education**
- **Alliance for Curriculum Reform**
- **Council of Chief State School Officers (CCSSO)/ State Collaborative Assessment of Student Standards (SCASS)**

The following groups were involved in the review of the National Standards:

- **Alliance for Curriculum Reform**
- **American Academy of Pediatrics**
- **American Association of School Administrators**
- **American Cancer Society Divisions, Staff and Volunteer Leadership**
- **American College Health Association**
- **American Federation of Teachers**
- **American Health Foundation**
- **American Heart Association**
- **American Lung Association**
- **American Medical Association**
- **American Public Health Association**
- **American School Food Service Association**
- **American School Health Association**
- **Association for Teacher Education Health Advisory Committee**
- **Association for the Advancement of Health Education**
- **Association for Supervision and Curriculum Development**
- **Association of Colleges and Schools of Education in State Universities and Land Grant Colleges and Affiliated Private Universities**
- **Association of State and Territorial Directors of Public Health Education**
- **Coalition of National Health Organizations**
- **Council of Chief State School Officers**
- **Directors of Health Education: State Health Agencies**
- **Directors of Health Education: State Education Agencies**
- **March of Dimes**
- **National Alliance of Black School Educators**
- **National Association for Equal Opportunity in Higher Education**
- **National Association of Elementary Principals**
- **National Association of School Nurses**
- **National Association of Secondary School Principals**

- **National Association of State Boards of Education**
- **National Center for Health Education**
- **National Coalition of Hispanic Health and Human Services**
- **National Coordinating Committee**
- **National Education Association**
- **National Parent Teacher Association**
- **National School Boards Association**
- **National School Health Coalition**
- **Offices of Disease Prevention and Health Promotion**
- **Society for Public Health Education**
- **Society of State Directors of Health, Physical Education, and Recreation**
- **State National Parent Teacher Association (PTA) Presidents**
- **State and District AAHPERD Vice Presidents for Health Education**
- **The Council of Great City Schools**
- **US Centers For Disease Control and Prevention: Division of Adolescent Health**
- **US Department of Agriculture**
- **US Department of Education**
- **506 Individuals at their request**

The National Standards were adapted by the Stakeholders and Writing Committees to fit Nebraska's needs. It is hoped that communities, schools, districts, teachers, and parents will begin the process of looking at these principles, and that they will use them as a guide to develop principles of their own to fit the individual needs of the community.

Health Literacy

Health literacy is the capacity of individuals to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which enhance health.

Four Characteristics Identified as Essential to Health Literacy

- **A Critical Thinker**
- **A Self-Directed Learner**
- **An Effective Communicator**
- **A Responsible, Productive Citizen**

What does it mean to be health literate? Health literacy means being well educated about personal, family, and community health. This defines the desired results of Nebraska's standards for health education and of quality school health instruction programs. These standards were developed from the National Health Education Standards published in 1995. They were crafted by applying the characteristics of a well-educated, literate person within the context of health. Four characteristics of health literate individuals were identified. These individuals must be

- **critical thinkers and problem solvers when confronting health problems and issues**
- **self-directed learners who have the competence to use basic health information and services in health-enhancing ways**
- **effective communicators who organize and convey beliefs, ideas, and information about health issues**
- **responsible and productive citizens who help ensure that their community is kept healthy, safe, and secure.**

These four essential characteristics of health-literate individuals are woven throughout Nebraska's principles for health education.

Taken from *National Health Education Standards: Achieving Health Literacy*, developed by the Joint Committee on National Health Education Standards and used with permission of the American School Health Association, Association for the Advancement of Health Education, and the American Cancer Society.

A Time For Excellence in Health Education

Students who can think well and who understand health promotion and disease prevention concepts build a foundation for leading healthy and productive lives. Basic health education is a foundation for all knowledge about the interrelationship of behavior and health, interactions within the human body, and the prevention of diseases and other health problems. Experiencing physical, mental, emotional, and social changes as one grows and develops provides a way of learning about one's self. Applying the skills of information analysis, organization, comparison, synthesis, and evaluation to health issues provides a foundation for individuals to move toward becoming health literate, responsible, and productive citizens. Accessing reliable health information, products, and services is important in the prevention, early detection, and treatment of most health problems.

The positive contributions to the quality of life are increased by practicing and recognizing health enhancing behaviors. Many diseases and injuries can be prevented by eliminating/reducing harmful and risk-taking behaviors. Strategies used to maintain and improve positive health behaviors will use knowledge and skills that help students become critical thinkers and problem solvers. The critical thinker and problem solver needs to draw from the contributions of culture, media, technology, and other factors. Understanding the different cultures, attitudes, and behaviors students bring with them into the classroom should be incorporated into health instruction.

Decision making and goal setting are essential lifelong skills needed in order to implement and sustain healthy living. Individuals, families, communities, and agencies have a responsibility to help create an environment that protects the health and safety of society. Individuals need to develop skills to monitor health issues and advocate for responsible policies and actions that promote health. The ability to communicate effectively also assists employment and family and community life as well as the development of positive healthy relationships and success in all aspects of living. The health-literate individual respects cultural diversity, interacts effectively, and mitigates conflict. Living healthy, productive lives is the responsibility of health-literate individuals. These skills make it possible for individuals to transfer health knowledge into healthy lifestyles. Enabling individuals to work collaboratively with other citizens to improve the quality of life for families, schools, and communities can be accomplished when decision-making and goal-setting skills are applied to this issue.

Note: The above section on the health education standards, has been adapted from the *National Health Education Standards: Achieving Health Literacy (1995)*, Joint committee on National Health Education Standards, published by the American Association for Health Education/Alliance for Health, Physical Education, Recreation and Dance.

Please Note: The Mission Statement, the Belief Statements, and the Nebraska Principles were developed by the Stakeholders and the Writing Teams exclusively. The sample targets and sample activities were products of the Writing Team. Their efforts in this process were invaluable. Both the Stakeholders and the Writing Team are very proud of their work and pleased with the process. Both felt this would be a useful document for schools, districts, teachers, and communities as curriculum reform takes place.

Health Education Frameworks

Mission Statement

The mission of the Health Education Frameworks is to prepare students in Nebraska, through principles developed by families and communities, to achieve the skills necessary to obtain, interpret, understand, and use basic health information in ways which enhance lifelong health.

Belief Statements

- **Healthy students learn better.**
- **Health literacy contributes to an individual's success in achieving life goals and to healthy productive citizens.**
- **A health education curriculum includes the following content areas:**

Community Health	Injury Prevention and Safety
Consumer Health	Nutrition
Environmental Health	Personal Health/Physical Activity
Family Life/Sexuality	Prevention/Control of Disease
Mental/Emotional Health	Substance Use, Misuse, and Abuse
Growth and Development	
- **Health literacy is most effective when addressed by families, communities, and schools based upon the needs of youth.**
- **Abstinence education is important in areas of health education including tobacco, alcohol, other drugs, and sexual activity.**
- **Decision-making skills and understanding consequences for actions should be taught and practiced in the classroom.**
- **Health literacy fosters wellness practices that include life-long leisure activities to promote healthy lifestyles.**
- **Health literacy fosters the development of preventative health practices and leads to a reduction in health-care costs.**
- **Local community needs should be considered when developing and/or selecting health education programs.**
- **An integrated health education curriculum is an essential part of the education program for all K-12 students.**
- **Sufficient instructional time and funding is essential for students to develop health literacy.**

- **All students deserve the opportunity to achieve health literacy.**
- **Health literacy is improved by opportunities to access and evaluate information and to practice health-promoting and risk-eliminating/reducing behaviors.**
- **Health literacy includes the use of technology to access multiple sources of health information.**
- **Students need cooperative and active learning opportunities in health education.**
- **School health education should be delivered by individuals with appropriate background and training.**

ABSTINENCE GUIDELINES FOR SEXUALITY EDUCATION

Taken from the Personal Responsibility and Work Act of 1996 Sec. 510 (b)(2)

FOR USE AS GUIDANCE WHEN DEVELOPING FAMILY LIFE / SEXUALITY EDUCATION UNITS

For purposes of this section, the term “abstinence education” means an educational or motivational program which:

- Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- Teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- Teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advance;, and
- Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Note: It is best for schools, districts, and communities to develop these units with input from parents, school boards and teachers working together so all have a voice in the process and content.



Families



Families must share in the responsibility of helping their students in accomplishing health literacy.

- **Families need to be actively involved in the education of their children.**
- **Families need to maintain the role of primary educator.**
- **Partnerships must be developed between educators and families and should be strengthened whenever possible.**
- **Educators need to invite and facilitate the involvement of families in their children's education.**
- **Parents and teachers must develop an open line of communication so an understanding and knowledge of what is being taught in the classroom can be shared.**
- **Parents and communities should be encouraged to volunteer in the classroom, help at home with homework and projects, monitor progress through parent/teacher conferences, generate community support for education, and model lifelong healthy lifestyles.**



How Might the Framework Be Used?

Part 1 - Framework Defined:

A curriculum framework:

Is specific enough to provide guidance to local districts, but flexible enough to allow for local decision making.

Defines, supports, and sets parameters for key ideas, concepts, and practices of curriculum and instructional design, development, and implementation.

Provides for common language.

Provides scaffolding needed for local schools and districts to develop their own curriculums.

Reflects excellence in learning.

Identifies what students should know (content/knowledge) and be able to do (performance/skill).

Identifies a core of essential elements of the discipline.

Establishes direction without specifying practices.

Sets principles without dictating local expectations or competencies.

Provides direction, guidance, and focus without restricting users to narrow concepts, limited ideas, and prescribed practices.

Defines, supports, and encompasses the total learning environment.

Framework does not include: scope and sequence, daily lesson plans, or course outlines.

A framework is voluntary. It can be a valuable resource because it reflects the best thinking of one's professional peers, outstanding classroom teachers, parents, and other practicing professionals as they make decisions about the unique and critical knowledge, behaviors, and skills of the discipline.

Part 2 - How to Use the Document:

- **A local district, school or teachers will sit down and begin by identifying the mission for health education; or they might develop one of their own. Belief statements about health need to be developed reflecting local issues. Using the Nebraska Health Education Principles as a guide, develop principles for their particular situations.**
- **Decide as a group what topics, strands, learnings, concepts, or information areas need to be taught and at what levels. You might decide on a scope and sequence for your school, district, or community.**
- **Once the principles have been developed by the group, apply them to the areas of instruction the group decides are important (e.g., drugs, alcohol, nutrition, etc.). Begin writing specific targets and more specific activities for the individual class, levels, and units to be taught. The *Nebraska Health Education Frameworks* document has ideas and examples of how that might be done, but complete units have not been devised. This is what you as a local group need to do.**
- **Refer to the appendix of the *Nebraska Health Education Framework* for other information regarding curriculum.**
- **Check your work periodically for developmentally appropriate materials. Are cultural issues handled appropriately? Are diverse learning issues addressed? Are cross-curricular ideas shared? Are any other educationally sound ideas that school districts are focusing on currently, incorporated into your work? Does your work fit into the local school-improvement plan? The Appendix has suggestions in these areas.**
- **Use your community, ESU, and school resources for ideas, input, and ways to accomplish your goals. Involve the community and your patrons as well as parents.**

- **Share your ideas, plans, information, and success with others. Be proud of what you have done. The sky's the limit. Go for it. Someone out there might just develop a new method of reaching students and getting results that have never been attained before. Brag about your success. This is how we all learn. Good Luck!!**

“As America strives to improve its schools, it's imperative that all elements of the community work together to assist students and educators. Quality education is an investment in the community; but everyone -- parents, business leaders, church leaders, and others -- has a role to play. Helping students learn is a community affair.”

Lew Armistead, Former President, National School Public Relations Association

Nebraska Health Education Principles
Developed by the Stakeholders and Writing Teams for the Health Education
Frameworks Project

Health Education Principle #1:

Students will comprehend concepts related to healthy lifestyles and disease prevention.

Basic to health education is a foundation of knowledge about the interrelationship of behavior and health, interactions within the human body, and the prevention of diseases and other health problems. Experiencing physical, mental, emotional, and social changes as one grows and develops, encourages an individualized learning situation. Comprehension of health-promotion strategies and disease-prevention concepts enables students to become health-literate, self-directed learners, which establishes a foundation for leading healthy and productive lives.

Health Education Principle #2:

Students will demonstrate the ability to access accurate health information and health-promoting practices, products, and services.

Accessing accurate valid health information and health-promoting products and services is important in the prevention, early detection, and treatment of most health problems. Critical thinking involves the ability to identify valid health information and to analyze, select, and access health-promoting services and products. Applying skills of information analysis, organization, comparison, synthesis, and evaluation to health issues provides a foundation for individuals to move toward becoming health-literate and responsible, productive citizens.

Health Education Principle #3:

Students will demonstrate the ability to practice health-enhancing behaviors and eliminate/reduce health risks.

Research confirms that many diseases and injuries can be prevented by eliminating/reducing harmful and risk-taking behaviors. More importantly, recognizing and practicing health-enhancing behaviors can contribute to a positive quality of life. Strategies used to maintain and improve positive health behaviors will utilize knowledge and skills that help students become critical thinkers and problem solvers. By accepting responsibility for personal health, students will have a foundation for living healthy, productive lives.

Health Education Principle #4:

Students will analyze the influence of family, culture, media, technology, and other factors on health.

Health is influenced by a variety of factors that co-exist within society. These include family and culture as well as media and technology. A critical thinker and problem solver is able to analyze, evaluate, and interpret the influence of these factors on health. The health-literate, responsible, and productive citizen draws upon the contributions of culture, media, technology and other factors to strengthen individuals, family, and community health.

Health Education Principle #5:

Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Personal, family, and community health are enhanced through effective communication. A responsible individual will use verbal and non-verbal skills in developing and maintaining healthy personal relationships. Ability to organize and to convey information, beliefs, opinions, and feelings are skills which strengthen interactions and can reduce or avoid conflict. When communicating, individuals who are health literate demonstrate care, consideration, and respect of self and others.

Health Education Principle #6:

Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Decision making and goal setting are essential lifelong skills needed in order to implement and sustain health-enhancing behaviors. These skills make it possible for individuals to transfer health knowledge into healthy lifestyles. When applied to health issues, decision-making and goal-setting skills will enable individuals to collaborate with others to improve the quality of life in their families, schools, and communities.

Health Education Principle #7:

Students will demonstrate the ability to advocate for personal, family, and community health.

Quality of life is dependent on an environment that protects and promotes the health of individuals, families, and communities. Responsible citizens, who are health literate, are characterized by advocating and communicating for positive health in their communities. A variety of health advocacy skills are critical to these activities.

Sample Targets and Sample Activities

The following sections are divided into four categories according to grade levels:

Pink:	K-2
Lt. Blue:	3-5
Yellow:	6-8
Lilac:	9-12

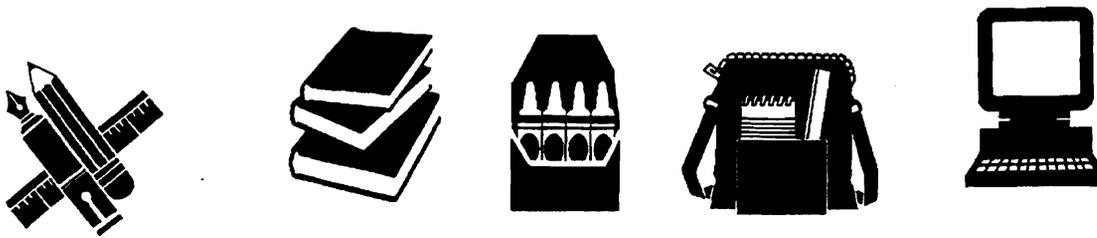
Within each section are the seven Nebraska Principles for Health Education.

Shown with each principle are sample targets and sample activities. These are only samples of how a subject, concept, or topic might be addressed within that particular principle.

The intent of this section is to give ideas and examples of how a school, district, teacher or community might use these principles to develop units or learnings within the parameters of their own community, school, and district principles.

Since this is not a curriculum guide, understanding how to use and apply the principles to your school is important. This will require some time and communication between all parties involved in developing the specific content for each area targeted. These are suggestions, ideas, and examples of how this might be accomplished.

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Teachers are urged to use the word *eliminate* when discussing behaviors such as alcohol use, tobacco use, other drug use, and sexual activity. It is hoped that when dealing with sensitive matters involving, say heredity (e.g., high blood pressure, inherited high cholesterol, etc.), teachers will relate risk reducing strategies to their students. These factors, as well as many others, cannot be eliminated.

The word *eliminate/reduce* is used in the document with the word *eliminate* first followed by a slash and the word *reduce*. This is to show emphasis on *eliminating* behaviors where possible and *reducing* those which cannot be eliminated.



Health Education Frameworks

Level: **K-2**

Health Principle #1: Students will comprehend concepts related to healthy lifestyles and disease prevention.

Targets:

As a result of health instruction, students will:

- 1.1 describe relationships between personal health behaviors and individual well-being

By:

Sample activities:

- 1.1a naming several daily habits that are helpful.
- 1.1b using tissue or covering mouths when coughing/sneezing.
- 1.1c keeping a personal health folder recognizing positive health behaviors.

- 1.2 identify indicators of mental, emotional, social, and physical health during childhood

By:

Sample activities:

- 1.2a telling how each student feels if she/he is physically fit.
- 1.2b drawing a picture of someone being a good friend.

- 1.3 describes basic structure and function of human body systems

By:

Sample activities:

- 1.3a identifying body parts and their functions.
- 1.3b drawing and labeling a body on a large sheet of paper.

1.4 describe how family influences impact personal health

By:

Sample activities:

1.4a drawing a picture of how a student's family keeps him/her healthy.

1.4b cutting a picture out of a magazine which represents each students family.

1.5 describe how physical, social, and emotional environments influence personal health

By:

Sample activities:

1.5a role playing safe and unsafe play.

1.5b drawing a safe classroom/playground.

1.6 identify common health problems of children

By:

Sample activities:

1.6a listing two illnesses each student has had.

1.6b drawing a germ/bacteria/virus.

1.7 identify health problems that should be detected and treated early

By:

Sample activities:

1.7a listing three ways to prevent illnesses.

1.7b having students name a variety of illnesses. As a group, discuss which require treatment at home, a doctor's visit, or possible hospitalization.

1.8 explain how childhood injuries and illnesses can be prevented or treated

By:

Sample activities:

- 1.8a collecting cartoons that depict healthful and unhealthful practices.
- 1.8b drawing a picture of a visit to the doctor's office showing how the doctor helps prevent or treat an illness.

Health Education Frameworks

Level: **K-2**

Health Principle #2: Students will demonstrate the ability to access accurate health information and health promoting practices, products, and services.

Targets:

As a result of health instruction, students will:

- 2.1 know sources of health information (e.g., people, places, and products) and how to locate them

By:

Sample activities:

- 2.1a naming one product that is health promoting and telling why it promotes health.
- 2.1b naming one person who can answer health questions at school.

