Organization of the South Dakota Health Education Standards Document

The SDHES document displays each standard (and its supporting information) as follows:

1. The standard
2. A rationale statement
3. Performance indicators (organized by grade span)

The Standards

The eight standards broadly and collectively articulate what students should know and be able to do to adopt or maintain health-enhancing behaviors.

Knowledge of core health concepts and underlying principles of health promotion and disease prevention are included in Standard 1. Standards 2 through 8 identify key processes and skills that are applicable to healthy living. These include identifying the impact of family, peers, culture, media, and technology on health behaviors; knowing how to access valid health information; using interpersonal communication, decision-making, goal-setting, and advocacy skills; and enacting personal health-enhancing practices. (See Table 1.1 on pg. 12).

Rationale Statements

A rationale statement is provided for each standard. The rationale illustrates the importance of each standard and is intended to provide additional clarity, direction, and understanding.

Performance Indicators

The performance indicators articulate specifically what students should know or be able to do in support of each standard by the conclusion of each of the following four grade spans:

- Pre-kindergarten through Grade 2
- Grade 3 through Grade 5
- Grade 6 through Grade 8
- Grade 9 through Grade 12

Each performance indicator is introduced by this stem: “As a result of health instruction in [grade range], students will be able to . . . . . . .” The performance indicators are meant to be achieved by the end of the grade span in which they are identified.
Because learning best occurs when students perform at all levels of the cognitive domain, the performance indicators encompass applying, analyzing, evaluation, and creating, as well as remembering and understanding. Even primary grade students can learn at the higher levels of the cognitive domain if the concepts and learning activities are developmentally appropriate.

Performance indicators are also intended to serve as a blueprint for organizing student assessment. Student achievement of all performance indicators specified for each standard supports the successful attainment of that standard, ultimately increasing the likelihood that students will adopt and maintain healthy behaviors.

The standards, rationales, and performance indicators are presented in two formats. They are first presented in order (standards 1 to 8). Next, the standards and performance indicators are presented by each of the four grade spans. For ease of identification, the performance indicators are numbered sequentially.

Guide to the Numbering and Symbol System Used in the Standards Document

Standards are coded to cross-reference the Standard, the End of Grade Span and the Performance Indicator Number.

6. 5. 1

Standard  End of Grade Span  Performance Indicator

Example: 6.5.1: Set a personal health goal and track progress toward its achievement.
Building Curriculum: Integrating Health Content into the Standards and Performance Indicators

Historically, health education curricula were often organized around health content or topic areas. More recently, many health education curricula reflect the six priority adolescent risk behaviors identified by the U.S. Centers for Disease Control and Prevention. The object of the SDHES is to provide a framework from which curricula can be developed, allowing for the inclusion of health content and concepts that are appropriate for local needs. This approach allows the SDHES to remain relevant over time, and it enables state and local education agencies to determine the curriculum content that best addresses the needs of their students.

Table 1.2 shows the relationship between the SDHES and health content areas and adolescent risk behaviors. The standards are designed to encompass a wide range of content areas as well as promote healthy behaviors and decrease risky behaviors.

Many state education agencies will interpret the standards and provide further direction to local education agencies to assist them with development of specific curricula that meet national and state standards. In recognition of this process, the SDHES do not address specific health education content areas; instead, they provide a framework from which curricula can be developed independently. The selection of specific health content is left to state and local education agencies.

Table 1.3 shows how specific health content can be matched to selected performance indicators across the grade spans.
### Common Health Education Content Areas
- Alcohol and Other Drugs
- Injury Prevention
- Nutrition
- Physical Activity
- Family Life and Sexuality
- Tobacco
- Mental Health
- Personal and Consumer Health
- Community and Environmental Health

### South Dakota Health Education Standards

**Standard 1:** Students will comprehend concepts related to health promotion and disease prevention to enhance health.

**Standard 2:** Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

**Standard 3:** Students will demonstrate the ability to access valid information and products and services to enhance health.

**Standard 4:** Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

**Standard 5:** Students will demonstrate the ability to use decision-making skills to enhance health.

**Standard 6:** Students will demonstrate the ability to use goal-setting skills to enhance health.

**Standard 7:** Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

**Standard 8:** Students will demonstrate the ability to advocate for personal, family, and community health.

### Centers for Disease Control and Prevention Adolescent Risk Behaviors
- Alcohol and Other Drug Use
- Injury and Violence (Including Suicide)
- Tobacco Use
- Poor Nutrition
- Inadequate Physical Activity
- Risky Sexual Behavior

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**Table 1.2** Relationship of common health education content areas and Centers for Disease Control and Prevention adolescent risk behaviors to the South Dakota Health Education Standards.
Health Education Standard 5:

*Students will demonstrate the ability to use decision-making skills to enhance health.*

Performance indicator (Pre-k–grade 2):

5.2.1 Identify situations when a health-related decision is needed.

Examples:

- Identify situations when a non-violent choice needs to be made.
- Identify situations when hand washing is needed.

Performance indicator (grades 3–5):

5.5.3 List healthy options to health-related issues or problems.

Examples:

- Identify two options for avoiding or minimizing a bullying problem on the school bus.
- Identify two options related to healthy personal hygiene practices.

Performance indicator (grades 6–8):

5.8.4 Distinguish between healthy and unhealthy alternatives to health-related issues or problems.

Examples:

- Analyze the healthy and unhealthy impacts of each option on self and others when handling a bullying problem.
- Analyze the healthy and unhealthy impacts of each option of personal hygiene practices to self and others.

