Take the Wheel
Schools are often viewed as the primary change agent for any new health crisis that gains national or local attention. Schools should play a role in creating a healthy learning environment because many of these health problems can impact student learning. But is it reasonable to hold schools and school leaders responsible for fixing the health problems that we see in youths today—problems that stem from violence, drug use, and teenage pregnancy—and now the growing epidemic of childhood obesity and pandemic flu?

For the school principal, who must overcome the challenges posed by increasing demand for accountability and decreasing budgets to support these efforts, the burden of making and keeping children healthy can seem too heavy to bear.

Align core curriculum to 21st century skills and interdisciplinary themes, including health literacy.

Tami Benham Deal, Laurence O. Deal, and Nancy Hudson

on the Road to Health Literacy
Opening the door of the school community to public health partners and collaborating with them to solve these health crises is important. However, schools should not be forced to lose sight of their primary purpose—to empower students with the knowledge and skills necessary to navigate the multiple challenges they will face in the 21st century. Since many of these challenges will be health related, school leaders should examine ways they can provide students with opportunities to learn and practice these skills in health contexts.

**Defining Health Literacy**

A health-literate person is a self-directed learner who can think critically to solve health-related problems. A health-literate person is also an effective communicator and a responsible, productive citizen. Schools can help develop students who are health literate by equipping them with the competence and capacity to make responsible decisions that lead to lifelong healthy behavior.

National health education standards (NHES) have been developed in an effort to identify what students should know and be able to do in order to be health literate. Conceptual knowledge pertaining to health promotion and disease prevention is the focus of the first standard. The remaining seven standards outline skills that, when applied to health content and contexts, contribute to students becoming health literate:

- Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors;
- Accessing valid information and products and services to enhance health;
- Using interpersonal communication skills to enhance health;
- Using decision-making skills to enhance health;
- Using goal-setting skills to enhance health;
- Practicing health-enhancing behaviors to avoid or reduce health risks; and
- Advocating for personal, family, and community health.

There is considerable overlap between the skills outlined in the NHES and those identified by the Partnership for 21st Century Skills, a leading advocacy group for infusing 21st century skills into education. For instance, critical thinking and problem-solving must occur when students analyze influences on health behaviors, evaluate the validity of health information sources, and engage in a systematic process to make decisions and set goals pertaining to their health. Information, media, and technology skills are required when accessing health information, products, and services. Communication and innovation skills are used when students articulate their thoughts and ideas about health and when they collaborate with others to advocate for good health.

**It’s About the Skills!**

Traditionally, health education has been delivered via a problem-based approach. Units of instruction are organized around health problems people experience and health risks they may take, like poor eating habits, tobacco use, alcohol and other drug use and abuse, and risky sexual behavior. A typical lesson on healthy eating might require students to memorize the food guide pyramid and determine what information can be found on nutrition labels. They might have learned about the relationship between health and fat consumption or caloric intake. This functional and conceptual knowledge is an important component of health literacy. However, health literacy is likely to be low if students do not acquire the essential skills they need to make informed decisions and to take the necessary action that leads to healthy, productive lives.

For higher levels of health literacy to be achieved, some experts believe that a skills-based approach to teaching health education is needed. In skills-based instruction, health content such as family life and sexuality, injury prevention, or nutrition is used as the context with which health skills are learned and practiced. In contrast to the traditional...
approach, here skills are viewed as assets to be achieved and not as a problem to be solved. The focus is on teaching students the process of the skill (e.g., steps to follow in making a decision about wearing a bicycle helmet) and allowing them to practice it—not the behavioral outcome (e.g., Does the student actually wear a helmet?).

Using our example where nutrition is the context, the skills-based health education classroom might look like this: First, students are taught how to locate information about the effects of nutrition on health and to evaluate the validity of the source. Using their critical thinking skills, young students could determine who is the best source of nutrition information—Ronald McDonald or the school district’s dietician—while older students could compare and contrast Web sites run by Burger King and the U.S. Department of Agriculture.

Next, students might be asked to apply their problem-solving skills when analyzing how family, peers, and media influence their decisions about food choices and as they engage in a systematic process of making the decision to reduce the amount of junk food they eat. They could apply their interpersonal communication skills by discussing menu options with the lunch room staff. They could even design brochures and posters, or make presentations to the school board to advocate for healthy food choices in the lunch room.

“You Want Me to Do What?”

Studies show that even though principals, teachers, and parents value health education, requirements to increase time spent on core curriculum activities like reading and math have often resulted in a reduction or elimination of health education instruction. In addition to lack of instruction time, elementary teachers also report lack of preparation to be a barrier to teaching health. Insufficient preservice coursework and a lack of in-service training are often cited as the culprit.

When graduation standards in health education were adopted in Wyoming and grade-level benchmarks extending down to the elementary schools were unveiled, elementary teachers were often heard saying, “You want me to do what?” Teachers did not feel competent to teach the content and felt overwhelmed by the additional requirement to their already full plates. In an effort to meet their professional needs, a year-long professional development project called Read Wyoming–For the Health of It was implemented. Once teachers deconstructed the health education standards, many recognized that the health skills outlined in the standards were ones they were already teaching. Considering the similarities between the skills outlined in the health standards and the 21st century skills that many schools target, this was not surprising.

The key to improving their students’ health literacy was finding ways that teachers could reinforce these skills without increasing the demand on their time. In the Read Wyoming project, third-grade teachers learned how to recognize skill cues and health concepts found in fiction and nonfiction books they were using in their language arts program. Then, during their reading lessons they asked probing questions pertaining to the health themes and gave students the opportunity to practice their health skills.