- 2.2 know the meaning of warning labels and signs on hazardous substances

By:

Sample activities:

- 2.2a drawing a picture of dangerous label signs (e.g., skull and crossbones).
- 2.2b playing a match game with signs and symbols.

- 2.3 identify advertisements for healthy products

By:

Sample activities:

- 2.3a describing a television commercial about a cold medicine; telling why advertisers want customers to buy and use that medicine. (Use the information given by the commercial.)
- 2.3b finding advertisements and creating a healthy poster.

Health Education Frameworks

Level: **K-2**

Health Principle #3: Students will demonstrate the ability to practice health-enhancing behaviors and eliminate/reduce health risks.

Targets:

As a result of health instruction, students will:

3.1 identify responsible health behavior

By:

Sample activities:

3.1a showing how to brush teeth properly to reduce cavities.

3.1b showing the five parts of an exercise program (stretch, warm-up, activity, cool-down, stretch) to reduce cardiovascular disease.

3.2 identify personal health needs

By:

Sample activities:

3.2a discussing how a person gets ready for bed (e.g. read book, hug parents).

3.2b discussing how a person get ready for school (i.e., eat breakfast, brush teeth, shower).

3.3 compare behaviors that are safe to those that are risky or harmful

By:

Sample activities:

3.3a making safety rules for the class to reduce accidents.

3.3b listing safety rules at home that keep an individual from harm (e.g., seat belts, wash hands, walk when indoors/don't run) to reduce injury.

3.4 demonstrate behaviors that are safe compared to those that are considered harmful

By:

Sample activities:

3.4a carrying a scissors properly.

3.4b standing in line to get a drink at the fountain without pushing.

3.5 develop injury-prevention and safety strategies for personal health

By:

Sample activities:

3.5a listing situations or behaviors that can cause injuries.

3.5b drawing a picture of an accident showing how someone can get hurt.

3.6 distinguish between threatening and non-threatening environments

By:

Sample activities:

3.6a drawing a picture of a child refusing strangers. (e.g., don't get in car, etc.).

3.6b role playing how to say no to strangers.

Health Education Frameworks

Level: **K-2**

Health Principle #4: Students will analyze the influence of family, culture, media, technology, and other factors on health.

Targets:

As a result of health instruction, students will:

4.1 describe how culture influences personal health behaviors

By:

Sample activities:

4.1a listing different cultures and discussing health practices (personal health, medical).

4.1b collecting pictures of people from other countries and discussing how the culture depicted affects behavior.

4.2 explain how media influence thoughts, feelings, and health behaviors

By:

Sample activities:

4.2a listing some television advertisements (e.g., cereal, fruit juices).

4.2b singing commercial jingles and talking about how they are designed to make one feel.

4.3 recognize that individuals have different cultural backgrounds that affect health practices.

By:

Sample activities:

4.3a making a list of the different cultures represented in the classroom.

4.3b discussing the special traditional family foods eaten for holidays or birthdays.

4.4 explain how information from school and family influences health

By:

Sample activities:

4.4a discussing what is liked about the school-lunch program.

4.4b drawing a positive health habit that has been learned from home and from school.

Health Principle #5: Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Targets:

As a result of health instruction, students will:

5.1 know various verbal and nonverbal ways to communicate (e.g., hand, facial, etc.).

By:

Sample activities:

5.1a responding to examples of unsafe conditions.

5.1b role play being the crossing guard person.

5.2 describe characteristics between verbal and nonverbal communication

By:

Sample activities:

5.2a listing ways to communicate nonverbally (e.g., across playground; waving arms indicating a health emergency).

5.2b making a sign to get help (S.O.S., etc.).

5.3 demonstrate healthy ways to express needs, wants, and feelings

By:

Sample activities:

5.3a practicing sharing skills and saying “thank you”, “please”, etc.

5.3b role playing good classroom behavior.

5.4 listen attentively

By:

Sample activities:

5.4a listing the positive things that come from listening attentively.

5.4b playing telephone message (see how things get distorted).

5.5 demonstrate refusal skills to enhance health

By:

Sample activities:

5.5a role playing refusal skills to dangerous situations.

5.5b saying “no” loud and clear.

5.6 know various ways to resolve conflict using positive behavior

By:

Sample activities:

5.6a responding to positive role playing and negative role playing.

5.6b practicing smiling while talking to someone.

5.7 identify healthy ways to handle feelings

By:

Sample activities:

5.7a modeling school rules.

5.7b voicing anger calmly.

Health Principle #6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Target:

As a result of health instruction, students will:

6.1 identify health problems that require the help of a trusted adult (abused child)

By:

Sample activities:

6.1a listing trusted adults that you can refer to for any needed medication. (Trusted adults are adults that the children feel safe talking to about important matters.. Safe is away from danger or free from harm.)

6.1b listing health-related problems involving cars and bikes.

6.2 explain when to ask for assistance in making health-related decisions and setting health goals

By:

Sample activities:

6.2a naming a situation when a student had to ask for help when he/she was hurt.

6.2b having parents help their child write some goals for one week. (e.g., pick up room, brush teeth, set table, plan a menu, etc.).

6.3 recognize that decisions about personal behavior may be healthy or unhealthy

By:

Sample activities:

6.3a obeying pedestrian rules.

6.3b listing good bicycle-riding skills.

6.4 set a personal health goal and track progress toward its achievement

By:

Sample activities:

6.4a choosing three healthy snacks and checking a chart each time a student chooses one of those for an after-school snack during a week.

6.4b connecting dots on a graph listing how far each student walked or ran at recess.

Health Education Frameworks

Level: **K-2**

Health Principle #7: Students will demonstrate the ability to advocate for personal, family, and community health.

Targets:

As a result of health instruction, students will:

7.1 know various ways to share health information

By:

Sample activities:

7.1a talking to peers about healthy snacks.

7.1b listing five ways to get accurate health information.

7.2 express information and opinions about health issues

By:

Sample activities:

7.2a telling what is needed in order to stay healthy and why students should stay healthy.

7.2b coloring a health-information poster.

7.3 identify community agencies that advocate for healthy individuals, families, and communities

By:

Sample activities:

7.3a listing places in the community students could go for help.

7.3b having mom or dad help a student find two community places families can go for help if food is needed.

7.4 demonstrate the ability to influence and support others in making positive health choices

By:

Sample activities:

7.4a wearing a seat belt when in a car, truck, or van.

7.4b telling how each student would help his/her family make positive health choices.

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Health Education Frameworks

Level: **3-5**

Health Principle #1: Students will comprehend concepts related to healthy lifestyles and disease prevention.

Targets:

As a result of health instruction, students will:

- 1.1 describe relationships between personal health behaviors and individual well-being

By:

Sample activities:

- 1.1a creating a list of positive activities which support healthy behaviors of friends and classmates.
- 1.1b predicting consequences related to healthy or unhealthy behaviors.

- 1.2 identify positive mental, emotional, social, and physical factors that influence health

By:

Sample activities:

- 1.2a designing three faces on paper plates, showing facial emotion.
- 1.2b monitoring heart rate with and without a 10-pound weight.

- 1.3 describe the basic structure and functions of the human body systems

By:

Sample activities:

- 1.3a identifying the functions of the human body systems.
- 1.3b diagramming the human body and tracing the blood through the heart, lungs, and body.

1.4 identify common health problems of children that should be detected and treated early

By:

Sample activities:

1.4a describing the consequences of ignoring health problems.

1.4b making a class presentation on viral infections.

1.5 explain how childhood injuries and illnesses can be prevented or treated

By:

Sample activities:

1.5a listing three ways to treat a cold.

1.5b creating a poster campaign for seat-belt usage and display the posters in local stores.

Health Principle #2: Students will demonstrate the ability to access accurate health information and health-promoting practices, products, and services.

Targets:

As a result of health instruction, students will:

- 2.1 identify characteristics of accurate health information and health-promoting products and services

By:

Sample activities:

- 2.1a listing three characteristics of accurate health information.
- 2.1b recognizing that advertisements are meant to sell products or services and give examples of how advertisements can influence our decisions.

- 2.2 demonstrate the ability to locate resources from home, school, and community that provide accurate health information.

By:

Sample activities:

- 2.2a demonstrating the ability to read food labels for specific content information.
- 2.2b describing in a written report five places in the community where health information can be found.

- 2.3 demonstrate the ability to locate school and community health helpers

By:

Sample activities:

- 2.3a knowing the name and how to access phone numbers of a family physician and dentist.
- 2.3b developing a handbook of school and community health helpers and services they provide.

Health Education Frameworks

Level: **3-5**

Health Principle #3: Students will demonstrate the ability to practice health-enhancing behaviors and eliminate/reduce health risks.

Targets:

As a result of health instruction, students will:

3.1 identify responsible health behaviors

By:

Sample activities:

3.1a keeping a journal for a week showing ways to stay healthy.

3.1b developing a personal hygiene (grooming) plan.

3.2 identify personal health needs

By:

Sample activities:

3.2a describing the student's personal health needs.

3.2b developing a file of health information and projects (original as well as collected) that are representative of the student and his or her abilities and exposures in the health class.

3.3 compare behaviors that are safe to those that are risky or harmful

By:

Sample activities:

3.3a explaining the consequences of risky or unsafe behaviors involving drugs, both prescription and nonprescription (e.g., medicine prescribed for one child, given to another or taking old medicine after an expiration date).

3.3b discussing and role playing what to do when faced with fighting to reduce injury and violence.

3.4 demonstrate strategies to improve or maintain personal health

By:

Sample activities:

3.4a charting fat grams for one week and calculating the average.

3.4b developing a personal exercise program.

3.5 develop strategies for prevention and management of injuries

By:

Sample activities:

3.5a developing injury-prevention and management strategies for personal and family health.

3.5b demonstrating basic first-aid skills.

3.6 demonstrate ways to avoid and eliminate/reduce threatening situations.

By:

Sample activities:

3.6a role playing the steps to use in resolving conflict with others
To reduce threatening situations.

3.6b developing a family plan to use during threatening weather (e.g.,
tornados or floods) to reduce injury.

3.7 apply skills to manage stress

By:

Sample activities:

3.7a explaining the benefits of exercise for stress management.

3.7b diagraming the body's physical reaction to stress.

Health Principle #4: Students will analyze the influence of family, culture, media, technology, and other factors on health.

Targets:

As a result of health instruction, students will:

4.1 describe how culture influences personal health behaviors

By:

Sample activities:

4.1a listing cultural origins of health practices that influence behavior (e.g., cultural practices like using a healer or home remedies).

4.1b identifying a variety of ethnic foods and where they fall on the food pyramid chart.

4.2 explain how media influence thoughts, feelings, and health behaviors

By:

Sample activities:

4.2a discussing media influences on health.

4.2b creating a positive advertisement for something health related.

4.3 describe ways technology can influence personal health

By:

Sample activities:

4.3a listing ways medical technology has influenced personal health.

4.3b demonstrating the use of a mercury thermometer vs. a digital one vs. an ear probe.

4.4 explain how information from school and family influences health

By:

Sample activities:

4.4a debating how the sale of candy, sodas, and chips at school influences the food choices of students.

4.4b organizing a health fair for parents, teachers, and school class.

Health Principle #5: Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Targets:

As a result of health information, students will:

5.1 recognize the value of verbal and nonverbal communication

By:

Sample activities:

5.1a listing the various messages one can communicate through body language.

5.1b communicating a message to a classmate verbally, then nonverbally.

5.2 describe characteristics needed to be a responsible friend and family member

By:

Sample activities:

5.2a describing five characteristics that a good friend should have.

5.2b making a poster promoting one characteristic of a good friend.

5.3 demonstrate healthy ways to express needs, wants, feelings, and respect of self and others

By:

Sample activities:

5.3a describing and demonstrating ways to communicate care, consideration, and respect of self and others.

5.3b listing feelings by describing healthy ways to express them.

5.4 demonstrate attentive listening skills to build and maintain healthy relationships

By:

Sample activities:

5.4a playing the telephone game and describing how messages change.

5.4b identifying background noises that influence the ability to listen.

5.5 demonstrate refusal skills to enhance health

By:

Sample activities:

5.5a role playing by saying “no” to dangerous situations (e.g., saying “no” to friends as opposed to saying “no” to strangers).

5.5b developing “20 ways to say ‘no’” poster (e.g., 101 ways to Say No).

5.6 differentiate between negative and positive behaviors used in conflict situations

By:

Sample activities:

5.6a reading a story and identifying positive and negative ways that characters dealt with conflict.

5.6b demonstrating aggressive, assertive, and passive behaviors.

5.7 demonstrate non-violent strategies to resolve conflicts

By:

Sample activities:

5.7a analyzing possible causes of conflict.

5.7b writing a short story about a school playground situation resolving conflict - nonviolently.

5.7c writing a report on Jimmy Carter, Martin Luther King, Jr., etc.

Health Education Frameworks

Level: **3-5**

Health Principle #6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Targets:

As a result of health instruction, students will:

- 6.1 demonstrate the ability to apply a decision-making process to health issues and problems

By:

Sample activities:

- 6.1a listing five steps to follow when making a decision.
- 6.1b writing a paragraph discussing why people should not use tobacco products.

- 6.2 explain when to ask for assistance in making health-related decisions and setting health goals

By:

Sample activities:

- 6.2a explaining why one may need to talk to a parent or doctor about equipment and safety before joining a sports team.
- 6.2b naming three health related decisions and appropriate sources of assistance.

- 6.3 predict outcomes of positive health decisions

By:

Sample activities:

- 6.3a describing three characteristics of a person who chooses to maintain an exercise program.
- 6.3b discussing dental visits - because of healthy and unhealthy habits.

6.4 set a personal health goal and track progress toward its achievement

By:

Sample activities:

- 6.4a choosing an exercise or physical activity in which the student wishes to participate and record how often he/she participate in that activity for a week.
- 6.4b describing three things students can do toward achieving a healthy diet.

Health Education Frameworks

Level: **3-5**

Health Principle #7: Students will demonstrate the ability to advocate for personal, family, and community health.

Targets:

As a result of health instruction, students will:

7.1 describe a variety of methods to convey accurate health information and ideas

By:

Sample activities:

7.1a analyzing various methods that are used to communicate accurate health information.

7.1b using one of the above methods, research and create a way of communicating accurate information to a specific population.

7.2 express information and opinions about health issues

By:

Sample activities:

7.2a telling about a current health issue recently heard about.

7.2b reading and reporting on a health-related issue.

7.3 identify community agencies that advocate for healthy individuals, families, and communities

By:

Sample activities:

7.3a using the community pages of the phone book and identifying agencies that are health related.

7.3b picking up a brochure with information on a health issue at the doctor's office, etc.

7.4 demonstrate the ability to influence and support others in making positive health choices

By:

Sample activities:

- 7.4a role playing a situation in which a friend convinces a friend to wear a helmet when riding a bicycle.
- 7.4b planning posters for the school hall promoting positive health choices.

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Health Education Frameworks

Level: **6-8**

Health Principle #1: Students will comprehend concepts related to healthy lifestyles and disease prevention.

Targets:

As a result of health instruction, students will:

- 1.1 explain the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death

By:

Sample activities:

- 1.1a giving examples, in small group discussion, of long-term and short-term effects of tobacco use.

- 1.1b role playing the use of refusal skills in different situations (e.g., drugs, tobacco, alcohol, or sex)

- 1.2 describe the interrelationship of mental, emotional, social, and physical health during adolescence

By:

Sample activities:

- 1.2a demonstrating the ability to manage conflict in positive ways.

- 1.2b explaining, in group discussion, how emotional health influences eating patterns.

1.3 explain how health is influenced by the interaction of body systems

By:

Sample activities:

1.3a listing the effects of chewing tobacco on teeth and the digestive system.

1.3b explaining how second-hand smoke affects the circulatory system by charting changes in heart rate and blood pressure.

1.3c measuring the decibel level of different noises and describing how various sound levels affect hearing and recording findings in a written report.

1.4 describe how family and peers influence the health of adolescents

By:

Sample activities:

1.4a identifying and describing a positive health role model for each student, then writing that person a thank you note.

1.4b describing how advertising affects food choices and charting food advertisements during a specified time period.

1.4c drawing a web to show how family and peers influence them.

1.5 analyze how environment and personal health are interrelated

By:

Sample activities:

1.5a researching environmental health hazards within the school, then completing a written report and presenting it to school administrators.

1.5b using a checklist, identify ways that personal health choices relate to skin cancer.

1.6 describe ways to reduce risks related to adolescent health problems

By:

Sample activities:

1.6a evaluating their stress level-through the use of a checklist.

1.6b selecting one stressor and using a goal-setting process to reduce it.

1.6c identifying emotional and physical changes associated with adolescence through a written report.

1.7 explain how appropriate health care can prevent premature death and disability

By:

Sample activities:

1.7a designing a PSA (public service announcement) on the importance of safety belt use.

1.7b designing and presenting a lesson to elementary students on bicycle safety.

1.8 describe how lifestyle, pathogens, family history, and other risk factors are related to the cause or prevention of disease and other health problems

By:

Sample activities:

1.8a interviewing grandparents or another older adult about diseases that were more common in the past and summarizing in a written report.

1.8b describing the effects of HIV on the body's immune system in a written report.

Health Education Frameworks

Level: **6-8**

Health Principle #2: Students will demonstrate the ability to access accurate health information and health-promoting practices, products, and services.

Targets:

As a result of health instruction, students will:

2.1 analyze the validity of health information, products, and services

By:

Sample activities:

2.1a analyzing, in small groups, the effectiveness and risks of fad diets and reporting to the class.

2.1b comparing home health remedies with current medical trends.

2.1c using a checklist to evaluate advertisements for health products.

2.2 demonstrate the ability to utilize resources from home, school, and community that provide valid health information

By:

Sample activities:

2.2a constructing a current valid health information list for use at home to be stored by the phone.

2.2b applying Internet and computer skills to research current information on immunizations and report to the class.

2.3 analyze how media influence the selection of health information and products

By:

Sample activities:

- 2.3a modifying tobacco and alcohol advertisements to portray the “truth” (e.g., smokers with oxygen tanks, yellow teeth, wrinkles, etc.) (sometimes called counter ads).
- 2.3b evaluating current advertisements from media and identifying ways they influence eating and eating disorders and then giving an oral report to the class.
- 2.3c analyzing Saturday morning television commercials and then demonstrating a positive message dramatically.

2.4 demonstrate the ability to locate health products and services

By:

Sample activities:

- 2.4a using the local area phone directory, list the available help lines and services to deal with health concerns identified on situational cards (3 x 5 cards with situations such as: head lice, poison, mom faints, baby choking, friend hits head in pool).
- 2.4b working in small groups, create a map showing the locations of health services in the town or area,.

2.5 compare the costs and validity of health products

By:

Sample activities:

- 2.5a working in small group, researching the cost of an emergency-room visit versus a doctor’s visit for a specific health problem and report to the class.
- 2.5b writing or charting a comparison of generic versus brand-name drug costs.