Performance indicator (grades 9–12):

5.12.6 Defend the healthy choice when making decisions.

Examples:

- Justify choosing a non-violent resolution to a bullying situation.
- Defend choosing healthy hygiene habits.
One of the key parameters of the SDHES revision requires that the standards and performance indicators be based on research that identifies those characteristics of curricula that most positively influence students’ health practices and behaviors. The Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH), has examined a synthesis of professional literature to determine the common characteristics of effective health education curricula. Reviews by CDC-DASH of effective programs and curricula, along with input from experts in the field of health education, have identified the following characteristics of effective health education curricula (many of which are reflected in the revised standards and performance indicators).

*An effective health education curriculum achieves the following:*

- **Focuses on specific behavioral outcomes**
  Curricula have a clear set of behavioral outcomes. Instructional strategies and learning experiences focus exclusively on these outcomes.

- **Is research–based and theory-driven**
  Instructional strategies and learning experiences build on theoretical approaches, such as social cognitive theory, and social inoculation theory, that have effectively influenced health-related behaviors among youth. The most promising curricula go beyond the cognitive level and address social influences, attitudes, values, norms, and skills that influence specific health–related behaviors.

- **Addresses individual values and group norms that support health–enhancing behaviors**
  Instructional strategies and learning experiences help students accurately assess the level of risk–taking behavior among their peers (e.g., how many of their peers use illegal drugs), correct misperceptions of peer and social norms, and reinforce health enhancing attitudes and beliefs.

- **Focuses on increasing the personal perception of risk and harmfulness of engaging in specific health risk behaviors as well as reinforcing protective factors**
  Curricula provide opportunities for students to assess their actual vulnerability to health risk behaviors, health problems, and exposure to unhealthy situations. Curricula also provide opportunities for students to affirm health–promoting beliefs, intentions, and behaviors.

- **Addresses social pressures and influences**
  Curricula provide opportunities for students to deal with relevant personal and social pressures that
influence risky behaviors, such as the influence of the media, peer pressure, and social barriers.

- **Builds personal and social competence**
  Curricula build essential skills including communication, refusal, assessing accuracy of information, decision making, planning and goal setting, self control, and self management that enable students to build personal confidence and ability to deal with social pressures and avoid or reduce risk-taking behaviors. For each skill, students are guided through a series of developmental steps:
  1. Discussing the importance of the skill, its relevance, and relationship to other learned skills.
  2. Presenting steps for developing the skill.
  3. Modeling the skill.
  4. Practicing and rehearsing the skill using real–life scenarios.
  5. Providing feedback and reinforcement.

- **Provides functional health knowledge that is basic, accurate, and directly contributes to health–promoting decisions and behaviors**
  Curricula provide accurate, reliable, and credible information for usable purposes: so students can assess risk, correct misperceptions about social norms, identify ways to avoid or minimize risky situations, examine internal and external influences, make behaviorally relevant decisions, and build personal and social competence. A curriculum that relies exclusively or primarily on disseminating information for the sole purpose of improving knowledge is inadequate and incomplete.

- **Uses strategies designed to personalize information and engage students**
  Instructional strategies and learning experiences are student centered, interactive, and experiential. The strategies include group discussions, cooperative learning, problem solving, role playing, and peer–led activities. Learning experiences correspond with students’ cognitive and emotional development, help them personalize information, and maintain their interest and motivation while accommodating diverse capabilities and learning styles. Instructional strategies and learning experiences include methods for the following:
  1. Addressing key health–related concepts.
  2. Encouraging creative expression.
  3. Sharing personal thoughts, feelings, and opinions.
  4. Developing critical thinking skills.

- **Provides age–appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials**
  Curricula address students’ needs, interests, concerns, developmental and emotional maturity, and current knowledge and skills. Learning should be relevant and applicable to students’ daily lives.
- **Incorporates learning strategies, teaching methods, and materials that are culturally inclusive**
  Curricular materials are free of culturally biased information, but also include information, activities, and examples that are inclusive of diverse cultures and lifestyles such as gender, race, ethnicity, religion, age, physical/mental ability, and appearance. Strategies promote values, attitudes, and behaviors that support the cultural diversity of students; optimize relevance to students from multiple cultures in the school community; strengthen the skills necessary to engage in intercultural interactions; and build on the cultural resources of families and communities.

- **Provides adequate time for instruction and learning**
  Curricula use adequate time to promote understanding of key health concepts and to practice skills. Effecting change requires an intensive and sustained effort. Short-term or “one shot” curricula (e.g., a few hours at one grade level) are generally insufficient to support the adoption and maintenance of healthy behaviors.

- **Provides opportunities to reinforce skills and positive health behaviors**
  Curricula build on previously learned concepts and skills and provide opportunities to reinforce health–promoting skills across health topic areas and grade levels, such as multiple practice applications of a skill and skill “booster” sessions at subsequent grade levels or in other academic subject areas. Curricula that address age-appropriate determinants of behavior across grade levels and reinforce and build on learning are more likely to achieve longer–lasting results.

- **Provides opportunities to make positive connections with influential others**
  Curricula link students to other influential persons who affirm and reinforce health–promoting norms, beliefs, and behaviors. Instructional strategies build on protective factors that promote healthy behaviors and enable students to avoid or reduce health risk behaviors by engaging peers, parents, families, and other positive adult role models in student learning.

- **Includes teacher information and plans for professional development and training that enhances effectiveness of instruction and student learning**
  Curricula are implemented by teachers who have a personal interest in promoting positive health behaviors, believe in what they are teaching, are knowledgeable about the curriculum content, and are comfortable and skilled in implementing expected instructional strategies. Ongoing professional development and training is critical for helping teachers implement a new curriculum or implement strategies that require new skills in teaching or assessment.