

# Developing Standards for Educational Excellence

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In the early 1990s, education leaders across the country agreed that schools needed new strategies, tools, and resources to support the highest levels of achievement by students in the United States. Following the lead of the National Education Goals (established in 1989 under President George H.W. Bush and a coalition of governors) and the “Goals 2000: Educate America” Act (established under President William J. Clinton), the U.S. Department of Education funded the creation of model standards in the arts, civics and government, economics, English, foreign languages, geography, history, and science.

In response, a coalition of health education organizations and professionals from across the country was convened in July 1993, to write the National Health Education Standards (NHES). First published in 1995, the NHES were designed to support schools in meeting the essential goal of helping students acquire the knowledge and skills to promote personal, family, and community health.

Following their lead, the South Dakota Health Education Standards (SDHES) were developed using the National Health Education Standards as a model. The SDHES were approved by the South Dakota Board of Education in 1996. The standards were further revised and the revisions were approved by the South Dakota Board of Education in 2000.

Recognizing the critical role of schools in combating our nation’s health problems while simultaneously acknowledging research-based advances related to effective practice in the field, a new panel of organizations and professionals was convened in 2004, to review and revise the NHES for use in American schools.

Through the collaboration of the South Dakota Department of Education and Coordinated School Health, the South Dakota Health Education Standards were revised using the 2007 National Health Education Standards as a model. The standards were approved by the South Dakota Board of Education in 2010.

The revised South Dakota Health Education Standards (SDHES) provide a framework for aligning curriculum, instruction, and assessment practices for the following groups, all of which play crucial roles in health instruction:

- State and local education agencies
- Education professionals
- Parents and families

- Community agencies, business, organizations, and institutions
- Local and national organizations

Teachers, administrators, and policy makers can use the SDHES as a framework for designing or selecting curricula, for allocating instructional resources, and for providing a basis for the assessment of student achievement and progress. The SDHES also provide students, families, and communities with concrete expectations for health education. Although the standards identify what knowledge and skills students should know and be able to do, they leave precisely how this is to be accomplished to teachers and other local specialists who formulate, deliver, and evaluate curricula.

The revision of the SDHES makes a number of important contributions to the potential for delivery of improved health education across the state, including increased focus on education and behavior theory, inclusion of Pre-kindergarten grade levels, emphasis on assessment, and an expanded call for collaboration and partnerships.

Implementation of the revised SDHES with a commitment to providing qualified teachers, adequate instructional time, and increased linkages to other school curricular areas significantly increases the likelihood that schools will provide high-quality health instruction to all young people.

# Health Education as a Component of Coordinated School Health

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Health education is not the only school-based approach used to support students in attaining positive health outcomes. Health education is one of eight interactive components in the coordinated school health model which also includes physical education; health services; counseling, psychological, and social services; nutrition services; a healthy school environment; parent, family, and community involvement; and health promotion for school staff. The Coordinated School Health (CSH) approach involves a process of systematic engagement of different components of both the education institution and the community to promote good health and academic achievement. The effectiveness of school health education is enhanced when it is implemented as part of a larger school health plan and when health education outcomes are reinforced by the other components.

The SDHES can be used to support the effective implementation of health education as one of the eight components of CSH. The standards are carefully designed to support schools, educators, families, and other stakeholders in helping students meet the primary goal of health education: for students to develop health literacy which supports healthy behaviors.



# The 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 risk.

**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 risk.

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

**Table 1.1** South Dakota Health Education Standards