2.6 describe situations requiring professional health services

By:

Sample activities:

- 2.6a role playing a situation of traumatic injury drawn from 3 x 5 cards, calling 911 and assessing the situation for the operator (e.g., cards have details of traumatic injury situations such as: car accident in front of the school, 2 people in car, one thrown out, one not breathing, etc.: students can design situations).
- 2.6b creating a poster identifying signs/symptoms of suicide and sources of help.

Health Principle #3: Students will demonstrate the ability to practice health-enhancing behaviors and eliminate/reduce health risks.

Targets:

As a result of health instruction, students will:

3.1 explain the importance of assuming responsibility for personal-health behaviors

By:

Sample activities:

3.1a creating bumper stickers that display a positive health behavior message.

3.1b choosing a television character and using a chart to identify how one's health behaviors affect one's health in a positive way.

3.2 analyze a personal health assessment to determine health strengths and risks

By:

Sample activities:

3.2a evaluating students dietary strengths and risks by completing a food diary and using computer program like Eat Smart to improve dietary habits.

3.2b doing a personal health assessment of students' transportation practices (seat belt, helmet, jaywalking) through a written report of how personal health is affected.

3.3 distinguish between safe and risky or harmful behaviors in relationships

By:

Sample activities:

3.3a working in small groups, analyze characteristics of healthy relationship then displaying these on a posters (e.g., family activities, doing things with friends, pictures of things friends do together that are safe and fun).

- 3.3b differentiating between appropriate and inappropriate behaviors in relationships for student age. Use caution regarding family values.
 - 3.3c role playing scenarios showing effective conflict resolution skills.
- 3.4 demonstrate strategies to improve or maintain personal and family health
- By:**
- Sample activities:**
- 3.4a creating a map showing a fire-escape plan for each student's family home.
 - 3.4b choosing a healthy behavior that could be practiced with a family member, implement and record for one week.
- 3.5 develop injury prevention and management strategies for personal and family health
- By:**
- Sample activities:**
- 3.5a identifying an injury prevention strategy for one area of their personal or family living space; make corrections and report in a written paragraph.
 - 3.5b working in small groups, create sample first-aid kits.
- 3.6 demonstrate ways to avoid threatening situations
- By:**
- Sample activities:**
- 3.6a presenting group role playing of effective ways to handle confrontation.
 - 3.6b completing an open-ended scenario describing the situation of riding with a drunk driver.

3.7 demonstrate strategies to manage stress

By:

Sample activities:

- 3.7a using a balloon, identify stressors in a student's life (blow air into balloon) and stress management techniques (let air out of balloon).
- 3.7b developing a stress management plan after participating in a personal-stress appraisal (e.g., aerobics, walking, tennis, etc.)

Health Education Frameworks

Level: **6-8**

Health Principle #4: Students will analyze the influence of family, culture, media, technology, and other factors on health.

Targets:

As a result of health instruction, students will:

- 4.1 describe the influence of cultural beliefs on health behaviors and the use of health services

By:

Sample activities:

- 4.1a discussing how parents, teachers, and staff can act as role models to influence health behaviors.
 - 4.1b researching how cultural beliefs influence family-food choices and writing a report.
- 4.2 analyze how messages from media and other sources influence health behaviors

By:

Sample activities:

- 4.2a identifying types of advertisements observed during a specific time period on television, completing a class chart, and discussion.
 - 4.2b analyzing one magazine advertisement, identify the positive and negative influences on health.
- 4.3 analyze the influence of technology on personal and family health

By:

Sample activities:

- 4.3a touring a hospital and becoming aware of the technology used in health care.
- 4.3b presenting a report on the EKG, EEG, cat scan, and/or transplants.

4.4 analyze how information from peers influences health

By:

Sample activities:

4.4a role playing refusal skills to deal with peer pressure.

4.4b participating in small group discussion compare and contrast myths and misconceptions related to alcohol and other drugs.

Health Principle #5: Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Targets:

As a result of health instruction, students will:

- 5.1 demonstrate effective verbal and nonverbal communication skills to enhance health

By:

Sample activities:

- 5.1a role playing verbal ways of saying “no” to alcohol.
- 5.1b role playing effective and ineffective nonverbal communication skills.

- 5.2 describe how the behavior of family and peers affects interpersonal communication

By:

Sample activities:

- 5.2a listing safe slang terms unique to the students’ peer group.
- 5.2b describing ways that a family member’s behavior influences how he/she communicates in a written report.

- 5.3 demonstrate healthy ways to express needs, wants, feelings

By:

Sample activities:

- 5.3a taking an assertiveness inventory and developing a personal strategy plan.
- 5.3b demonstrating a situation that may occur between locker partners and neatness of locker, through a role play.
- 5.3c practicing in small groups, the use of “I Statements.”
(e.g., I don’t smoke; I am feeling sad; I am excited about vacation.)

5.4 demonstrate ways to communicate care, consideration, and respect of self and others

By:

Sample activities:

5.4a writing a paper describing the characteristics of healthy relationships, including a description of how individuals communicate, (e.g., verbal, nonverbal, art work, music, etc.)

5.4b practicing social skills to use in various situations, (e.g., asking for help, using manners, giving directions, responding to a complaint or a compliment, etc.). (Boys Town Model, see reference p.171 appendix)

5.4 c completing a community-service project, (e.g., nursing home, community clean-up).

5.5 demonstrate communication skills to build and maintain healthy relationships

By:

Sample activities:

5.5a using small groups, make a “top ten” list of positive qualities for a friend; post on bulletin board.

5.5b demonstrating attentive communication skills (eye contact, hand and body gestures).

5.6 demonstrate refusal and negotiation skills to enhance health

By:

Sample activities:

5.6a demonstrating by role playing a situation in which a student uses communication strategies to resist pressure to use alcohol.

5.6b using a peer mediation group to show how to work through a conflict with fellow students.

5.7 analyze the possible causes of conflict among youth in schools and communities

By:

Sample activities:

5.7a working with a small group to create an awareness campaign against racial prejudice.

5.7b writing a paper on how prejudices can cause conflict within the school and community.

5.8 demonstrate strategies to manage conflict in healthy ways

By:

Sample activities:

5.8a organizing a conflict management group and outlining successful methods used in resolving conflicts.

5.8b designing and presenting a puppet show for elementary students that demonstrates healthy ways to manage conflict.

5.8c identifying three “family rules” to manage conflict, by working with parents.

Health Principle #6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Targets:

As a result of health instruction, students will:

- 6.1 demonstrate the ability to apply a decision-making process to health issues and problems individually and collaboratively

By:

Sample activities:

6.1a using the decision-making process to plan a healthy family fun activity.

6.1b using a collaborative decision-making process to plan a family work activity.

- 6.2 analyze how health-related decisions are influenced by individual, family, and community values

By:

Sample activities:

6.2a giving examples of public or community areas where tobacco use is not permitted and report to the class.

6.2b listing the ways in which family, peers, or popular culture influence individual's health.

- 6.3 predict how decisions regarding health behaviors have consequences for self and others

By:

Sample activities:

6.3a discussing the negative effects of steroids on the body functions of an athlete who wants to enhance his or her performance.

6.3b writing examples of long-term physical and emotional damage caused by dieting.

6.3c discussing appropriate medical uses of steroids.

6.4 apply strategies and skills needed to attain personal health goals

By:

Sample activities:

6.4a keeping a daily log of physical activities as a part of an individual wellness plan for personal fitness for a one-week time period.

6.4b listening to a guest speaker (e.g., athlete) discuss goal-setting and personal health goals.

6.5 describe how personal health goals are influenced by changing information, abilities, priorities, and responsibilities

By:

Sample activities:

6.5a participating in a personal health assessment and then using the information to create goals to improve these areas of wellness.

6.5b analyzing how goals to improve self may change as a result of personal improvement and changing priorities.

6.6 develop a plan that addresses personal strengths, needs, and health risks

By:

Sample activities:

6.6a using small groups to adapt favorite recipes to make them more heart healthy.

6.6b creating a collage depicting personal strengths.

6.6c participating in a community fun run or fitness activity.

Health Principle #7: Students will demonstrate the ability to advocate for personal, family, and community health.

Targets:

As a result of health instruction, students will:

- 7.1 analyze various communication methods to accurately express health information and ideas

By:

Sample activities:

- 7.1a researching and reporting on health practices during the westward movement.
- 7.1b writing a poem communicating a health idea.
- 7.1c writing a public-service announcement encouraging recycling.

- 7.2 express information and opinions about health issues

By:

Sample activities:

- 7.2a keeping a log on new ideas and opinions regarding positive and negative health messages for adolescents.
- 7.2b designing t-shirts conveying positive health message regarding abstinence from alcohol, tobacco, drugs, and sexual activity, as well as safe behaviors.
- 7.2c designing and presenting a lesson to elementary students on a health issue.
- 7.2d writing or creating a wellness letter for elementary students.

- 7.3 identify barriers to effective communication of information, ideas, feelings, and opinions about health issues

By:

Sample activities:

- 7.3a conducting an opinion survey comparing and contrasting the ways in which popular culture sends positive and negative health messages to adolescents.
 - 7.3b creating and summarizing in a chart form, the information gathered above.
 - 7.3c viewing a video and reading articles addressing prejudice, bigotry, and stereotyping. Briefly report on findings.
- 7.4 demonstrate the ability to influence and support others in making positive health choices

By:

Sample activities:

- 7.4a role playing situations in which the student attempts to prevent a peer from making an unhealthy decision (e.g., tobacco, alcohol, drugs, sexual activity, etc.).
 - 7.4b listing physical activities that friends can share which improve and maintain a healthy lifestyle and then illustrating in a poster.
- 7.5 demonstrate the ability to work cooperatively when advocating for healthy individuals, families, and schools

By:

Sample activities:

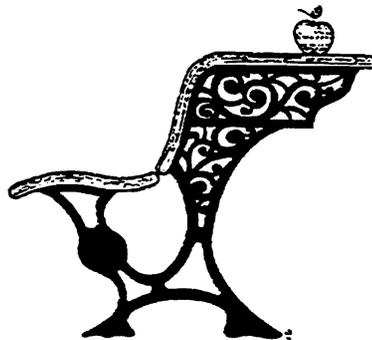
- 7.5a creating a healthy kids club to lobby for and create healthy changes in the school environment.
- 7.5b giving a persuasive speech that adolescents should choose abstinence behaviors in dealing with sexual issues.
(Refer to the Abstinence Parameters in the Appendix)
- 7.5c developing a presentation encouraging healthy lifestyle choices.

Please Note: Examples of content throughout the health-education principles are intended to illustrate and clarify and are not meant to be exhaustive. Specific curriculum should be developed by local school districts.



Teachers are urged to use the word *eliminate* when discussing behaviors such as alcohol use, tobacco use, other drug use, and sexual activity. But it is also hoped that when dealing with sensitive matters involving, say, heredity (e.g., high blood pressure, inherited high cholesterol, etc.) Teachers will relate risk reducing strategies to their students, as these factors, as well as many others, cannot be eliminated.

The word *eliminate/reduce* is used in the document with the word *eliminate* first followed by a slash and the word *reduce*. This is to show our emphasis on eliminating behaviors where possible and reducing those we cannot eliminate.



Health Education Frameworks

Level: **9-12**

Health Principle #1: Students will comprehend concepts related to healthy lifestyles and disease prevention.

Targets:

As a result of health instruction, students will:

1.1 analyze how behavior can impact health maintenance and disease prevention

By:

Sample activities:

1.1a interviewing a variety of individuals about how they think past health decisions influenced current health status.

1.1b designing a personal-health program that will help students maintain lifelong wellness.

1.2 describe the interrelationships of mental, emotional, social, and physical health throughout adulthood

By:

Sample activities:

1.2a identifying in small groups: a minimum of ten factors that can affect overall wellness: mental, social, emotional, and physical.

1.2b presenting a poster or bulletin board display that will show the interrelationship of mental, social, emotional, and physical health.

1.3 explain the impact of personal-health behaviors on the functioning of body systems

By:

Sample activities:

1.3a choosing one body system and writing an essay informing others of the personal health behaviors that will impact the function of that system.

1.3b practicing a stress-management technique and recording the body's physical response before and after.

1.4 analyze how family, peers, and community influence the health of individuals

By:

Sample activities:

1.4a writing belief statements about health behaviors and describing where these beliefs came from.

1.4b discussing in small groups, the role of peers in the health decisions students make.

1.5 analyze how the environment influences the health of the community

By:

Sample activities:

1.5a picking an environmental issue within their community and designing an intervention to improve.

1.5b spending one afternoon volunteering to improve the environment of an individual, school, or community.

1.6 describe how to delay onset and reduce risks of potential health problems during adulthood

By:

Sample activities:

1.6a using case studies: design a fitness nutrition program to prevent and reduce an identified adult health problem.

1.6b setting a personal-health goal and listing all of the consequences of that decision.

Health Education Frameworks

Level: **9-12**

Health Principle #2: Students will demonstrate the ability to access accurate health information and health-promoting practices, products, and services.

Targets:

As a result of health instruction, students will:

2.1 evaluate the validity of health information, products, and services

By:

Sample activities:

2.1a choosing a health product (e.g., vitamin C). Researching the literature for information about its benefits and dangers. Writing a position paper substantiating the stand taken based upon a literature review.

2.1b visiting a fitness program. Observing and analyzing one of the programs, evaluating it as to its effectiveness to accomplish the stated goals based on the most current fitness knowledge.

2.2 demonstrate the ability to evaluate resources from home, school, and community that provide valid health information

By:

Sample activities:

2.2a designing a flyer to distribute to students, parents and community, that tells of the health resources within the community and services at each.

2.2b organizing and holding a health fair for students, parents, and community involving resources from school and community.

2.3 evaluate factors that influence personal selection of health products and services

By:

Sample activities:

- 2.3a keeping a personal journal to include daily health needs, products and services used in dealing with those needs. Recording the factors that influenced the decisions to use these particular products and services. At the completion of the journal, have each student reflect on his/her choices. Describe the effectiveness of each product and/or service used. Research some alternatives that could have been chosen which might have been more effective.
- 2.3b having the student identify and analyze common advertising techniques that are used to make advertisements more appealing.

2.4 demonstrate the ability to access school and community health services for self and others

By;

Samples activities:

- 2.4a creating yellow pages for teen health care in the community, (e.g., rash, moles, acne, etc.; who, when, where, and cost).

2.5 analyze the cost and accessibility of health care services

By;

Sample activities:

- 2.5a preparing a budget for health care needed for specifically assigned health conditions (e.g., tonsils, lung cancer, etc.)
- 2.5b comparing various salaries and health care costs.

2.6 analyze situations requiring professional health services

By:

Sample activities:

- 2.6a comparing a variety of scenarios to determine what health care is required.
- 2.6b publishing a health section in the school newspaper.

Health Education Frameworks

Level: **9-12**

Health Principle #3: Students will demonstrate the ability to practice health enhancing behaviors and eliminate/reduce health risks.

Targets:

As a result of health instruction, students will:

3.1 analyze the role of individual responsibility for enhancing health

By:

Sample activities:

3.1a modifying a favorite meal into a low-fat, low-cholesterol, and low-sugar meal.

3.1b logging fun drug-free activities participated in over the past month.

3.2 evaluate a personal-health assessment to determine strategies for health enhancement and risk reduction

By:

Sample activities:

3.2a utilizing updated materials and discussing activities or actions that spread communicable diseases (e.g., hand washing and the use of tissue, etc.).

3.2b implementing “Operation Life Saver” to promote seat-belt use (wear seat belt - get a Life Saver).

3.3 analyze the short-term and long-term consequences of safe and harmful behaviors

By:

Sample activities:

3.3a writing a report on how the quality of life might be improved by eliminating behaviors (e.g., smoking, drinking alcohol, driving too fast, sexual activity, etc.).

3.3b identifying state laws regarding seat belts, fatality statistics, and age groups, and chart findings.

3.4 develop strategies to improve or maintain personal, family, and community health

By:

Sample activities:

3.4a applying refusal strategies to deal with peer pressure (smoking, drinking, sexual activity, etc.) through role playing.

3.4b taking a field trip to local landfill to analyze the impact on the safety of the community and environment.

3.5 develop injury-prevention and management strategies for personal, family, and community health

By:

Sample activities:

3.5a having high school students, student mentor, and an elementary-aged student (grades K-3) explain “stranger danger.”

3.5b identifying warning signs associated with depression and suicide.

3.5c participating in a certified CPR course.

3.6 demonstrate ways to avoid threatening situations

By:

Sample activities:

3.6a discussing and identifying in small groups, situations which may put students at risk of date rape.

3.6b inviting a self-defense expert as a guest speaker to address personal safety strategies.

3.7 evaluate strategies to manage stress

By:

Sample activities:

3.7a compiling lists of possible activities to reduce stress (i.e., aerobics, exercise, reduce caffeine intake, etc.).

3.7b participating in the use of stress dots during the school day to understand when students are under every day. Journal situations and behaviors which influence the students stress.

Health Education Frameworks

Level: **9-12**

Health Principle #4: Students will analyze the influence of family, culture, media, technology, and other factors on health.

Targets:

As a result of health instruction, students will:

4.1 analyze how cultural diversity enriches and challenges health behaviors

By:

Sample activities:

4.1a researching and writing a paper about immunization policies of the U.S. and potential health problems a visitor in our country or someone traveling to our country might encounter.

4.1b working in groups on assigned research of diseases common to different cultures.

4.2 evaluate the effect of media and other factors on personal, family, and community health

By:

Sample activities:

4.2a analyzing effects of television on rates of violence, death, and suicide.

4.2b identifying five websites containing current health information and determining their credibility. (Note: Monitor carefully.)

4.3 evaluate the impact of technology on personal, family, and community health

By:

Sample activities:

4.3a participating in a “classroom call” conference call to the Centers for Disease Control to receive current and updated information on alcohol use or tobacco use.

4.3b reporting on health topic of choice utilizing the Centers for Disease Control home page.(<http://www.cdc.gov>)

4.4 analyze how information from the community influences health

By:

Sample activities:

- 4.4a shadowing a health or law enforcement professional from the community for a day.
- 4.4b organizing a panel of community health professionals to speak to the student body (e.g., drug, alcohol, seat-belt safety, SADD, etc.).

Health Principle #5: Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Targets:

As a result of health instruction, students will:

5.1 demonstrate skills for communicating effectively with family, peers, and others

By:

Sample activities:

5.1a developing role-play scenarios using effective verbal and nonverbal communication skills.

5.1b conducting an interview survey of fellow students and staff members to determine effective communication strategies.

5.2 analyze how interpersonal communication affects relationships

By:

Sample activities:

5.2a choosing a favorite movie or novel, watching it and analyzing it through class discussion, how interpersonal communication affected character relationships within the story.

