

Glossary

Attitudes: An evaluation that one has toward oneself, other people, objects, concepts, activities, behaviors, events, trends, or other observations and occurrences.

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

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

Cisgender: A person whose gender identity and expression are aligned with the gender they were assigned at birth or by society.

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

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

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

Culturally Responsive Teaching: Considering the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse students to make learning encounters more relevant and effective for them. Culturally responsive educational programs encourage children and teachers to view events and situations from multiple perspectives.

Curriculum: An educational plan incorporating a structured, developmentally appropriate series of intended student learning outcomes and associated learning experiences; generally organized as a detailed set of text, graphics/images, instructional strategies, and materials.

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

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

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

Evaluation (curriculum evaluation): The systematic collection of information about the activities, characteristics, and intended outcomes of curriculum to make judgements about the curriculum, improve curriculum effectiveness, and/or inform decisions about future curriculum development or refinement.

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

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

Gender: A set of cultural identities, expressions and roles—codified as feminine or masculine—that are assigned to people, based upon the interpretation of their bodies, and more specifically, their sexual and reproductive anatomy. Since gender is a social construction, it is possible to reject or modify the assignment made, and develop something that feels truer and just to oneself.

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

Gender Identity: Defined as an individual's self-conception as being male or female (or in some cases, both or neither), as distinguished from actual biological sex. For most people, gender identity and biological characteristics are the same. However, some people experience little or no connection between biological sex and gender identity.

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

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

Health Disparities: Differences in health outcomes and their causes among segments of the population as defined by social, demographic, economic, environmental, or geographic category.

Health Education: A formal, structured combination of planned learning experiences that provide the opportunity to acquire information and skills needed to make health-promoting decisions, achieve health literacy, adopt health-enhancing behaviors, and promote the health of others.

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

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

Health Equity: the absence of systematic, unfair disparities in health (or determinants of health) among population groups in a social hierarchy or with different levels of social advantage or disadvantage.

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

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

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

Health-Related Skills: Abilities to translate knowledge and readiness into the performance of actions that enable students to deal with social pressures, avoid or reduce risk-taking behaviors, enhance and maintain personal health, and promote the health of others.

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

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

Knowledge Expectations: The developmentally appropriate functional information students should know in each health-related topic area and by the end of grades 2, 5, 8, and 12. (See [Functional Knowledge](#).)

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

Medically Accurate Information: Content verified or supported by the weight of scientific evidence, consistent with generally recognized scientific theory, conducted under accepted scientific methods, published in peer-reviewed journals, and recognized as accurate, objective, and complete by mainstream professional organizations (e.g., American Medical Association; American Public Health Association), government agencies, and scientific advisory groups (e.g., the Institute of Medicine).

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

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

Pacing Guide: A written schedule or chart displaying the concepts, topics, and skills in a health education unit or curriculum to be addressed over a defined period of time. A pacing guide is an itinerary for teaching. The guide maps out the topics that will be covered throughout the health education unit or curriculum and includes all essential information (e.g., learning objectives, instructional activities, etc.).

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

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

Protective Factors: Assets (internal to individuals) and resources (external to individuals) that counteract, reduce, or eliminate the adverse effects of risk factors.

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

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

Risk Behavior: A activity that places a person at increased risk of suffering a particular condition, illness, or injury.

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

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

School-Based: Used to describe any activity, program, project or event that is conducted or completed in schools, on school grounds, or under the sponsorship of schools.

School District: An education agency at the local level which exists primarily to operate public schools or to contract for public school services. Synonyms include local basic administrative unit, local education agency (LEA), parish, and independent school district.

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

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

Scope and Sequence: Essential element of a curriculum framework intended to serve as a guide for curriculum directors, administrators, teachers, parents, and school board members. A health education scope and sequence (S&S) outlines the breadth and arrangement of key health topics and concepts across grade levels (scope), and the logical progression of essential health knowledge, skills, and behaviors to be addressed at each grade level (sequence) from pre-kindergarten through 12th grade. The S&S should be aligned with the national, state, or local health education standards, benchmarks, and performance indicators.

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

Sexual Health Education: A comprehensive and sequential combination of learning experiences that provide the opportunity to acquire information and skills needed to promote human sexual development and avoid or reduce HIV, other STIs, and unintended or mistimed pregnancy. Sexual health education uses medically accurate, developmentally appropriate, and culturally responsive information and evidence-based strategies across pre-kindergarten through 12th grade.

Single-Topic Health Curriculum: A set of instructional strategies and learning experiences that provide students with opportunities to acquire the knowledge, attitudes, and skills needed to make health-promoting decisions, achieve health literacy, adopt health-enhancing behaviors, and promote the health of others, specific to one health topic area (e.g., alcohol and other drug use, food and nutrition, mental and emotional health, personal health and wellness, physical activity, safety, sexual health, tobacco, or violence). (See [Comprehensive Health Education Curriculum](#) and [Health Education Curriculum](#).)

Skill-Based Instruction: A form of teaching that fosters classroom environments where critical thinking, collaboration, and active learning are developed at the same time as knowledge is acquired. A large portion of time is dedicated to practicing, assessing, and reflecting on skill development, and this instruction moves students toward independence and learning how to think critically and solve problems.

Skill Expectations: The developmentally appropriate skills (learning) students should perform in each health-related topic and by the end of grades 2, 5, 8, and 12.

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

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

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

Whole School, Whole Community, Whole Child (WSCC) Model: An approach to school health established by the Centers for Disease Control and Prevention and ASCD that supports a systematic, integrated, and collaborative approach to health and learning. The WSCC model is designed to provide a shared framework and approach for decision making and action for health and education sectors to work together.