STEPS FOR DESIGNING, COORDINATING AND MANAGING HEALTH EDUCATION CURRICULUM, INSTRUCTION, AND ASSESSMENT

Maine's *Learning Results* designates health education as one of the academic areas that must be taught and assessed in all public schools. Maine's Educational Reform Act of 1984 mandates that 10 specific content areas be taught within health education. Many Maine school administrative units have used the steps below, based on best practices in the professional literature,* to successfully develop or revise their health education curriculum. Designing and implementing a comprehensive school health education curriculum is a complex process. Following the 15 steps minimizes problems and insures that the end product, the curriculum, is both comprehensive and sequential.

Step 1: ORGANIZE COMMITTEE

The school/community health education curriculum committee will have the responsibility for the design of the curriculum. The committee may include representation from administration, school staff, school board, health-related groups, family and community members and students. The committee needs administrative authorization, resources and clear guidelines for its work. The committee should be provided with an orientation to comprehensive school health education and the process for curriculum design.

Step 2: FRAME THE WORKPLAN

The committee will frame annual plans for their work utilizing these 15 steps. Some elements to include in the plan are identifying prospective teachers and other key people who need to be involved in the process, documentation and process evaluation. The plan should include specific activities, responsibilities, and a yearlong timeline.

Step 3: INVESTIGATE LITERATURE, LEGISLATION & POLICIES

The committee should become familiar with up-to-date state and national health education research, issues and trends. Key documents include the National Health Education Standards, 2nd Edition and the Maine's 2007 *Learning Results: Parameters for Essential Instruction.* They should also become familiar with federal legislation and programs, state mandates, rules and regulations, and local school policies and procedures related to health education.

Step 4: COMMUNICATE & ADVOCATE

At key points the committee should, a) communicate with stakeholders and decision makers, both within the schools and in the community, regarding the curriculum development process, and b) advocate actions decision makers should take to effectively adopt, implement, and maintain health education. The committee should develop and implement communication & advocacy strategies that stipulate the actions school decision makers should take and clearly delineate the benefits of these actions. During implementation and maintenance, special attention should be paid to generating visibility, highlighting success stories, and addressing potential controversy effectively.

Step 5: ASSESS NEEDS

The assessment process provides an opportunity for community members to identify areas of health perceived as most critical for children and youth. The committee should conduct a well-designed needs assessment for the community that promotes public relations, provides information and secures support for the committee's ongoing efforts. Student input should be solicited to determine their health needs and interests.

Step 6: ASSESS HEALTH EDUCATION

Assessing the effectiveness of what is currently being taught is important. A survey will identify specific topics and/or programs currently being taught, the amount of time allotted to each, teaching methods used, and the process used to assess student achievement. It is important that teachers indicate which health education concepts they think should be emphasized and the effectiveness of their current instructional practices. State and local assessment data also need to be analyzed. The committee should assess how health education links with other school initiatives such as Improve America's School Act (IASA) and Coordinated School Health Programs (CSHP) that include schoolsite health promotion.

Step 7: DEVELOP PHILOSOPHY & MISSION

The committee should develop a philosophy for health education and a committee mission statement for the committee that reflects the beliefs of the school and community while supporting the overall school vision and mission.

Step 8: REVIEW RESOURCES

The committee should review existing resources prior to writing the curriculum. Many excellent health education resources, both comprehensive and categorical, are available. A number of excellent programs and materials can be acquired from statewide health-related agencies and organizations.

* Documentation available upon request

Step 9: WRITE THE CURRICULUM

The curriculum developed by the committee needs to be sequential and comprehensive in nature, merging the ten content areas with the health education standards outlined in the Maine Learning Results. The curriculum details what students should know and be able to do at each grade level. Data gathered from steps 3, 5, 6, & 8 should be used to inform actual writing of the kindergarten through high school curriculum. This process may involve adopting, adapting or compiling components of existing programs using criteria for characteristics of effective health education. For schools with an established health education program, it may only be necessary to revise and update the existing curriculum. The new or revised curriculum should clearly link objectives, essential health content, instructional methods and assessment strategies. Effective instruction should engage students and allow time for skill development. Many health issues extend across the curriculum, therefore the committee should coordinate the health education curriculum with other subjects.

Step 10: RECOMMEND POLICIES & PROCEDURES

The committee should advocate for policies and procedures, which support both the teacher and the child as learners. They should work collaboratively with the board policy committee to review, develop, and adopt school policies and procedures that support a healthy school climate and reinforce student learning. Of the many school health-related policies and procedures, two are key for supporting classroom instruction. The first is a controversial issues policy that addresses both student and teacher rights and responsibilities that includes the procedure for dealing with a controversial issue should one arise. A student excusal procedure may be considered as a component of this policy. Second, a referral procedure should be established for providing support to students regarding personal health issues.

Step 11: SECURE CURRICULUM APPROVAL

The committee should present the curriculum for consideration to parents and the community through appropriate forums, i.e. community meeting, PTA. Following the review, the committee may consider revisions. The final curriculum should then be presented to the school board for approval. The committee should periodically update the school board on the status of implementation of the health education curriculum.

Step 12: CONDUCT PROFESSIONAL DEVELOPMENT

The committee should provide appropriate, quality professional development for teachers and staff to introduce them to the health education curriculum. It is of utmost importance that teachers responsible for implementing the curriculum be provided with adequate knowledge and skills. Ongoing support should be provided based on needs identified by the teachers. Teacher support includes time for attending building or grade-level meetings to share ideas and concerns, plan, resolve common issues and learn about specific content. It is important to identify key people that will support teachers in the implementation Annual orientation should be provided for process. new teachers and administrators, teachers who have changed assignments or teachers requiring additional support.

Step 13: IMPLEMENT CURRICULUM

Once the curriculum is developed and teachers are prepared, the curriculum is ready for initial implementation. To encourage teachers to initiate the new curriculum, the committee should establish a timeline for field-testing lessons or a unit and develop a feedback process to provide periodic input. At the end of each year, the committee should review teacher feedback and revise the curriculum as needed.

Step 14: MAINTAIN CURRICULUM

The committee should establish a systematic maintenance plan that maintains the integrity of the curriculum. The plan should include the following strategies, 1) gathering teacher feedback and updating the curriculum, including instructional ideas and classroom materials, on a yearly basis, 2) a screening process for new materials and program, and 3) updating school and community members on success stories related to the implementation of the health education curriculum.

Step 15: EVALUATE AND REVISE CURRICULUM

The committee should ensure that there is a process for evaluating and documenting curriculum effectiveness and identifying intended and unintended consequences. They should consider data from teacher observations and feedback as well as student data that are intended for curriculum improvement and recommendations.

For further information, contact Susan Berry (624-6695), susan.berry@maine.gov