5.2b developing an interpersonal communication plan to apply within each student's family.

5.3 demonstrate healthy ways to express need, wants, and feelings

By:

Sample activities:

5.3a exploring aggressive versus assertive responses to pressure lines through role playing (smoking, drinking, sexual activity, etc.).

5.3b writing a short story with two conclusions, illustrating assertive versus aggressive communication approaches.

5.4 demonstrate ways to communicate care, consideration, and respect of self and others

By:

Sample activities:

5.4a completing a homework assignment: delivering five “booster” (positive) statements to family or friends and record reactions.

5.4b writing a “Thank You” note to someone who has positively impacted one’s life.

5.5 demonstrate strategies for solving interpersonal conflicts without harming self or others

By:

Sample activities:

5.5a developing healthy story closure from given scenarios describing conflict situations.

5.5b identifying, through current events, “real life” positive communication strategies.

5.6 demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations

By:

Sample activities:

5.6a developing, through visual or performing arts, student’s own “101 ways to eliminate/reduce a risk” (risk behavior of choice).

5.6b identifying the benefits of abstinence behaviors to students or “individuals” and society when delaying immediate gratification for future goals.

5.7 analyze the possible causes of conflict in schools, families, and communities

By:

Sample activities:

5.7a researching a historical perspective of a period of conflict, and develop timeline of events.

5.7b identifying and discussing the pros and cons of power within schools, families, and communities. (Use caution so that parental authority is not questioned.)

5.8 demonstrate strategies used to prevent conflict

By:

Sample activities:

5.8a having a guest speaker (examples: law enforcement, peer mediators, counselors); discussing strategies to prevent conflict.

5.8b modeling effective listening skills through active participation in questioning strategies.

Health Education Frameworks

Level: **9-12**

Health Principle #6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Targets:

As a result of health instruction, students will:

- 6.1 demonstrate the ability to utilize various strategies when making decisions related to health needs and risks of young adults

By:

Sample activities:

- 6.1a taking a field trip to a grocery store and comparing food products and/or health products to determine most healthy and why.

- 6.1b graphing and charting how selected items compare to similar products.

- 6.2 analyze health concerns that require collaborative decision making

By:

Sample activities:

- 6.2a interviewing a family member regarding that person's health habits and decision-making strategies. (Parent-coupon signature required for participation credit).

- 6.2b identifying the people/organizations involved in juvenile violations and/or foster-care placement.

- 6.3 predict immediate and long-term impact of health decisions on the individual, family, and community

By:

Sample activities:

- 6.3a conducting in groups, historical perspective of risk behavior. One group could look at medical costs: one group examine taxation: one group could look at economical factors, etc.
- 6.3b developing a display using a time line depicting the long-term impact of health choices; Exhibit displays at Parent/Teacher conferences or community gatherings.
- 6.4 implement a plan for attaining a personal health goal

By:

Sample activities:

- 6.4a conducting personal health history, including family health history.
- 6.4b participating in a peer-review of personal exercise plans.
- 6.5 evaluate progress toward achieving personal health goals

By:

Sample activities:

- 6.5a reviewing and evaluating a personal journal, analyzing data, and making recommendations for any necessary changes.
- 6.5b participating in pre-and post-health assessments.
- 6.6 formulate an effective plan for lifelong health

By:

Sample activities:

- 6.6a describing the perfect “health robot.” This can be done verbally, written, media, arts, etc. Answer “What makes this robot healthy?”
- 6.6b inviting cardiac rehabilitation specialist to classroom to share effective plans for lifelong health and effective rehabilitation procedures.

Health Education Frameworks

Level: 9-12

Health Principle #7: Students will demonstrate the ability to advocate for personal, family, and community health.

Targets:

As a result of health instruction, students will:

7.1 evaluate the effectiveness of communication methods for accurately expressing health information and ideas

By:

Sample activities:

7.1a evaluating various health education programs and their effectiveness.

7.1b developing a health calendar for the school newspaper.

7.2 express information and opinions about health issues

By:

Sample activities:

7.2a sharing health-related current events.

7.2b debating the pros and cons of current health issues.

7.3 utilize strategies to overcome barriers when communicating information, ideas, feelings, and opinions about health issues

By:

Sample activities:

7.3a looking at historical perspectives of communicable diseases (e.g., polio, HIV, TB) and impact on society.

7.3b documenting editorials and articles by clipping and compiling a notebook on health-related issues.

7.3c writing letters to local papers regarding to health issues; discussing the relationship between societal attitudes and the cycle of tobacco use.

7.4 demonstrate the ability to influence and support others in making positive health choices

By:

Sample activities:

7.4a listing barriers encountered in promoting a health-related issue.

7.4b examining strategies for providing positive peer support for healthy abstinence behaviors regarding smoking, drinking, or sexual activity.

7.5 demonstrate the ability to work cooperatively when advocating for healthy communities

By:

Sample activities:

7.5a identifying the people who need to be involved in order to promote a healthy community.

7.5b inviting media representatives to the classroom to show how their groups effectively promote health education.

7.6 demonstrate the ability to adapt health messages and communication techniques to the characteristics of a particular audience

By:

Sample activities:

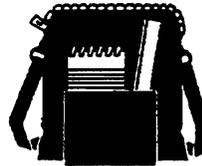
7.6a developing and advertising a health-promoting activity to middle school students.

7.6b designing and presenting a puppet play for younger (K-4) kids on nutrition issues.

Appendix Content

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Teachers are urged to use the word *eliminate* when discussing behaviors such as alcohol use, tobacco use, other drug use, and sexual activity. But it is also hoped that when dealing with sensitive matters involving, say, heredity (e.g., high blood pressure, inherited high cholesterol, etc.) Teachers will relate risk reducing strategies to their students, as these factors, as well as many others, cannot be eliminated.

The word *eliminate/reduce* is used in the document with the word *eliminate* first followed by a slash and the word *reduce*. This is to show our emphasis on eliminating behaviors where possible and reducing those we cannot eliminate.



ABSTINENCE GUIDELINES FOR SEXUALITY EDUCATION

Taken from the Personal Responsibility and Work Act of 1996 Sec. 510 (b)(2)

FOR USE AS GUIDANCE WHEN DEVELOPING FAMILY LIFE / SEXUALITY EDUCATION UNITS

The State Board of Education adopted specific Abstinence Guidelines for use in all units involving family life/sexuality education: See the preface statement on p. i.

For purposes of this section, the term “abstinence education” means an educational or motivational program which:

- Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- Teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- Teaches that a mutually faithful, monogamous relationship in context of marriage is the expected standard of human sexual activity;
- Teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
- Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Note: It is best for schools, districts, and communities to develop these units with input from parents, school boards and teachers working together so all have a voice in the process and content.

Sample Targets and Sample Activities for

Family Living /Sexuality Education Unit using the Abstinence Guidelines for Sexuality Education

Note: This might be one way a school district could use these guidelines following the Health Education Frameworks Guidelines. This is not meant to be inclusive or exclusive. It is only meant to show how these guidelines might be developed into targets and activities for possible local use.

Level: K-2

Health Education Principle # 3: Students will demonstrate the ability to practice health-enhancing behaviors and eliminate/reduce health risks.

Target:

As a result of health instruction, students will:

- 3.1 know the difference between a desire and a need

By:

Sample activities:

- 3.1a listing basic human needs (food, clothing, etc.).
- 3.1b listing things that are not needs but wants or desires (new toy, ice cream).
- 3.1c defining self-control.
- 3.1d identifying examples of self-control in students' lives (wearing or not wearing a seat belt, etc.).

3.2 understand that desires or urges can be controlled by the mind

By:

Sample activities:

3.2a listing desires or urges a person might have and putting a check by those over which one has control (e.g., eating potato chips, by the bag or by a handful).

3.2b drawing a picture of another way to control a desire that might not be good for a person (e.g., eating carrots instead of potato chips).

3.3 develop a habit of self-control to help individuals manage their desires and urges

By:

Sample activities:

3.3a listing some bad habits that could affect one's health.

3.3b telling how habits and behaviors are similar.

3.3c writing and acting out a play on good and bad health habits.

3.3d discussing how having self-control can help a person become healthy.

3.4 understand that feelings can influence one's decisions and that making decisions based on feelings only is not always good.

By:

Sample activities:

3.4a working in small groups, make lists of different feelings. Use caution in dealing with feelings.

3.4b drawing expressions on paper plates that show five different feelings.

3.4c role playing how one feels when he/she gets a bad grade and then find out the grade was wrong.

3.5 understand that children and adults sometimes have to do things they do not feel like doing because that is what is best for them

By:

Sample activities:

3.5a making a list of things individuals like to do best and least.

3.5b talking about why some things are good for a person even if one doesn't like to do them (e.g., going to school, brushing one's teeth, taking medicine, not cheating on a test).

Level : 3-5

Health Education Principle #6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Target:

As the result of health instruction, students will:

6.1 establish short-term goals relating to school and health.

By:

Sample activities:

6.1a listing five healthy goals students want to accomplish this week.

6.1b writing a sentence about how students will accomplish each of the above goals.

6.1c making a list and checking off each goal accomplished by putting a date by it.

6.2 understand that pursuing goals can require hard work, determination, and perseverance.

By:

Sample activities:

6.2a reading a short story or stories about Scott Hamilton, Tiger Woods, Amelia Earhart, Colin Powell, etc.

6.2b reading the short story(ies), and listing the obstacles each character overcame to achieve his/her goals.

6.3 understand that good habits are associated with helping to achieve one's goals.

By:

Sample activities:

6.3a defining self-discipline, fairness, courage, and sound judgment and stating why these qualities help to achieve goals.

6.3b drawing a picture or designing a t-shirt depicting the use of a good habit to achieve a goal.

6.3c roleplaying a situation where a bad habit could be turned into a good habit that helps one to reach a goal.

6.4 set long-term goals (over one year) regarding one's own health

By:

Sample activities:

6.4a making a 10-year plan for health-related goals.

6.4b listing five things required to accomplish one of those goals.

6.4c listing five things that would get in the way of or slow down accomplishing one's goals and ways to overcome these obstacles.

Level: 6-8

Health Education Principle #1: Students will comprehend concepts related to healthy lifestyles and disease prevention.

Targets:

As a result of health instruction, students will:

- 1.1 identify social, psychological, and physical health gains to be realized by abstaining from sexual activity

By:

Sample activities:

1.1a interviewing members of the community (e.g., parents, leaders, teachers, business people, police, etc.) regarding what the community standards are for alcohol, drugs, and tobacco and charting them.

1.1b listing social consequences of sexual activity.

1.1c writing a paper on the psychological rewards gained from abstaining from sexual activity until marriage.

- 1.2 identify that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems

By:

Sample activities:

1.2a listing sexually transmitted diseases and their methods of transmission and highlighting the 100% effective methods of non-transmission. (Teachers need to remember that the only 100% effective method is abstinence.)

1.2b discussing symptoms, treatment options, and cost (social, psychological, and monetary) for STD's and other associated health problems.

1.2c developing a brochure listing reasons to remain abstinent (use color, pictures, slogans, etc. for middle school youth).

1.2d using the method of webbing or mapping, show how many people can be affected by an out-of-wedlock pregnancy.

Level: 9-12

Health Education Principle #3: Students will demonstrate the ability to practice health-enhancing behaviors and eliminate/reduce health risks.

Targets:

As a result of health instruction, students will:

- 3.1 understand that an effective way of eliminating the HIV epidemic is for people to remain sexually abstinent until they enter into a lifetime, mutually faithful, monogamous, committed relationship with an uninfected partner in the context of marriage

By:

Sample activities:

- 3.1a discussing modes of HIV transmission.
- 3.1b discussing ways HIV is not transmitted.
- 3.1c discussing responsibility for preventing the spread of HIV through abstinence.
- 3.2 understand that there are other risk factors even though you are abstinent, that need to be considered in reducing the risk of HIV infection

By:

Sample activities:

- 3.2a requesting organ testing before transplants.
- 3.2b donating your own blood before surgery.
- 3.2c not using drugs or sharing needles (e.g., ear piercing and tattooing).
- 3.2d not breast feeding if an HIV positive mother.

- 3.3 obtain accurate information on the treatment and prevention of HIV and other STD's

By:

Sample activities:

- 3.3a listing the most common STD's, their symptoms, treatment, and prevention.
- 3.3b listing all the STD's that have irreversible consequences.
- 3.3c writing a report on infertility as it relates to PID (pelvic inflammatory disease).
- 3.3d contrasting the differences, treatment, and prevention of herpes simplex I and II.

Note: Examples taken from the National Guidelines for Sexuality and Character Education, Joe S. McIlhaney, Jr., M.D. and Thomas Lickona, Ph. D., p. 67.

Teaching Students with Diverse Needs

Schools must accommodate a diversity of student abilities, disabilities, cultural backgrounds, interests, and other factors that affect student performance in school. These may include English as a second language, at-risk students, visually and auditorially impaired. It is important for all educators to be aware of the characteristics of their students' individual needs. The instructional strategies developed to work with those students who have learning needs have been found to be effective with all populations of learners.

All students must develop the knowledge and competencies necessary to participate successfully in their communities, in the workplace, and in society. This is the challenge of education today. Creating an effective learning environment that can address these diverse needs, backgrounds, and learning styles starts with understanding these needs.

The following six criteria need to be considered. (From the *Florida Frameworks Model for Health Education, 1994*):

“As curricula and learning environments are redesigned, and as teachers plan to teach, it is important to keep in mind that learners:

- **come to the educational setting with unique knowledge, experiences, and explanations about the world;**
- **come from many cultures and backgrounds;**
- **have diverse needs and values;**
- **actively participate in learning;**
- **have a variety of interests; and**
- **have a variety of opinions and ideas about school, health education, and the world.”**

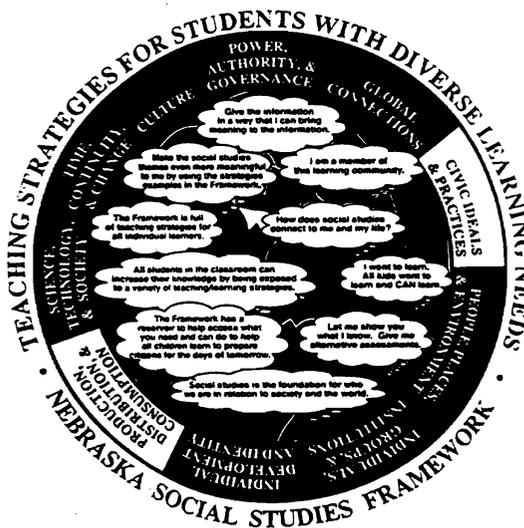


ESL
English As A Second Language

A document has been developed by the Nebraska Department of Education in conjunction with the Nebraska Social Studies Framework, under the guidance of John LeFeber and Ron Dughman. It is entitled Teaching Strategies for Students with Diverse Learning Needs. This document was developed in 1996 and covers the levels of K-12.

It suggests strategies the teachers may use to address the diverse needs of students in their classrooms. This document covers areas such as cooperative learning groups, modeling, multiple intelligences, oral presentations, visual organizers, interviewing, graphic organizers, and options for assessment.

John LeFeber is the Director of Social Science Education for the Nebraska Department of Education. He can be contacted at the Department of Education, 301 Centennial Mall South, Lincoln, Nebraska, 68509. His phone number is 402-471-2449.

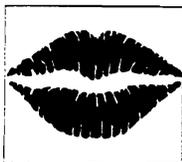


Adapting Instruction For the Individual Learning Process

Children naturally develop unique talents and capabilities. They acquire preferences for the pace at which they learn and how they learn. There are many forms of intelligence and many ways by which people know, understand, and learn about the world. Seven types of intelligences identified by Howard Gardner (1985) include:

- **verbal/linguistic,**
- **logical/mathematical,**
- **visual/spacial,**
- **body/kinesthetic,**
- **musical/rhythmic,**
- **interpersonal (dealing with other people),**
- **intrapersonal (knowing oneself).**

Each student has a unique combination of these intelligences as well as a dominant learning style. It is important for teachers to understand the learning styles of their students so that they can structure their teaching in a way that incorporates these seven ways of knowing. The health education program that matches teaching to learning styles allows students to process material more efficiently. This allows for reaching all students and providing the opportunity for deeper and more thorough learning.



There are many other strategies for adapting instruction and the learning environment for students with different needs. One strategy might be to challenge students with open-ended problems to which they can respond on a variety of levels. Some students may need additional opportunities to practice previously mastered information. Instruction might take place in the form of individual activities, group activities, games, class discussions, or projects involving multiple skills. It may also be advantageous to vary class groupings to accommodate different tasks or learning styles.

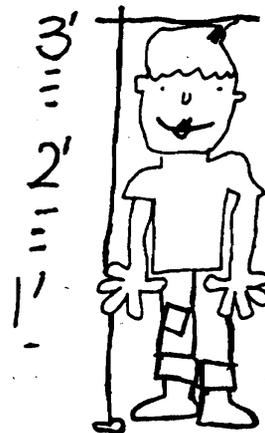
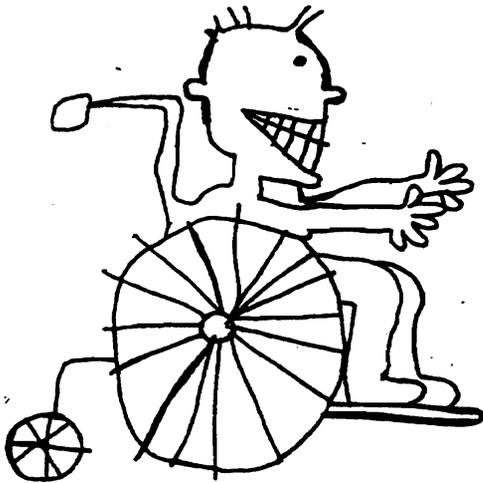
The teacher's high expectations for academic success play an influential role in the way other students accept a student who has unique needs. This, in turn, can have an impact on the child's self-image, affecting his or her eagerness and ability to learn.

Adapting instruction for individual needs does not mean lowering expectations or having completely different criteria for these students. Teachers who believe that all students can learn, create a supportive learning environment for students with disabilities. In addition, modification in assignments, courses, instructional methods, instructional materials and resources, and assessment methods can help enhance the learning experiences for these students.

Educators may modify a course by increasing or decreasing instructional time. This means adjusting time allotted for completing an assignment for a course or adjusting the length of class assignments. The format of the instruction can also be adapted or changed. This might include the use of hands-on materials, audio-visual media, instructional technology (including computers), and the use of specially designed materials. Quite often, modifications that are effective for students with disabilities work well for other students in the class. Specially designed teaching strategies can be easily integrated into the classroom to enhance the content being learned. Teaching modifications such as flexible scheduling, recorded answers, and use of mechanical aids, etc. are helpful for all students.