Chocolate Fever was one of the books used in the project. In this story, a nice truck driver gave young Henry a ride to find someone who would give him a “vanilla pill” to cure his “chocolate fever.” Teachers enjoyed this book and remarked that they often used it in conjunction with their chocolate festival. Immediately, they recognized the health content (i.e., nutrition) that could be aligned with the book. It wasn’t until later, after developing an understanding of the health skills, that teachers realized the implications Henry’s actions could have on his health and well-being (i.e., running away and accepting rides and pills of unknown origins from strangers). Teaching the process of decision-making while reading this book now made sense. By the end of the project, classroom teachers reported an increase in health instruction without reducing the time they spent teaching language arts. Moreover, students in their classrooms demonstrated significantly higher health knowledge and skills than students in comparison classrooms.

What Can Principals Do?

School principals are the key to improving students’ health literacy. The first step is to create a school culture where health and health education is a priority. This does not have to mean that stand-alone health courses or curricula are delivered or that health specialists are hired. (Of course, these options would be welcomed.) Simple coordination and expectation could do the trick.

Principals have the power to transform education by emphasizing 21st century skill development as the end in mind, and using interdisciplinary themes like health literacy to achieve this goal. Principals also have the capacity to coordinate efforts across content disciplines to help prepare students for the challenges they will face in the 21st century. Here are specific ways principals can take the wheel.

Be proactive. Implement an integrated, skills-based health curriculum before your school is expected to fix health problems and/or mandated to deliver a special topic health curriculum (e.g., specific number of minutes for a specific sex education curriculum).

Put 21st century learning on the core curriculum agenda. Health provides an authentic backdrop for learning other literacy skills such as reading, writing, speaking, and numeracy. Use in-service days and curriculum meetings to align core curriculum to 21st century skills and interdisciplinary themes, including health literacy.

Put health literacy on the report card. Teachers will provide instruction on what is perceived to be important and what they are held accountable for teaching. Teachers in one of our school districts have commented, “If it is not on the report card, it doesn’t get taught.”
Provide financial and professional development support. It is important to acknowledge the validity of teachers’ concerns about lack of preparation, confidence in their competence to teach health, and time constraints. Look for flexible and alternative ways to support professional development. For example, in-service workshops can be used to help teachers learn how to make minor modifications to their teaching practices and core curriculum so that health literacy is addressed. In addition, children’s books that contain health themes and messages can be purchased and used in conjunction with core reading programs. Core reading books can also be analyzed for health literacy concepts and skills.

Include health contexts on core curriculum assessments. Research shows that learning is enhanced when students can apply their cognitive skills to a personal issue or problem. Health contexts can be used to make assessment of learning meaningful and relevant. Encourage teachers to adopt assessment items that can be used to simultaneously gauge health literacy skills and core curriculum skills such as writing.

Don’t fall into the guest speaker trap. Encourage teachers to be judicious in their invitations to guest speakers. Public health professionals (e.g., dentists, nurses, doctors) and law enforcement officials can supplement a comprehensive health curriculum, but their message is often limited to a single health concept. With the shrinking school day, time is of the essence. Donating precious minutes to one specific health message should be considered carefully before the invitation is extended.

Be cautious of prepackaged health curricula. Many publishers claim their products are aligned to national health education standards—that they are research-based, comprehensive, and skills-based. But are they? Evaluate the alignment claims carefully and examine fidelity issues (e.g., effectiveness is dependent on teaching all of the lessons in the manner and order they were designed). Can you really afford to spend time on 10 to 15 lessons on one specific health topic?

Involve the school community. The school community can provide authentic opportunities for students to practice their health skills. Include the library, lunch room, playground, and janitorial staff in discussions and instructional activities. Water Fountain Joe, a fiction book about a boy who encounters some interesting germs on a school water fountain, could be presented by the library science specialist. Then, the janitorial staff could teach students how to drink safely from their school's water fountains.

Don’t confuse health services with health education. Public education and public health have different, but often complementary, goals. While education strives to increase students’ knowledge and
skills, public health goals focus on reducing the burden of mortality and morbidity from disease. Embrace the coordinated efforts of school and community health service providers, but do not accept them as a substitute for skill-based health literacy instruction and learning.

Use library resources. Purchase books for the library that contain health messages and that could be used to support core curriculum instruction. Don’t reinvent the wheel. Look for resources that support the work your teachers are already doing.

Principals are the key to improving students’ health literacy because they have the power to transform education by emphasizing 21st century skill development as the goal of their school. Interdisciplinary themes like health literacy provide authentic and meaningful contexts in which students can learn and become healthy, productive citizens. Principals can take the wheel by providing support, encouragement, and opportunity for skills-based learning in their schools.

Tami Benham Deal is an associate professor in the Division of Kinesiology and Health at the University of Wyoming and serves as the health and physical education consultant for the Wyoming Department of Education. Her e-mail address is benham@uwyo.edu.

Laurence O. Deal is a health education teacher with principal certification at Laramie Junior High School in Laramie, Wyoming. His e-mail address is ldeal@acsd1.org.

Nancy Hudson is a collaborative advisor for the Council of Chief State School Officers’ (CCSSO) State Collaborative on Assessment of Students Standards (SCASS) Health Education Assessment Project (HEAP). Her e-mail address is nancyh@ccsso.org.

WEB RESOURCES

The Council of Chief State School Officers’ (CCSSO) State Collaborative on Assessment of Students Standards (SCASS) Health Education Assessment Project (HEAP) provides a number of printed and online resources to support skill-based health education curriculum, instruction, and assessment.

http://scassheap.org

The Kids Health Web site provides information about health, behavior, and development from before birth through the teen years.

http://kidshealth.org/kid

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