

Health Standard #1: Core Concepts

Tell me: I forget

Show me: I remember

Involve me: I understand

Acquiring core concepts refers to learning “functional knowledge,” or the most important information and ideas essential to health promotion and disease prevention. In other words, core concepts refer to the most important **content knowledge** in health education. Rather than functioning as passive receivers of information, however, today’s health education encourages young people to work as active seekers of information and to use critical thinking skills in utilizing information.

In terms of core concepts, students should be able to:

- Show breadth (range of facts and ideas) and depth (details) of knowledge appropriate for the grade level;
- Provide information that is accurate;
- Describe relationships between behavior and health; and
- Draw logical conclusions about connections between behaviors and health.

Thus, BVSD’s Standard #1, Core Concepts, is closely linked to all other skills-based standards. For instance, students can actively demonstrate their understanding of health information and learn information more effectively by accessing and evaluating resources on specific health topics, using it in role plays, developing personal health plans with specific goals, practicing specific health behaviors, examining messages about specific health topics and using information to advocate for personal health and the health of others.

Given the overwhelming amount of health information generated each year, and the limited time available for teaching Health Education, how can teachers make decisions about information that is “essential” for students to acquire? Consider the following guidelines:

1. Focus on the priority content areas identified in the BVSD Health Education curriculum. The K-12 Health curriculum was developed by teachers with input from students, parents and community experts over a three year period. The first question asked should always be... What do we want students to know, do and understand? The Health curriculum’s performance indicators answer this question.

2. Build upon what children and adolescents already know and what they want to know. At the beginning of the class, find out through assessments and discussions what students know and how developed their skills are in relation to their knowledge. Gone are the days where students should be “introduced” to the Food Guide Pyramid every year. Use the precious time available to teach information that is developmentally appropriate and relative to their stage of life.

3. Articulate health instruction within and across grade levels. Teachers spend a great deal of time articulating math and language arts instruction. It is equally important to be clear about what topics belong in health curriculum as compared to science or physical education. Consider how teaching in other content areas support student learning about health.

4. Integrate health instruction with other content areas in deliberate ways. Children and adolescents read a variety of books that can be related to personal and social skills, and teach valuable health information. Teachers of Language Arts can have students discuss the goals, decisions, communication skills, and self-management strategies of the characters in stories. Mathematics instruction can engage students in a “health problem of the day” that requires estimation and calculation.

5. Identify “functional knowledge” or that which is truly essential for health promotion and disease prevention. Identifying the ways in which HIV and other sexually transmitted infections are and are not transmitted is functional knowledge essential to disease prevention. However, explaining the ways in which retroviruses work is not essential for self-protection and is more appropriately identified as part of the science or biology curriculum. When setting priorities for health information, *ask what students must know, do and understand to stay healthy?*

This information was adapted from: *Healthy Keiki, Healthy Hawaii: Teaching with the Hawaii Health Education Standards, October 2002*