The following modifications and suggestions were taken from *How to Change the Games Children Play (1980)*. To adapt activities, teachers may:

- select activities based on student success,
- change the vigorousness,
- change the boundaries,
- modify the method of locomotion,
- decrease distance required or distance to target,
- permit additional trials,
- slow down moving objects (change throwing style, roll the ball, one bounce),
- perform activities in stationary position (sitting, standing),
- use clearly visible boundaries,
- eliminate irrelevant stimuli,
- reduce the intensity of the activity, and
- reduce speed of an activity.



LEARNING STYLES

STYLE

LEARNS BEST BY

AUDITORY

HEARING WORDS AND SOUNDS OF PEOPLE AND OBJECTS, INCLUDING DIFFERENT RHYTHMS AND MELODIES

KINESTHETIC

MANIPULATING AND MOVING OBJECTS THAT REPRESENT CONCEPTS

TACTILE

TOUCHING AND FEELING OBJECTS THAT REPRESENT CONCEPTS

VISUAL

SEEING PICTURES, CHARTS, TABLES, OR OTHER PRESENTATIONS THAT APPEAL TO THE SENSE OF SIGHT

Cultural Diversity



Nebraska students need an appreciation of the culture of others as well as their own culture. The concerns and perspectives of members of other ethnic groups and gender, the rejection of stereotyping of themselves and others and seeking out the views of persons of diverse ethnic, social, and educational backgrounds are essential requirements needed to understand cultural diversity.

Health education is an area where cultural diversity enters in the discussion quite easily. It is important that these discussions be guided appropriately. Understanding different cultural needs and values is critical in the process of preparing young people to make healthy choices. It is very important that educators build on the strengths of these cultural values and family beliefs when designing health education programs.

Educators should help students become knowledgeable about their own backgrounds and the cultures of others. This needs to be done in order to develop multiculturally sensitive citizens and workers. The importance of treating others with dignity and respect through instruction in and assessment of the skills and abilities identified above is vital. This involves the broadening of students' knowledge and understanding of languages, customs, beliefs, traditions, and values of different cultures.

The Nebraska Department of Education has a document available upon request that explains LB922 and *Rule 16 - Multicultural Education*.

The document is titled *Appreciation of Cultural Diversity*. It includes why LB 922 came about, the most-asked questions, criteria for district programs, and misconceptions.

Jessie Myles is the Director of Multicultural Education for the Nebraska Department of Education. He can be reached at 301 Centennial Mall South, Lincoln, NE 68509. His phone number is 402-471-4394.

A book that may help in this area is *The Multicultural Challenge in Health Education*, edited by Ana Consuelo Matiella, MA for ETR and Associates, Santa Cruz, California, 1994.

ISBN 1-56071-355-0

Another excellent book is *Ethnic Families in America : Patterns and Variations*, Third Edition, by Charles Mindel, Robert Habenstein and Roosevelt Wright, Jr.

Published by Prentice Hall, Englewood Cliffs, NJ, 07632.

ISBN 0-13-050725-3



Critical Thinking

What is Critical Thinking?

Critical thinking means the ability and willingness to assess the authenticity, accuracy, and value of statements, arguments, and knowledge claims.

Three Skills Needed

- 1. Defining the problem**
- 2. Judging information related to the problem**
- 3. Drawing conclusions**

Specific Skills Related to the Above

- 1. Defining the problem**
 - a. distinguishing between relevant and irrelevant information**
 - b. Identifying central issues or problems**
- 2. Judging information related to the problem**
 - a. distinguishing among fact, opinion, and judgement**
 - b. recognizing logical inconsistencies**
 - c. identifying stereotypes and cliches**
 - d. identifying unstated assumptions**
 - e. detecting propaganda**
- 3. Drawing conclusions**
 - a. distinguishing adequacy of data**
 - b. identifying alternative solutions**
 - c. determining probable outcomes**

Why are these skills important to a health curriculum?

There is no other area where the ability to correctly assess information is so vital.

Houghton Mifflin Company, 1987, Health, Boston, Massachusetts

High-Performance Learning and the Health Education Frameworks

The Nebraska Model for High-Performance Learning encourages school improvement through local improvements/strategic planning directed toward quality learning, equity, and accountability.

What is a High-Performance Learning Plan?

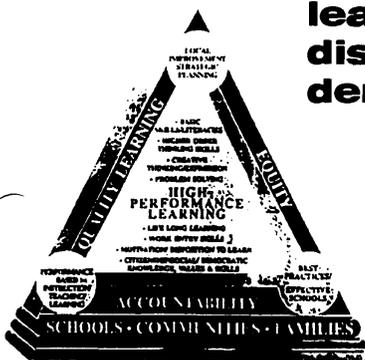
A local improvement plan for High Performance Learning:

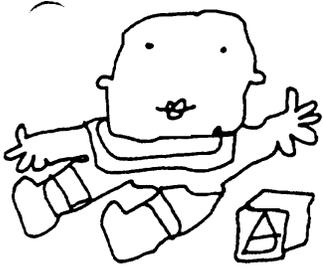
- A. Contains local district objectives that address:**
 - 1) Quality of Learning**
 - 2) Equity**
 - 3) Accountability**

- B. Incorporates research from the literature on:**
 - 1) Effective schools, and/or**
 - 2) Performance-based instruction**

- C. Addresses or incorporates developmentally appropriate:**
 - 1) Curriculum**
 - 2) Methodology**
 - 3) Assessment**

- D. Leads to improved learning in one or more of the following areas: basic skills/literacy, higher-order thinking skills, creative thinking/expression, problem solving, life-long learning, work-entry skills, motivation/disposition to learn, citizenship/social/democratic values and skills.**





Developmentally Appropriate Health- Education Practices for Children

Developmentally appropriate programs are based on what is known about how children develop and learn. Such programs promote the development and enhance the learning of each individual child served.

Developmentally appropriate practices result from the process of professionals making decisions about the well-being and education of children based on at least three important kinds of information or knowledge:

- 1. What is known about child development and learning--knowledge of age-related human characteristics that permits general predictions within an age range about what activities, materials, interactions, or experiences will be safe, healthy, interesting, achievable, and also challenging to children;**
- 2. What is known about the strengths, interests, and needs of each individual child in the group to be able to adapt for and be responsive to inevitable individual variation; and**
- 3. Knowledge of the social and cultural contexts in which children live to ensure that learning experiences are meaningful, relevant, and respectful for the participating children and their families.**

Each of these dimensions of knowledge--human development and learning, individual characteristics and experiences, and social and cultural contexts--is dynamic and changing, requiring the teacher to remain a learner throughout his or her career.

Developmentally appropriate practice is based on knowledge about how children develop and learn. Katz (1995, 190) states, "In a developmental approach to curriculum design,....{decisions} about what should be learned and how it would best be learned depend on what we know of the learner's developmental status and our understanding of the relationships between early experience and subsequent development." Teachers need to understand the developmental changes that are typical to the age of the child, that variations in the development of the child may occur, and know how to best support children's learning and development during these years.

In a document developed by the National Association for the Education of Young Children (NAEYC), entitled Developmentally Appropriate Practices in Early Childhood Programs (revised edition) 1997, Twelve principles of child development and learning are discussed. Contact Dr. Harriet Egertson, Nebraska Department of Education, Early Childhood Education, 301 Centennial Mall South, Lincoln, Nebraska, 68509 or by phone at 402-471-6518 for more information.



Curricular Connections

A number of beneficial effects occur when important concepts from different disciplines are connected. One of the most important effects is that a transfer of learning occurs. Students have a better chance of recognizing that what they learn in school has applications beyond the classroom when connections among subject areas are forged.

Encouraging teachers to work in a collaborative mode is also a benefit of these curricular connections. The interaction among teachers from different content areas can take many forms, depending on the model that is being used for making the connections.

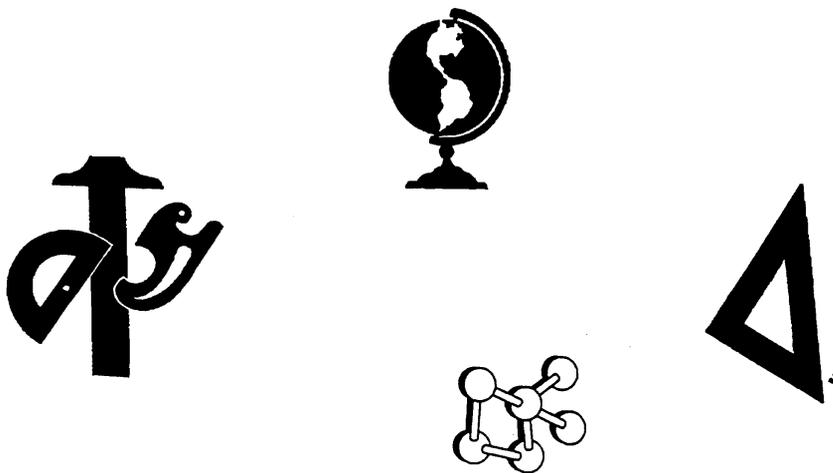
The term “infusion” is used when teachers in a given subject area, integrate another subject area into their own subject area or their instruction in that area.

Parallel instruction is using a theme, concept, or problem, even though the teachers are from different subject areas. The teachers then plan together to identify the common element and determine how the concept, theme, or problem will be addressed in each of the individual subject areas. The assignments and homework varies; but they all reflect the common theme, project, problem, or concept being addressed.

In multidisciplinary instruction, two or more subject areas address a common concept, theme, or problem. The subject areas are taught separately for the most part, but a common assignment or project links the various disciplines. Teachers using this model will need to plan together to construct a common project; identify how the concept, theme, or problem will be addressed in each subject area; determine how the project will be divided among the subject areas; and determine how students will work together on the project.

Transdisciplinary instruction is the last to be mentioned here. This is when two or more subject areas address a common concept, theme, or problem but the subject areas are presented in an integrated planning and team-teaching manner for all lessons. This is used generally when the focus is on a major project.

A document developed by the Department of Education, under the direction of John LeFeber, director of Social Sciences, entitled *Walk Through Nebraska History*, is an excellent document which makes some connections among a variety of curriculum areas. Suggestions are made in the areas of visual and performing art, language arts, math, physical education, health, and social studies for interrelating twenty of the Nebraska Historical Markers as one moves across Nebraska. It is a great way to integrate all the curricular areas in grades 4 through 8. The ideas could easily be adapted for lower and upper grades. Mr. LeFeber is working on a second document highlighting an additional twenty markers. Check with your social studies teachers for a copy or contact John LeFeber at 402-471-2449, at the Nebraska Department of Education, Social Sciences Section, 301 Centennial Mall South, Lincoln, NE 68509.



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Using the Frameworks

THEMES: An Alternative Approach

Teachers use themes to organize curriculum. Themes help to connect learning to students' lives and allow them to examine how they make connections to their world.

Ideas and meaning found in health education content, learnings, and related topics can often be the inspiration for excellent themes. Teachers working together to build thematic units can make learning exciting and relevant for their students.

Ideas about themes:

- **A theme deals with general issues, but it also “cuts two ways”; for example, it is possible to talk about ideas underlying the theme from positive and negative consequences.**
- **A theme relates to aspects of the human condition; such as, life cycle, symbol, aesthetic response, time and place, the natural world, work, etc.**
- **A theme is most successful when it has a key idea that helps give a subject shape and focus, is based on a controlling idea, and generalizes information rather than being based on a fact.**
- **The ideas and meaning found in the center of an artwork or a performance can often be the inspiration for excellent themes that can connect the learning for students.**

Try building a theme by beginning with an idea or topic and then find the connections to other disciplines. Social commentary could be considered a possible topic in the example. Out of the topic, one of many possible themes might be “Dental Health: What We Can Do!”

Curriculum Integration

Integration of academic and vocational education has the potential to strengthen education. By creating desirable learning opportunities for all students and tearing down barriers, this integration can begin.

Curriculum needs to be designed with learning opportunities for students in mind. As this occurs, more meaningful learning will be achieved.

Schools districts need to look at shifting their vocational education programs from traditional job-skills orientation toward the broader purpose of using vocational education as the vehicle for learning academic content.

Student learning in Nebraska is being strengthened through curriculum integration. Multiple ways of creating, connecting, and merging curricula are being developed by parents, teachers, administrators, school boards, and communities. Local school districts will need to design curriculum based on what students should know, how learning connects to real life, and how students best learn.

A document called *Curriculum Integration: 1996 Innovative Strategies in Nebraska Schools* has been created by the Nebraska Department of Education, Division of Education Services. This document relates design options for an integrated curriculum as well as Nebraska's Best Practices, schools with programs that are working. It also contains resources for applied academics and the tech prep consortiums.

To obtain a copy, contact the Nebraska Department of Education

Winona Maxon
301 Centennial Mall South
Lincoln, NE 68509
Phone 402-471-4317



United States Code Annotated
Title 20. Education
Chapter 31 -- General Provisions Concerning Education
Sub-chapter III -- General Requirements and conditions concerning operation and administration of
education programs: General Authority of Secretary
Part 4 -- Records; Privacy; Limitation on withholding Federal Funds

Protection of pupil rights

(a) Inspection of instructional materials by parents or guardians

All instructional materials, including teacher's manuals, films, tapes, or other supplementary material which will be used in connection with any survey, analysis, or evaluation as part of any applicable program shall be available for inspection by the parents or guardians of the children.

(b) Limits on survey, analysis, or evaluations

No student shall be required, as part of any applicable program, to submit to a survey, analysis, or evaluation that reveals information concerning --

- (1) political affiliations;
- (2) mental and psychological problems potentially embarrassing to the student or his family;
- (3) sex behavior and attitudes;
- (4) illegal, anti-social, self-incriminating and demeaning behavior;
- (5) critical appraisals of other individuals with whom respondents have close family relationships;
- (6) legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers; or
- (7) income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior consent of the student (if the student is an adult or emancipated minor), or in the case of an unemancipated minor, without the prior written consent of the parent.

(c) Notice

Educational agencies and institutions shall give parents and students effective notice of their rights under this section.

(d) Enforcement

The Secretary shall take such action as the Secretary determines appropriate to determine this section, except that action to terminate assistance provided under an applicable program shall be taken only if the Secretary determines that --

- (1) there has been a failure to comply with such section; and
- (2) compliance with such section cannot be secured by voluntary means.

(e) Office and review board

The Secretary shall establish or designate an office and review board within the Department of Education to investigate, process, review, and adjudicate violations of the rights established under this section.

Technology

According to the National Education Commission on Time and Learning (1994), "Technology is a great unrealized hope in education reform. It can transform learning by improving both the effectiveness of existing time and make more time available for self-guided instruction, both in school and out." Use of information technology by health education students is the clear intent of the National Health Education Standard and of the Nebraska Health Education Principles, which expect "students to demonstrate the ability to access health information" and school districts to "provide for utilization of information technologies in the delivery of health instruction."

Today's students will be called on to make numerous health-related decisions in their lifetimes. They must do this in an environment in which they are bombarded with health information, much of which is incomplete or inaccurate. In order to resolve inconsistencies in health information and make the best informed decisions, students will first need to be able to identify credible information sources. They will then have to use technology to gather the most current and accurate information from those sources prior to making decisions and taking action. Not only is use of technology important for saving learning time, it is an essential lifelong health literacy skill.

Call the Technology Center at the State Department of Education for additional assistance with technology ideas. The number is: 402-471-4113.



Making Time in the School Day for Health Instruction



There has been an impression that school health education and similar “non-academic” subjects are taking so much time in the school day that there is little time left for “academic” subjects (National Education Commission on Time and Learning, 1994). The fact of the matter is that the annual average number of hours spent on health education in US Public Schools is 13.8 (Seffrin, 1994). At the secondary level students receive an average of 9 minutes per day of health instruction. According to the National School Boards Association (1991), the amount of time needed for effective health instruction has been well established.

“A study sponsored by the US Department of Health and Human Services shows that 1.8 hours of instruction per week (based on a six-hour school day) will produce measurable increases in student knowledge gain and improved attitudes about health, as well as stimulating some behavioral change. Other supporting research has shown that health knowledge begins to increase after 15 hours, particularly in grades 4 to 7. Forty-five to 50 hours are needed to begin to affect attitudes and practices, with maximal learning and attitude/behavior changes occurring after about 60 hours of instruction in a given year.”

The goal currently recommended by health educators is 50 hours of classroom instruction per school year, K through 12, to achieve minimal effectiveness. When viewed from a daily perspective, that is not as overwhelming as it may sound: “Fifty hours equals about 22 minutes per school day.”

A comparison of the amount of time spent on health instruction and the amount of time required to deliver effective health instruction demonstrates a great chasm between the actual and the ideal. Given the tremendous health challenges that our children and youth face on a regular basis plus the enormous negative impact of poor health on the US economy, it is clearly in the public interest to determine a way for all public school students to receive adequate health instruction. Health education can contribute considerably to the attainment of traditional academic goals.

Used with Permission of the Joint Committee on National Health Education Standards.



Assessment

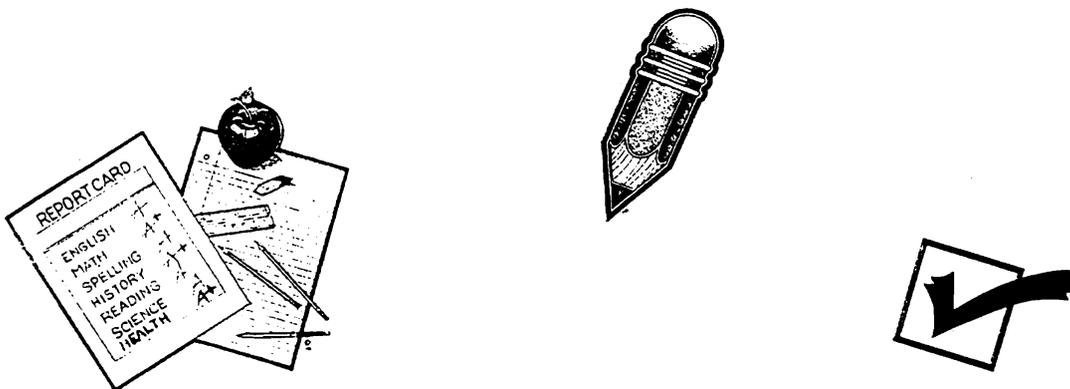
Assessment provides essential information on the effectiveness of teaching. It provides us information on “What do students know and what are they able to do? Are our teaching methods and strategies effective? And what else can be done to help students learn?”

Assessment processes vary. Classroom assessment, traditional assessment, assessment alternatives, performance assessment, authentic assessment, and peer assessment are just a few of the assessment processes available.

Because all students do not learn in the same way, a variety of assessments should be used. Innovative approaches to instruction and assessment are needed to meet the needs of all students.

Assessment activities will produce useful information to the degree that they are carefully planned, well organized, and consistently applied.

Results of classroom assessments should be shared with other educators, decision makers, and citizens, where appropriate, and used by educators to improve instruction.



TYPES OF ASSESSMENT

(THESE COULD BE USED TO ASSESS HEALTH EDUCATION CLASSES. THERE ARE MANY OTHERS.)

PERFORMANCE TASKS

TEACHER ASSESSMENT

PEER ASSESSMENT

SELF-ASSESSMENT

PERFORMANCE EVENTS

CONSTRUCTED-RESPONSE ITEMS

SELECTED-RESPONSE ITEMS

FIELD TESTS

SCORING

PORTFOLIO ASSESSMENT

PROFESSIONAL DEVELOPMENT

Let's Look At a Health Portfolio!

The following types of items might be included in a health portfolio as part of the assessment phase in Health Education. (These are only suggestions.)

Graphic and Visual Arts

- Murals
- Mobiles
- Cartoons
- Sculpture
- Posters
- Drawings
- Story Boards
- Paintings
- T-Shirts
- Models

Performances

- Role Playing
- Drama
- Dance/Movement
- Musical - Singing
- Musical - Instrumental
- Puppet Shows
- Pantomimes
- Charades

Media Presentations

- Slides
- Videotapes
- Audiotapes
- Computer Programs
- Films
- Photo Essays
- Print Media
- Musical

Representations

- Displays
- Charts
- Graphs
- Models
- Replicas
- Bulletin Boards
- Billboards
- Signs
- Posters
- Mock-ups
- Dioramas
- Maps

Oral Presentations

- Speeches
- Monologues
- Discussions
- Interviews
- Debates
- Addresses
- Trials (Mock)
- Readings
- Broadcasts

Written Performances

- Logs
- Diaries
- Journals
- Expressive Writing
- Letters
- Surveys
- Reports
- Essays
- Transitional Writing

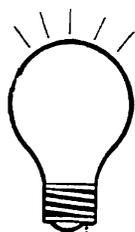


Health Education Content Checklist

NOTE: This section is included as a help for districts, schools, and teachers in evaluating the current program, planning for a future program, or for getting ideas to update and revise what is currently being taught.

Districts need to determine what will be taught, for how long it will be taught, by whom it will be taught, and at what grade level it will be taught. It is important for districts to develop a scope and sequence accordingly. The following examples are being provided to assist schools and districts as well as teachers in that process. This is not to be interpreted as what is “necessary” for a good health-education program. These are only topics, learnings, or concepts sometimes included in these broader areas. These are **NOT** mandates nor are they to be looked at as totally inclusive. These are merely topics that might be considered when looking at these specific content areas. It is hoped that as a school, district, and community, sit down and communicate what, where, and how these learning (if any) are being addressed.

The following idea may be used for organizing the search for information. A column or place may also be included for who is teaching in these areas and even the subject area in which this learning takes place. Not all school districts have the staff to include health education as a separate class. Don't forget to look at Family Consumer Science, Science, Physical Education, Health and the School Nurse, or any other subject area where this information might be delivered. The I, E, and R stand for Introduced, Emphasized, and Reinforced. Obviously, not everything is going to always be introduced at the kindergarten level, if at all. Emphasis and reinforcement, likewise, are not done just at the middle- or high-school level. Learnings should be progressive and sequential. It is hoped that this will help in the development of curriculum in the area of health education and allow districts to see how these learnings could spiral up through the grade levels. These are just suggestions and not dictates. Each school district needs to decide for itself; and it is only meant to assist a district in determining where they are, where they are going, and what might be added or deleted from a program to meet the requirements.



Health Education Content Areas

Community Health

Consumer Health

Environmental Health

**Family Life/Personal Relationships
Human Growth and Development
Sexuality**

Mental and Emotional Health

Injury Prevention and Safety

Nutrition Education

Personal Health/Physical Activity

Prevention and Control of Disease

Substance Use and Prevention



Injury Prevention and Safety



**Key: I - Introduce
E - Emphasize
R - Reinforce**

Grades K-2 3-5 6-8 9-12 Instructor

- Safety Conditions at Home**
- Safety Conditions at School**
- Safety Conditions in the Neighborhood**
- Assessment of Enviro. Safety Issues**
- Basic First-Aid Procedures**
- Obtaining Emergency Assistance**
- 9 1 1**
- Emergency Helpers**
- Sports-Related Injuries**
- Avoidance of Sexual Harassment**
- Avoidance of Abuse and Exploitation**
- Advanced Emergency Techniques (Heimlich, Splinting, CPR)**
- Water-related Emergencies**
- Safety In:**
 - Play**
 - Fire**
 - Electricity**
 - Pedestrian**
 - Bike/Bus**
 - Boating/Camping**
 - Auto--Diving Skills**
 - Poison**
 - Disasters--Storms Safety**
 - Violence**
 - Intentional and Unintentional Act.**
 - Skateboarding**
 - Roller Blading**
 - Roller Skating**
 - Skiing**
 - Sledding**
 - Snowmobiling**
- First Aid for Blisters**
- Athletes Foot**
- Bruises**
- Joint Injuries**
- Muscle Cramps**
- Muscle Strain**
- Side Aches**
- Sprains**
- Stress Fractures**
- Safety in Sports and Leisure**
- Heat Stroke / Hypothermia**



	Grades K-2	3-5	6-8	9-12	Instructor
Safety Conditions at Home					
Safety Conditions at School					
Safety Conditions in the Neighborhood					
Assessment of Enviro. Safety Issues					
Basic First-Aid Procedures					
Obtaining Emergency Assistance					
9 1 1					
Emergency Helpers					
Sports-Related Injuries					
Avoidance of Sexual Harassment					
Avoidance of Abuse and Exploitation					
Advanced Emergency Techniques (Heimlich, Splinting, CPR)					
Water-related Emergencies					
Safety In:					
Play					
Fire					
Electricity					
Pedestrian					
Bike/Bus					
Boating/Camping					
Auto--Diving Skills					
Poison					
Disasters--Storms Safety					
Violence					
Intentional and Unintentional Act.					
Skateboarding					
Roller Blading					
Roller Skating					
Skiing					
Sledding					
Snowmobiling					
First Aid for Blisters					
Athletes Foot					
Bruises					
Joint Injuries					
Muscle Cramps					
Muscle Strain					
Side Aches					
Sprains					
Stress Fractures					
Safety in Sports and Leisure					
Heat Stroke / Hypothermia					





Personal Health/Physical Activity

**Key: I - Introduce
E - Emphasize
R - Reinforce**

Grades K-2 3-5 6-8 9-12 Instructor

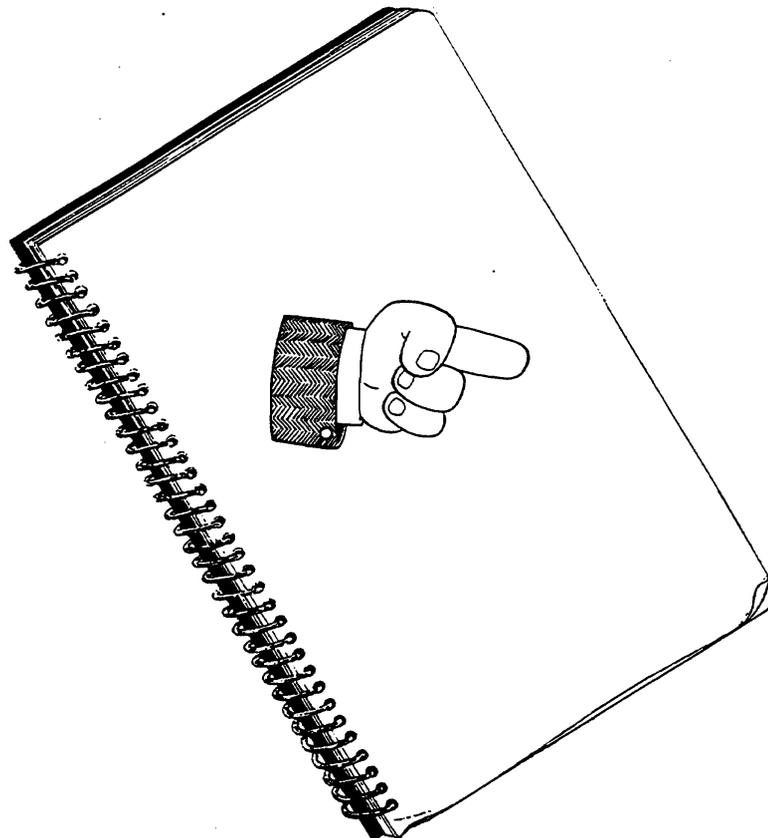
- Personal-Health Behaviors**
- Sleeping Habits**
- Skin Care**
- Personal Hygiene/Grooming**
- Cleanliness**
- Personal Fitness**
- Healthy-Active Living**
- Body Composition**
- Cardiovascular Endurance**
- Flexibility**
- Muscular Strength**
- Muscular Endurance**
- Health Related Fitness**
- Skill-Related Fitness**
- Growth and Development**
- System Interactions and Interrelations**
- REM Sleep and Rest**
- Sleep Apnea**
- Dreams**
- Narcolepsy**
- Insomnia**
- Fatigue**
- Dental Health**
- Relaxing**
- Aerobic Exercise**
- Anaerobic Exercise**
- Types of Muscular Strength**
- Isometric**
- Isotonic**
- Isokinetic**
- Warm Up**
- Cool Down**
- Skin-Care Problems**
- Exercise Physiology**
- Personal-Health Careers**

	Grades K-2	3-5	6-8	9-12	Instructor
Personal-Health Behaviors					
Sleeping Habits					
Skin Care					
Personal Hygiene/Grooming					
Cleanliness					
Personal Fitness					
Healthy-Active Living					
Body Composition					
Cardiovascular Endurance					
Flexibility					
Muscular Strength					
Muscular Endurance					
Health Related Fitness					
Skill-Related Fitness					
Growth and Development					
System Interactions and Interrelations					
REM Sleep and Rest					
Sleep Apnea					
Dreams					
Narcolepsy					
Insomnia					
Fatigue					
Dental Health					
Relaxing					
Aerobic Exercise					
Anaerobic Exercise					
Types of Muscular Strength					
Isometric					
Isotonic					
Isokinetic					
Warm Up					
Cool Down					
Skin-Care Problems					
Exercise Physiology					
Personal-Health Careers					



Resource Section

Note: The Resource Section is provided for use by districts, schools, communities, and teachers, when beginning the process of looking at health-education classes, curriculum, and content. The resources listed were generated by members of the Writing and Stakeholders Committees. These are not endorsed or recommended by the Nebraska Department of Education Staff. It is recommended, as always, before using any of the documents listed, that preview and review take place.



**ALCOHOL, TOBACCO, AND OTHER
DRUGS; SUBSTANCE USE; AND
PREVENTION**

Al-Anon Family Groups
1372 Broadway
New York, NY 10018
(212) 302-7240

Alcohol, Drug Abuse, and Mental Health
Administration
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2403

Alcoholics Anonymous
307 Seventh Avenue
Room 201
New York, NY 10001
(212) 647-1680

Data and Trends on Tobacco Use in Nebraska
1996
Nebraska Health and Human Service Section
301 Centennial Mall South
Lincoln, NE 68509
(402) 471-0777

Mothers Against Drunk Driving
18935 I-45
Spring, TX 77388
(713) 589-6233

National Clearinghouse for Alcohol and Drug
Information
11426 Rockville Pike
Rockville, MD 20852
(301) 443-6500/(800) 729-6686

NCADD
12 W. 21st Street
New York, NY 10010
(212) 206-6770

Nebraska Tobacco Free State Plan
1996
Nebraska Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509
(402) 471-0777

PRIDE - Parents Resource Institute for Drug
Education
10 Park Place South, Suite 340
Atlanta, GA 30303
(404) 577-4500

Tobacco Free Nebraska
Resource Book and 1997 Supplement
Nebraska Health and Human Resources
301 Centennial Mall South
Lincoln, NE 68509
(402) 471-0777



REGIONAL PREVENTION CONTACTS

Region I - Panhandle

Substance Abuse Council (PSAC)
1517 Broadway, Ste. 124
Scottsbluff, NE 69361
(308) 632-3044 (Fax also)

Barb Jolliffe (A)

Region II - Human Services

Center for Substance Abuse Prevention
Education
110 North Bailey--(308) 534-1012
North Platte, NE 69103-1209
311 North Bailey Box 765
North Platte, NE 69103-0765
(308) 534-0440
(308) 534-9142 (fax)

Kathy Seacrest (A)

Region III - Community Plus, Inc.

2121 N. Webb Rd., #309
Grand Island, NE 68803
(308) 381-6143
(308) 236-7669

Judy Sandstrom ©
Chris Klein (Y)
Betty Cornish (Y)

Program Office
409 East 25 Street, Suite 5
P. O. Box 2555
Kearney, NE 68848-2555
(308) 237-5113

Central Nebraska
Council on Alcoholism
219 W. Second Street
Grand Island, NE 68801
(308) 384-7365
(308) 384-7386 (Fax)

Jeanette Sulzman (A)
Connie Holmes (R)
Wendy McCarty ©

Hastings Area Council on Alcoholism
432 North Minnesota
Hastings, NE 68901
(402) 463-0524

Norma Spady
Ruth Nyce (R)

Region IV

Project Access
110 N. Seventh, Ste. 1
Norfolk, NE 68701
(402) 370-3113
(402) 370-3444 (Fax)

John Sievers (A)
Jim Hansel ©
Tracy Steward (Y)
Deb Kirsch (R)

**Rural Region V - Nebraska Council to Prevent
Alcohol & Drug Abuse**
650 'J' Street, Ste. 215
Lincoln, NE 68508
(402) 474-0930
(402) 474-0323 (Fax)

Steve McElravy (A)
Tiffany Sutter ©
Shannon Vogler (Y)

**Region V (Lancaster County) - Lincoln Council
on Alcoholism & Drugs, Inc. (LCAD)**
914 'L' Street
Lincoln, NE 68508
(402) 475-2694
(402) 475-2699 (Fax)

Robin Mahoney (A)
Janice Donoghue (Y)

REGIONAL PREVENTION CONTACTS Continued:

Beyond Lancaster County:
Rural Region V Prevention Center
650 "J" Street, Suite 215
Lincoln, NE 68508
(402) 474-0930

Director: Steve Mc Elravy

Dawn Starr (Y)
Midlands Hospital
11111 South 84 Street
Papillion, NE 68046
(402) 593-3614

Region VI

1941 South 42 Street
112 Applewood Mall
Omaha, NE 68105-2982
(402) 444-6540
(402) 444-7722 (Fax)

Cari Turner (Y)
Joyce Harrison

Omaha Public Schools (OPS)
3230 Burt Street
Omaha, NE 68131
(402) 554-6338

Ed Virant
Toni Hernandez (Y)

Frank Peak
NETWORK
P. O. Box 11519
Omaha, NE 68111
(402) 348-2155 (Pager)

Parent Resources and Information on Drug
Education (PRIDE)
3534 South 108 Street
Omaha, NE 68144
(402) 397-3309

Cathy Shipp (Y)
Susie Dugan (R)

KEY

(A) = Administrator
© = Community Organizer
(Y) = Youth
(R) = Resource & Referral

**CONSUMER AND COMMUNITY
HEALTH:**



Consumer Information
18th and S Street, N.W., Rm G142
Washington, DC 20405
(202) 501-1794

Environmental Protection Agency
PM 211-B
401 M Street, N.W.
Washington, DC 20460
(202) 260-2080

Food and Drug Administration
Office of Consumer Affairs
Public Inquiries Section
5600 Fishers Lane (HFE-88)
Rockville, MD 20857
(301) 443-3170

U. S. Consumer Product Safety Commission
Hotline
(202) 638-CPSC

ENVIRONMENTAL HEALTH:

Environmental Protection Agency
Public Information Center
Rm 211-B
401 M Street S.W.
Washington, D.C. 20460
202-382-2080

Hazardous Waste Hotline
(800) 424-9346

National Pesticide Telecommunications Network
Texas Tech University
Thompson Room South 129
Lubbock, TX 79430
(800) 858-7378

Nuclear Energy
Council for a Livable World
100 Maryland Ave. N.E.
Washington, DC 20002
202-543-4100

Sierra Club
730 Polk Street
San Francisco, CA 94109
415-776-2211

**FAMILY LIFE / PERSONAL
RELATIONSHIPS (Human Growth
and Development, Sexuality, Abstinence)**

Alzheimer's Association
919 N. Michigan Avenue, Suite 1000
Chicago, IL 60611
(312) 335-8700

American Association for Retired Persons
601 E Street, N.W.
Washington, DC 20049
(202) 434-2277

Baby Think It Over
1519 Peterson Avenue
Eau Claire, WI 54703
(715) 830-2040

Blue Valley Community Action, Inc.
P.O. Box 273
Fairbury, NE 68352
(402) 729-2278
FAX (402) 729-2801

Child Health
3520 Prospect, N. W., Suite 1
Washington, DC 20057
(202) 625-8400

Friends First
821 17th Street
Denver, CO 80202
(303) 298-8520

GIRLS, Incorporated
441 West Michigan Street
Indianapolis, IN 46202
Heather Johnston Nicholson
(317) 634-7546/Fax (317) 634-3024

National Center for Education in Maternal and
Child Health
3520 Prospect, N.W., Suite 1
Washington, DC 20057
(202) 625-8400

National Council on the Aging, Inc.
409 Third Street, N.W., Suite 200
Washington, DC 20024

National Institute of Child Health and
Development
9000 Rockville Pike
Bethesda, MD 20014
(301) 496-4000

Nebraska Family Council, Inc.
315 So. 9th St. Suite 100
Lincoln, NE 68508
Guyla Mills, Executive Director

National Assault Prevention Center
P. O. Box 02015
Columbus, Ohio 43202
(614) 291-2540



ABSTINENCE:

Abstinence-The Better Choice, Inc.
2222 Issaquah St.
Cuyahoga Falls, OH 44221
(216) 940-4240

A. C. Green Programs for Youth
515 S. Figueroa St., Suite 2000
Los Angeles, CA 90071
(213) 622-8326

All-Stars -- Nebraska Council to Prevent
Alcohol and Drug Abuse
650 "J" Street
Lincoln, NE 68508
(Multi-Factor Prevention Program
Ages 11-14)

Best Friends Foundation
4455 Connecticut Ave., N.W., Suite 310
Washington, DC 20008
(202) 822-9266

C. C. Enterprises
P. O. Box 11091
Whittier, CA 90603-0091
(310) 947-1479

Character Education Institute (The)
8918 Tesoro Dr. Suite 575
San Antonio, TX 78217-6253
(800) 284-0499/Fax (210) 829-1729

Concerned Women for America
370 L'Enfant Promenade, S.W. Suite 800
Washington, DC 20024
(202) 488-7000

Critical Thinking Press and Software
P. O. Box 448
Pacific Grove, CA 93950-0448
(800) 458-4849

Focus on the Family
8605 Explorer Dr.
Colorado Springs, Co 80995
(800) 932-9123

Giraffe Project (The)
197 Second Street
Langley, Whidbey Island, WA 98260
(360) 221-7989

Jefferson Center for Character Education
2700 E. Foothill Blvd., Suite 302
Pasadena, CA 91107
(818) 792-8130

National Guidelines for Sexuality and
Character Education
Medical Institute for Sexual Health(MISH)
P.O. Box 4919
Austin, TX 78765-4919
(512) 451-7599
(800) 892-9484

Promise With A Ring - Jimmy Hensel
Project Access
Norfolk, NE 68701

Project Reality
P. O. Box 97
Golf, IL 60039-0097
(847) 729-3298

Reasonable Reasons to Wait--Teen Choice
6201 Leesburg Pike, Suite 404
Falls Church, VA 22044

Rocky Mountain Center for Health Promotion
and Education
Lakewood, CO 80215-5141
(303) 239-6976; ext. 106

STARS
P. O. Box 8936
Chattanooga, TN 37411
(800) 477-8277

Stop Violence Coalition
9307 W. 74th St.
Merriam, KS 66204
(913) 432-5158

REPRODUCTIVE HEALTH RESOURCES:

(Remember: Abstinence is our first goal.)

American Red Cross
Heartland Chapter
3838 Dewey Avenue
Omaha, NE 68105
(402) 341-2723

American Red Cross
Lancaster County Chapter
1701 E Street
Lincoln, NE 68501
(402) 441-7997/(402) 441-7038 after 5pm.

Birthright Inc.
4600 Valley Road, Rm 410
Lincoln, NE 68510
(402) 483-2609

Central NE Care Consortium
3423 2nd Avenue
Kearney, NE 68847
(308) 865-5610

Central Nebraska Community Services
202 South 10th Street
O'Neill, NE 68765
(402) 336-4298

Charles Drew Health Clinic
2915 Grant
Omaha, NE 68111
(402) 453-1433

Columbus Community Hospital
3020 18th Street
Columbus, NE 68601
(402) 563-9671

Douglas County Health Department
1819 Farnam Street, Rm 401
Omaha, NE 68183
(402) 444-6875/(402) 444-7750

Family Health Services
186 South 4th Street
P. O. Box 68
Tecumseh, NE 68450
(402) 335-3988
*Beatrice *Falls City *Peru

Fremont Family Planning/WIC
630 North 'D' Street
Fremont, NE 68025
(402) 727-5336
*Columbus *Norfolk

Grand Island/Hall County Health Department
105 East 1st Street
Grand Island, NE 68801
(308) 385-5175

Great Plains Regional Medical Center
601 West Leota
North Platte, NE 69103
(308) 535-8133

Hastings Family Planning
422 North Hastings Street, Suite 204
P. O. Box 288
Hastings, NE 68901
(402) 463-5687

Health & Human Services
HIV/AIDS Program
301 Centennial Mall South
Lincoln, NE 68509
(402) 471-2937

Health & Human Services
Northeast Regional Office
304 North 5th, Suite C
Norfolk, NE 68701
(402) 370-3496

REPRODUCTIVE HEALTH RESOURCES
(continued):

Craft State Office Building
200 South Silber Street
North Platte, NE 69101
(308) 535-8133

Health & Human Services
Cedar Hills Professional Center
3423 2nd Avenue
Kearney, NE 68847
(308) 865-5609

Kimball County Hospital
505 South Burg Street
Kimball, NE 69145
(308) 235-3621

Lincoln Crisis Pregnancy Center
745 S. 9th Street
Lincoln, NE 68508
(402) 475-2501

Lincoln-Lancaster County Health Department
3140 'N' Street
Lincoln, NE 68510
(402) 441-8065

NAF/Multicultural Human Development
Corporation
416 East 4th Street
North Platte, NE 69103
(308) 534-2630
(800) 662-2904

Nemaha County Health Department
1824 'N' Street
Auburn, NE 68305
(402) 274-4549

Northeast NE Consortium
3423 2nd Avenue
Kearney, NE 68847
(402) 370-3300

Panhandle Community Services
975 Crescent Drive
Gering, NE 69341-1700
(308) 632-2540
*Bridgeport *Kimball *Sidney

People's Family Health Services
102 South Elm
North Platte, NE 69101
(308) 534-3075
*McCook *Ogallala

Planned Parenthood of Lincoln
2246 'O' Street
Lincoln, NE 68510
(402) 441-3300
*South Street Clinic

Planned Parenthood of Omaha-
Council Bluffs
4610 Dodge Street
Omaha, NE 68132
(402) 554-1040
*Ames Center *Northwest Center *Southwest
Center *Council Bluffs

Polk County Health Department
531 Beebe Street
Osceola, NE 68651
(402) 747-2211

Scottsbluff Community Health
Regional West Medical Center, South Unit
3700 Avenue B
Scottsbluff, NE 69361
(308) 635-3866

UNMC Family Planning
5211 South 31st Street
Omaha, NE 68107
(402) 595-2296
*UNMC Hospital *Harvey Oaks *Benson Park

REPRODUCTIVE HEALTH RESOURCES:

(Continued)

West Central NE Consortium
3423 2nd Avenue
Kearney, NE 68847
(308) 865-5610

Western Community Health Resources
Chadron Community Hospital
739 Morehead
Chadron, NE 69337
(308) 432-8979
*Alliance *Crawford *Gordon/Rushville

Western NE/Panhandle Consortium
4500 Avenue "T"
Scottsbluff, NE 69361
(308) 635-3807

Women's Health Services of
Central Nebraska
2337 North Webb
P. O. Box 5346
Grand Island, NE (308) 384-7625
*Ainsworth *Broken Bow *Kearney *Lexington

HUMAN GROWTH AND DEVELOPMENT:

Growing Up Feeling Good
Ellen Rosenberg
1987
ISBN 0-8253-0421-0
Beaufort Books
9 East 40th Street
New York, NY 10016



Teen Health
Human Growth and Development
Glencoe Division
Macmillan/McGraw-Hill
936 Eastwind Drive
Westerville, OH 43081
ISBN 0-02-652447-3

SEXUALITY

How to Say No and Keep Your Friends
Sharon Scott
(Peer Pressure Reversal for Teens and
Pre-teens)

Human Sexuality/AIDS Curriculum
The Teachers College
Emporia State University
1989
ESU Press
Emporia State University
Emporia, KS 66801

Living Smart:
Understanding Sexuality into Adulthood
Pennie Core-Gebhart and Michael Young
1991
University of Arkansas Press
Fayetteville, AK 72701

Me, My World, My Future
Junior High -- 1989
Teacher/Student copy
Teen Aid, Inc.
1330 Calispel
Spokane, WA 99201-2320
(509) 328-2080

National Guidelines for Sexuality and Character
Education
Medical Institute for Sexual Health (MISH)
P.O. Box 4919
Austin, TX 78765-4919
(512) 451-7599 or (800) 892-9484

Nineline For Kids
(800) 999-9999
Covenant House
New York, NY

Sexuality, Commitment and Family
Student Text -- 1990
Teen Aid, Inc.
1330 Calispel
Spokane, WA 99201
(509) 328-2080

Sex Respect
Coleen Kelley Mast
Teacher and Parent Guide
Respect Incorporated
P.O. Box 349
Bradley, IL 60915

Sexuality Education Curricula:
The Consumer's Guide
1994
ETR Associates
P. O. Box 1830
Santa Cruz, CA 95061-1830

INJURY PREVENTION AND SAFETY

Crying....What Can I Do?
Shaken Baby Syndrome
7 min. Video
(800) 858-5222

Child Welfare League of America
440 First Street, N.W.
Washington, DC 20001
(202) 638-2952

National Adolescent Suicide Hotline
(800) 621-4000

National Committee for the Prevention of Child
Abuse
332 S. Michigan Ave., Suite 1600
Chicago, IL 60604
(312) 663-3520

National Safety Council
444 North Michigan Avenue
Chicago, IL 60611
(312) 527-4800

Poison Prevention Week Council
P. O. Box 1543
Washington, DC 20207
(301) 504-0580

MENTAL AND EMOTIONAL HEALTH

National Clearinghouse for Mental Health
Information
Public Inquiries Section
5600 Fishers Lane, Rm. 7C02
Rockville, MD 20857
(301) 443-4513

National Institute for Mental Health
Science Communication Branch
Public Inquiries Section
5600 Fishers Lane, 15C-17
Rockville, MD 20857
(301) 443-4513

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314
(703) 684-7722

National Adolescent Suicide Hotline
(800) 621-4000

NUTRITION

American Anorexia Nervosa/Bulimia
Association, Inc.
133 Cedar Lane
Teaneck, NJ 07666
(201) 836-1800

Bulimia and Anorexia Self-Help Hotline
Deaconess Hospital
6150 Oakland Ave.
St. Louis, MO 63135
800-762-3334

Center for the Treatment of Eating Disorders and
National Anorexic Aid, Inc.
1925 E. Dublin-Granville Road
Columbus, OH 43229
(614) 436-1112

Eating Disorders
A School Reference
Karen L. Benson
Nebraska Health and Human Services
Department
Funded through Maternal and Child
Health Block Grant- Title V
P.O. Box 95007
Lincoln, NE 68508-5007
(402) 471-0191

Food and Drug Administration
Office of Consumer Affairs
Public Inquiries
5600 Fishers Lane
Rockville, MD 20857
(301)443-3170

Foods and Nutrition Board
Institute of Medicine
2101 Constitution Avenue, N.W.
Washington, DC 20418
(202) 334-2238

National Dairy Council
Nutrition Education Division
O'Hare International Building
10255 West Higgins, Suite 900
Rosemont, IL 60019
(708) 803-2000

National Nutrition Education Clearinghouse
Society for Nutrition Education
1700 Broadway, Suite 300
Oakland, CA 94612

North American Vegetarian Society
P. O. Box 72
Utica, NY 13329
(518) 568-7970

Overeaters Anonymous
(213) 542-8363

**PERSONAL HEALTH / PHYSICAL
ACTIVITY**

American Alliance for Health, Physical
Education, Recreation, and Dance
1900 Association Drive
Reston, VA 22091
(Feelin' Good and Physical Best)
ISBN 242-28724

Aerobics International Research Society
1200 Preston Road
Dallas, TX 75430
(214) 661-3374

American Dental Association
211 East Chicago Ave.
Chicago, IL 60611
(312) 440-2500

American Physical Fitness
11796 Parklawn Drive
Rockville, MD 20852
(301) 340-0001

Indoor Action Games for Elementary Children
David Foster and James Overholt
ISBN 0-13-459124-0

Fat-Proofing Your Children
Vicki Lansky
ISBN 0-553-05134-2
Bantam Books
666 Fifth Avenue
New York, NY 10103

Fitness For Children
Curt Hinson
ISBN 0-87322-472-8
Human Kinetics
P.O. Box 5076
Champaign, IL 61825-5076
(800) 747-4457

Kid Fitness: A Complete Shape-Up Guide
Program from Birth Through High School
Kenneth H. Cooper, M.D., M. P. H.
Bantam Books
666 Fifth Avenue
New York, NY 10103

National Council of Youth Sports
201 South Capital Avenue, Suite 560
Indianapolis, IN 46225

National Institutes of Health
9000 Independence Avenue, S.W.
Washington, DC 20201
(202) 6980-7536

Office of Health Information, Health Promotion,
Physical Fitness, and Sports Medicine
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Physical Activity and Health
U. S. Dept. of Health and Human Services
Centers for Disease Control and Prevention
Division of Nutrition and Physical Activity
4770 Buford Highway, NE
Atlanta, GA 30341-3724
(800) CDC-4NRG or (888) 232-4674 (free)
<http://www.cdc.gov>

Playfair: Everybody's Guide to Noncompetitive
Play
Matt Weinstein and Joel Goodman
Impact Publishers
P.O. Box 1094
San Luis Obispo, CA 93406

President's Council on Physical Fitness and
Sports
701 Pennsylvania Avenue, N.W., Suite 250
Washington, DC 20004

Women's Sports Foundation
342 Madison Avenue, Suite 728
New York, NY 10018

**PREVENTION AND CONTROL OF
DISEASES**

American Allergy Association
P. O. Box 7273
Menlo Park, CA 94026
(415) 322-1663

American Cancer Society
1599 Clifton Road
Atlanta, GA 30329
(404) 320-3333

American Diabetes Association
1660 Duke Street
Alexandria, VA 22314
(703) 549-1500/(800) 496-3472

American Heart Association
7272 Greenville Avenue
Dallas, TX 75231

American Kidney Fund
6110 Executive Blvd., Suite 1010
Rockville, MD 20852
(800) 638-8299

American Lung Association
1740 Broadway
New York, NY 10019
(212) 315-8700

Arthritis Foundation
1314 Spring Street, N.W.
Atlanta, GA 30236
(404) 872-7100

Cancer Connection
R.A. Block Foundation
4410 Main
Kansas City, MO 64111

Center for Disease Control and Prevention
1600 Clifton Road, N.E.
Atlanta, GA 30333
(404) 639-3534

Center for Sickle-Cell Disease
2121 Georgia Ave., N.W.
Washington, DC 20059
(202) 806-7930

Epilepsy Foundation of America
4351 Garden City Drive
Landover, MD 20785
(301) 459-3700/(800) 221-4602

Juvenile Diabetes Foundation
International Hotline
(800) 223-1138

Leukemia Society of America, Inc.
600 Third Avenue
New York, NY 10016

National Council on Alcoholism and Drug
Dependence
12 W. 21st Street
New York, NY 10010
(212) 206-6770

National Down Syndrome Congress
1605 Chantilly Drive
Atlanta, GA 30324
(800) 221-4602

National Heart, Lung and Blood Institute
9000 Rockville Pike, Bldg. 31, Rm 4A21
Bethesda, MD 20892
(301) 496-4236

National HIV/AIDS Hotline
(800) 342-AIDS
(800) 344-SIDA (Span)

National Institute of Neurological and
Communicative Disorders and Stroke
National Institute of Health
9000 Rockville Pike
Bethesda, MD 20892
(301) 496-4000

**PREVENTION AND CONTROL OF
DISEASE (continued)**

National Rehabilitation Information Center
8455 Colesville Road, Suite 935
Silver Springs, MD 20910
(800) 34-NARIC

National Reye's Syndrome Foundation
426 North Lewis
Bryan, OH 43506
(800) 233-7393

National Society to Prevent Blindness
Nebraska Affiliate
120 N. 69th St. #203
Omaha, NE 68132
(402) 551-2198

National AIDS/HIV Hotline
(800) 342-2437

Nebraska AIDS Educational & Training
Center, UNMC
42nd and Dewey Avenue
Omaha, NE 68105
(402) 559-6681

Nebraska AIDS Project (NAP)
3610 Dodge Street
Suite 110 West
Omaha, NE 68131
(402) 342-6367 / (402) 342-4233
(800) 782-AIDS

Special Olympics
1350 New York Avenue, N.W., Suite 500
Washington, DC 20005

U.S. Public Health Service
5600 Fishers Lane
Rockville, MD 20857

COMPUTER ONLINE RESOURCES



ACSM

<http://www.al.com/sportsmed/>

Alan Guttmacher Institute
(human sexuality information)
<http://www.agi-usa.org/>

American Cancer Society
<http://www.cancer.org/>

American Heart Association (AHA) 1995 Heart
and Stroke Guide
<http://www.amhrt.org/heart/aaOO.thm>

America Online
(800) 827-3338

American School Health Organization
Kent, OH
(216) 678-1601

Apple Link
20525 Mariani Avenue
Cupertino, CA 95014
(800) 800-2775

Busy Teachers Web Page
<http://www.ceismc.gatech.edu.BusyT/>

Centers for Disease Control
Atlanta
<http://www.cdc.gov>

CompuServe
(800) 848 8990

Consortium for School Networking
P. O. Box 65193
Washington, DC 20035-5193
(202) 466-6296
e-mail: info@cosn.org

ETR Associates
<http://www.etr-associates.org/>

FrEdMail Network

Networking for public agencies.

FrEMail Foundation
P. O. Box 243
Bonita, CA 91908
(619) 475-4852
e-mail: arogers@bonita.cerf.fred.org

Genie
(800) 638-9636

Health Educators Electronic Forum (HEEF).
Louisiana State Department of Education
P. O. Box 94064
Baton Rouge, LA 70804
(504) 342-1015
e-mail: 199.4.193.58.heef.doe.state.la

Health Explorer
<http://www.healthexplorer.com>

K12Net
1151 SW Vermont Street
Portland, OR 97219
(503) 280-5280
e-mail: jmurray@psg.com

Medscape
<http://www.medscape.com/>

Mental Health Net
<http://www.lifesci.ucla.edu/psych/mh/>

NAHPERD (Nebraska)
<http://cwis.unomaha.edu/~pellery/nahperd/nahperd.html>

National Council on Alcohol and Drug
Information / Prevention Line
(800) 729-6686
<http://www.health.org>

National Geographic Kids Network
National Geographic Society
Educational Services
Washington, DC 20036
(800) 368-2728

COMPUTER ONLINE RESOURCES

(continued)



Newton's Apple
Director of Outreach
Twin Cities Public Television
172 East 4th Street
St. Paul, MN 55101
e-mail: newtons.apple@umn.edu

Nutrition and Fitness Links
<http://www.lifelines.com/ntnlknk.html>
Prevline (alcohol and drugs)
<http://www.health.org>

PBS Learning Link
1320 Braddock Place
Alexandria, VA 22314
(703) 739-8464

Prodigy.
(800) 776-3449

SpecialNet.
GTE Educational Network Services
5525 MacArthur Boulevard, Suite 320
Irving, TX 75038
(800) 927-3000

U.S. Department of Agriculture
<http://www.usda.gov/usda.htm>

Wellness Web Homepage
<http://wanda.pond.com/wellness/>

CULTURAL CENTERS



Asian Community & Cultural Center
140 S. 27th Street, #D
Lincoln, NE 68510
(402) 477-3446

Clyde Malone Community Center
2032 'U' Street
Lincoln, NE 68503
(402) 474-1110

Hispanic Community Center
2300 'O' Street
Lincoln, NE 68510
(402) 474-3950

Indian Center
1100 Military Rd.
Lincoln, NE 68508
(402) 438-5231

HEALTH COALITION

National School Health Education Coalition
(NaSHEC)
1001 G Street, N.W., Suite 400 East
Washington, DC 20001
(202) 638-3556

National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, Massachusetts 02116
(617) 357-8507
Fax # (617) 357-9549

Youth Fitness Coalition/Project ACES
P.O. Box 6452
Jersey City, NJ 07306
(201) 433-8993

HEALTH EDUCATION ORGANIZATIONS

American Alliance for Health, Physical
Education, Recreation, and Dance (AAHPERD)
1900 Association Drive
Reston, VA 22091
(703) 476-3400

American Public Health Association (APHA)
1015 15th Street, N.W.
Washington, DC 20005
(202) 789-5600

American School Health Association (ASHA)
7263 State Route 43
Kent, OH 44240
(216) 678-1601

National Association of School Nurses, Inc.
P. O. Box 1300
Scarborough, ME 04070
(207) 883-2117

Society of Public Health Education (SOPHE)
2001 Addison Street, Suite 220
Berkeley, CA 94704
(510) 644-9242

Society of State Directors of Health, Physical
Education, and Recreation (SSDHPER)
Attn: Dimon McNeely
9805 Hillridge Drive
Kensington, MD 20895
(301) 949-0709

HEALTH ORGANIZATIONS

Advocates for Youth
(formerly Center for Population Options)
1025 Vermont Ave., N.W., Suite 200
Washington, DC 20005
(202) 347-5700/Fax (202) 347-2263

American Association of Colleges for Teacher
Education
One Dupont Circle, N.W.
Washington, DC 20036-1186
(202) 293-2450/Fax (202) 456-8095

American Association of Community Colleges
One Dupont Circle, N.W., Suite 410
Washington, DC 20036
(202) 728-0200 ext. 230
Fax (202) 833-2467

American Association of School Administrators
1801 North Moore Street
Arlington, VA
(703) 875-0755/Fax (703) 807-1849

American Cancer Society-Heartland Division
8502 West Center Road
P.O. Box 241255
Omaha, NE 68124-5255
(402) 393-5800 Fax (402) 393-7790

American College Health Association
780 Elkridge Landing Road
Linthicum, MD 21090
Coral Slavin
(410) 859-1500/Fax (410) 859-1510

American Heart Association
Nebraska Affiliate
3624 Farnam Street
Omaha, NE 68131

American Heart Association
National center
7272 Greenville Avenue
Dallas, TX 75231-4506

American Medical Association
535 N. Dearborn Street
Chicago, IL 60610
(312) 464-5530 (312) 464-4065
Fax (312) 464-5842

American Nurses Association
600 Maryland Ave., S. W., Suite 100 West
Washington, DC 20024
(202) 651-7068/(202) 651-7080
Fax (202) 651-7001

Association for the Advancement of Health
Education
1900 Association Drive
Reston, VA 22091
(703) 476-3439/Fax (703) 476-6638

Association of American Colleges and
Universities
1818 R Street, N.W.
Washington, DC 20009
(202) 387-3760/Fax (202) 265-9532

Association of State and Territorial Health
Officials
415 Second Street, N.E., Suite 200
Washington, DC 20002
(202) 546-5400/Fax (202) 544-9349

Cities in Schools, Inc.
1252 W. Peachtree St., S.W., Suite 304
Atlanta, GA 30309
(703) 518-2573/Fax (404) 873-2488

Council of Chief State School Officers
One Massachusetts Ave., N.W., Suite 700
Washington, DC 20001-1431
(202) 336-7035/Fax (202) 408-8072

HEALTH ORGANIZATIONS (continued)

Education Development Center
55 Chapel Street, Middlesex County
Newton, MA 02160
Fax (617) 244-3436

National Association for Equal Opportunity in
Higher Education
400 12th Street, N.E.
Washington, DC 20002
(202) 543-9111
Fax (202) 543-9113

National Association of Community Health
Centers, Inc.
1330 New Hampshire Ave., N.W.
Washington, DC 20036
(202) 659-8008
Fax (202) 659-8519

National Association of State Boards of
Education
1012 Cameron Street
Alexandria, VA 22314
(703) 684-4000
Fax (703) 836-2313

National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116
(617) 357-8507
Fax (617) 357-9549

National Conference of State Legislatures
1560 Broadway, Suite 700
Denver, CO 80202-5140
(303) 830-2200 Fax (303) 863-8003

National Education Association
Health Information Network
1201 16th Street, N.W.
Washington, DC 20036
202-822-7570
Fax (202) 822-7775

National Network for Youth
1319 F Street, N.W., Suite 401
Washington, DC 20004
(202) 783-7949
Fax 783-7955

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703) 838-6722
Fax (703) 683-7590

National School Health Education Coalition
1400 Eye Street, N.W., Suite 520
Washington, DC 20005
(202) 408-0222
Fax (202) 408-8922

Nebraska Department of Education
Health Education Section
301 Centennial Mall South
Lincoln, NE 68509
(402) 471-4359
Fax (402) 471-4333

Nebraska Health and Human Services System
301 Centennial Mall South
Lincoln, NE 68509
(402) 471-2937

MATERIAL RESOURCE COMPANIES

(Posters, Pamphlets, etc.)

Baby Think It Over
1519 Peterson Avenue
Eau Claire, WI 54703
(715) 830-2040

Bill Nye the Science Guy
Outreach Dept.
KCTS
401 Mercer Street
Seattle, WA 98109-9721

Current Health and
Current Health 2
Weekly Reader Corporation
3001 Cindel Drive
P. O. Box 8996
Delran, NJ 08370-8996

ETR Associates
4 Carbonero Way
Scotts Valley, CA 95066
Marsha Weil (408) 438-4060, ext. 203
Julie Taylor (408) 438-4060
Fax (408) 438-3618

Newton's Apple
Director of Outreach
Twin Cities Public Television
172 East 4th Street
St. Paul, MN 55101

Public Education Network
601 13th St., N.W., Suite 290 North
Washington, DC 20005-3808
Richard Tagle
(202) 628-7460/Fax (202) 628-1893

Sunburst Communications
39 Washington Avenue
Pleasantville, NY 10570
(914) 747-3310

HEALTH EDUCATION TEXTBOOKS



Comprehensive School Health Education
Totally Awesome Strategies for Teaching Health
Linda Meeks and Philip Heit, 1992
Meeks and Heit Publishing Co., Inc.
P.O. Box 121
Blacklick, OH 43004
(614) 759-7780

Comprehensive School Health Education
Totally Awesome Strategies for Teaching Health,
2nd edition 1996
Linda Meeks, Phillip Heit and Randy Page
Meeks and Heit Publishing Co., Inc.
P.O. Box 121
Blacklick, OH 43004
(614) 759-7780

Drugs, Alcohol, and Tobacco
Totally Awesome Teaching Strategies
Linda Meeks, Phillip Heit, and Randy Page
1994
ISBN 0-9630009-5-0
Meeks and Heit Publishing
P.O. Box 121
Blacklick, OH 43004
(614) 759-7780

Education for Sexuality and HIV/AIDS
Curriculum and Teaching Strategies
Linda Meeks and Phillip Heit
1993 ISBN 0-9630009-2-6
Meeks and Heit Publishing Co., Inc.
P.O. Box 121
Blacklick, OH 43004
(614) 759-7780

Health
Student and Teacher's Edition
High School Text
Houghton Mifflin Company
One Beacon Street
Boston, MA 02108
ISBN 0-395-39516-X student
ISBN 0-395-39518-6 teacher

Health: Skills For Wellness
Prentice Hall, Inc.,
Englewood Cliffs, N J 07632
Middle School Level
ISBN 0-13-721028-0

Here We Go...Watch Me Grow!
A Preschool Health Curriculum
Charlotte Hendricks and Connie Jo Smith
1991
Network Publications, A Division of ETR
Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

Postponing Sexual Involvement
Marion Howard and Marie Mitchell
January 1996
Emory/Grade Teen Services Program
Grady Memorial Hospital
80 Butler Street, S.E.
Atlanta, GA 30335-3801

Violence Prevention
Totally Awesome Teaching Strategies for
Safe and Drug-Free Schools
Linda Meeks, Phillip Heit and Randy Page
Meeks and Heit Publishing Co., Inc.
P.O.Box 121
Blacklick, OH 43004
(614) 759-7780
1995 ISBN 0-9630009-4-2

PARENTS



Boys Town
National Resource Center
Father Flanagan's Boys Home
Boys Town, NE 68010
(800) 545-5771

Family Service America
11700 West Lake Park Drive
Milwaukee, WI 53224
(800) 221-2681

Kids' Web
<http://www.npac.syr.edu/textbook/kidsweb/>

National Parent Information Network
<http://ericps.ed.uiuc/npin/npinhome.html>

Nebraska Parents' Information and Training
Center
3610 Dodge Street, Suite 102
Omaha, NE 68131
(402) 346-0525/(800) 284-8520

Nostalgia Trap
Stephanie Coontz
Basic Books, 1992

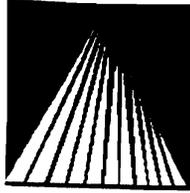
Parents Without Partners
401 N. Michigan Avenue
Chicago, IL 60611
(800) 637-7974

The Social Origins of Private Life: A History of
American Families, 1600-1900
Stephanie Coontz
Verso, 1988

The Way We Never Were: American Families
Stephanie Coontz
Basic Books, 1992

Toughlove
P.O. Box 1069
Doylestown, PA 18901
(215) 348-7090

**SCHOOL IMPROVEMENT
CURRICULUM/INSTRUCTION**



Administrator

Ann Masters (402) 471-4816
amasters@nde4.nde.state.ne.us

Agriculture

Rich Katt (402) 471-2451
rich_k@nde4.nde.state.ne.us

Applied Academics

Winona Maxon (402) 471-4317

Business

Bonnie Sibert (402) 471-4818
bsibert@nde4.nde.state.ne.us

Cooperative Education

Carol Jurgens (402) 471-0948

Drug-Free Schools & Communities

Karen Stevens (402) 471-2448
karen_s@nde4.nde.state.ne.us

Family & Consumer Sciences

Shirley Baum (402) 471-4813
sbaum@nde4.nde.state.ne.us

Foreign Language

Mel Nielsen (402) 471-4331
mnielsen@nde4.nde.state.ne.us

Guidance & Counseling

Linda Bohlmann (402) 471-4811

Health Education Frameworks

La Vonne Uffelman (402) 471-4359
uffelman@nde4.nde.state.ne.us

High Ability Learners

Janis McKenzie (402) 471-0737

HIV/AIDS Education

Nancy Jo Hansen (402) 471-4342
nancyjo@nde4.nde.state.ne.us

Industrial Education

Lloyd Mather (402) 471-04819

Job Training Partnership Act

Mary Lou Sanny (402) 471-4823

Learn & Serve America

Merle Rudebusch (402) 471-4812

Marketing Education

Gregg Christensen (402) 471-4803

Mathematics

Deb Romanek (402) 471-2503
dromanek@nde4.nde.state.ne.us

Reading/Writing

Pam Trefz (402) 471-4336

School-to-Work

Dick Campbell (402) 471-4808

Science

Jim Woodland (402) 471-4329

Social Studies

John Lefeber (402) 471-2449
jlefeber@nde4.nde.state.ne.us

Statewide Systemic Initiative

Dave Ankenman (402) 471-4820

Tech Prep Education

Carol Jurgens (402) 471-0948

Visual & Performing Arts

Sheila Brown (402) 471-4337
sheila_b@nde4.nde.state.ne.us

**Vocational & Applied Technology Program
Management**

Dick Campbell (402) 471-4808

Vocational Technology

Merle Rudebusch (402) 471-4812

NEBRASKA FRAMEWORKS DOCUMENTS

Nebraska K-12 Foreign Language
Frameworks
Nebraska Department of Education, 1996
Foreign Language Section

Nebraska Frameworks for Family &
Consumer Sciences Education
Nebraska Department of Education, 1995
Family and Consumer Science Section

Business Education Framework for
Nebraska Schools K-12,
Nebraska Department of Education, 1994
Business Education Section

Mathematics & Science Frameworks for
Nebraska Schools, K-12
Nebraska Department of Education, 1994
Mathematics and Science Sections

Nebraska K-12 Curriculum Frameworks in
the Visual & Performing Arts
Nebraska Department of Education, 1996
Visual and Performing Arts Section

Walk Through Nebraska History 1996-1997,
Volume I & II
Nebraska Department of Education, Social
Science Section

NEBRASKA AFFILIATES

Cancer Society
Central Area Office
906 E. 25th St., Box 1481
Kearney, NE 68848
(308) 237-7481

American Cancer Society
Nebraska Division Inc.
8502 West Center Rd.
P. O. Box 241255
Omaha, NE 68124-5255
(402) 393-5800

American Cancer Society
Northeast Area Office
600 S. 13th St.
Norfolk, NE 68701
(402) 371-7904

American Diabetes Association
Greentree Court, Suite 490
210 Gateway
Lincoln, NE 68505
(402) 464-3100

American Heart Association
Nebraska Affiliate-Lincoln Division
215 Centennial Mall South, Rm 417
Lincoln, NE 68508
(402) 474-1353

American Lung Association of Nebraska
Community Health Plaza
7101 Newport Ave., Suite 303
Omaha, NE 68152
(402) 572-3030
(800) LUNG-USA

American Red Cross
1701 E St.
P. O. Box 93267
Lincoln, NE 68501
(402) 441-7997
(402) 441-7038

Epilepsy Council
4421 Sherman St.
Lincoln, NE 68506
(402) 488-4449

Epilepsy Foundation of America
4351 Garden City Dr.
Landover, MD 20785
(301) 459-3700
(800) EFA-1000

Alzheimer's Association
Lincoln/Greater Nebraska Chapter
5601 S. 27th St., Suite 101
Lincoln, NE 68512
(402) 420-2540
(800) 487-2585

American Cancer Society
7441 'O' Street, Suite 104
Lincoln, NE 68510
(402) 489-0339

American Hemophilia Foundation-Nebraska
Chapter
3610 Dodge St., #110W
Omaha, NE 68131
(402) 342-3329

Juvenile Diabetes Foundation
1248 'O' Street
NBC Center, Suite 965
Lincoln, NE 68509
(402) 435-7663

NEBRASKA AFFILIATES (continued)

Make-a-Wish Foundation of Nebraska
215 Centennial Mall South, Rm. 426
Lincoln, NE 68508
(402) 475-9474

March of Dimes Birth Defects Foundation
1618 'L' Street
Lincoln, NE 68508
(402) 476-0117

Mid-Plains Poison Control Center
In and around Omaha (402) 390-5400
Across Nebraska (800) 642-9999
In surrounding states (800) 228-9515

Mothers Against Drunk Driving-Nebraska
Affiliate
215 Centennial Mall South
Lincoln, NE 68508

Multiple Sclerosis Society-Midlands
Chapter
7101 Newport Ave., Suite 203
Omaha, NE 68152
(402) 572-3190
(800) 755-3959

National Kidney Foundation of Nebraska,
Inc.
7101 Newport Ave., Suite 301
Omaha, NE 68152
(402) 572-3180

National Society to Prevent Blindness
Nebraska Affiliate
120 N. 69th, #203
Omaha, NE 68132
(402) 551-2198

Nebraska AIDS Project
3610 Dodge Street
Omaha, NE 68131
(402) 342-6367
(800) 782-AIDS

Nebraska Council to Prevent Alcohol and
Drug Abuse and
Nebraska Clearing House for Alcohol and
Drug
Information
650 "J" Street Suite 215
Lincoln, NE 68509
(402) 4740930

PRIDE-Omaha
3534 S. 108th Street
Omaha, NE 68144
(402) 397-3309

SCIP (School Community Intervention
Program)
4600 Valley Road
Lincoln, NE 68510
(402) 483-4581

Towards Drug Free Nebraska School Team
Training
C/O ESU # 9-- Dave Friedli
1117 E South St.
Box 2047
Hastings, NE 68902-2047
(402)463-5611

Stepfamily Association of America
215 Centennial Mall South, Suite 212
Lincoln, NE 68508
(402) 477-7837 (800) 735-0329

**NEBRASKA HEALTH & HUMAN
SERVICES SYSTEM**



Administrator-Breast/Cervical Cancer
Kathy Ward (402) 471-3914

Diabetes Education
June Ettinger (402) 471-3417

Administrator-Disease Control
Sandy Klocke (402) 471-2937

Cardiovascular Disease Program
Barbara Fraser (402) 471-0369

**Community Health Educator-Family
Reproductive Health**
Julie Reno (402) 471-2771

**Community Planning Coordinator-
HIV/AIDS**
Sharon Renter (402) 471-2937

Division Director-Health Promotion
Jim Dills (402) 471-3437

Every Woman Matters
Deb Hoffman (402) 471-0376

Injury Control Program
Keith Hansen (402) 471-2120
Peg Prusa-Ogea (402) 471-2101

Physical Activity Program
Barbara Scudder-Soucie
(402) 471-3493

**Preventive Health & Human Service
Block Grant**
Barbara Pearson (402) 471-3485

**Public Information Coordinator-
HIV/AIDS Prevention**
TBA (402) 471-2937

School Nurse Coordinator
Carol Iverson (402) 471-0160

**Substance Abuse & Prevention Program
Director**
Terry Rohren (402) 471-8581

Tobacco Program
Jeff Soukup (402) 471-0777
Judy Martin (402) 471-3489
Kathy Burlund (402) 471-3492
Rebecca Hasty (402) 471-0505

Selected Reference List

American Academy of Pediatrics, Committee on Sports Medicine and Fitness. Assessing Physical Activity and fitness in the office setting. *Pediatrics* 1994; 93:686-689

American Alliance for Health, Physical Education, Recreation, and Dance. (1993). AAHPERD guidelines for secondary school physical education. Reston, VA: Author.

American Association of School Administrators. (1991). *Healthy Kids for the Year 2000: An Action Plan for Schools*. Arlington, VA: American Association of School Administrators.

American Cancer Society. (1992). *National Action Plan for Comprehensive School Health Education*. Atlanta, GA: American Cancer Society.

American Medical Association. (1990). *AMA Profiles of Adolescent Health*. Chicago, IL: American Medical Association.

Association for the Advancement of Health Education. (1991). *Strengthening Health Education for the 1990's*. Reston, VA: Association for the Advancement of Health Education.

Association for the Advancement of Health Education. (1992). *Healthy Networks: Models for Success*. Reston, VA: Association for the Advancement of Health Education.

Association for Supervision and Curriculum Development (ASCD). (1994). *ASCD curriculum handbook: A resource for curriculum administrators from the Association for Supervision and Curriculum Development*. Alexandria, VA: Author.

Association for Supervision and Curriculum Development. (1994). *ASCD Yearbook*. Association for Supervision and Curriculum Development. Alexandria, VA:

- Bredekamp, Sue, and Copple, Carol. *Developmentally Appropriate Practices in Early Childhood Programs Revised 1997*. NAEYC. National Association for the Education of Young Children, Washington, DC.
- Collins, A. (1992). Portfolios for science education: Issues in purpose, structure, and authenticity. *Science Education*, 6(4).
- Degraw, C. (1992). Standards for developing a comprehensive school health program for students in secondary schools. Unpublished paper for U. S. Department of Education.
- Fielding, G., & Schalock, H. (1985). Promoting the professional development of teachers and administrators. Eugene, OR: ERIC Clearinghouse on Educational Management. (ERIC Document Reproduction Service No. EA 017 747).
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