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**Health Education: The CT WSCC Partnership On-Demand Webinar Series Transcript**

Welcome to the health education on-demand webinar. There are 10 webinars in this series, each corresponding with one domain of the Whole School, Whole Community, Whole Child model. This webinar will focus on the health education domain.

Each webinar will begin with an overview of the WSCC model and an introduction to our practice briefs before a deep dive into the WSCC domain of focus.

The CT WSCC Partnership is a joint collaboration between the University of Connecticut’s Collaboratory on School and Child Health and the Rudd Center for Food Policy and Health.

Before we begin, we want to acknowledge our funding partners and share that the content of this webinar does not necessarily reflect the official views of the CDC or the Department of Health and Human Services.

Our practice briefs draw on the Whole School, Whole Community, Whole Child Model, which is the CDC and ASCD’s framework for addressing health in schools. The model is student-centered and stresses the need to coordinate policy, processes, and practice across ten domains of student health and well-being to maximize student success. As can be seen in the outmost ring, the model is situated within the community, and emphasizes drawing upon community context and expertise to use the model in contextually-aligned ways.

The model is not a prescriptive program. Instead, it is a framework for organizing a school or district’s efforts to support the whole child, facilitate high quality teaching, and maximize student learning and success.

Today's content comes from our WSCC Practice Brief series. These are freely available on our website at ctwscc.org. If you'd like to learn more about how these briefs were developed and our CDC-funded project, please watch our "Intro to the WSCC Webinar Series" video.

What is health education?

Let’s hear what one of our community partners has to say about this WSCC domain.

Health education in schools, and what it means to me, is it’s another course just like any other content areas, right? And to me, quality health education is programming and curriculum that are grounded and aligned to standards and they’re learning skills for everyday life, advocating for themselves, how to find health information, how to have healthy relationships, how to set goals for your future, healthy future, and maybe learning how to communicate with other students, with adults, with everyone else.

So, why is health education relevant to child outcomes?

I think health education is important for anyone to be taught in schools. It teaches a student how to develop healthy, how to communicate with other people, how to grow and how to become a whole person. It also helps them on an everyday basis so they’re eating healthy. If they’re, you know, getting enough sleep and everything they do better in school. That is something that will be beneficial to students for the rest of their lives. And we know that I would say health literacy is, it’s a journey. You know, we used to think of it as an outcome or a destination, right? And so our kids enter in and out of this whole health literacy or health spectrum. And we as health educators are really responsible for teaching our students skills that they need for the rest of their lives.

Now that we know the why behind health education, let’s look at some evidence-based strategies that you can use in your practice.

We’ve organized the strategies by the required resource demand to help schools choose appropriate initiatives for their setting.

We begin with strategies that require a low resource demand. The first recommendation is to use the HECAT or the Health Education Curriculum Analysis Tool. The HECAT can help schools select and develop appropriate and effective health education curricula. It can also help to identify opportunities to improve the alignment of the health education curriculum with student and community needs. Schools can use this tool to review curriculum; score the accuracy, acceptability, relevance and feasibility of curriculum content; develop a scope and sequence; and track scores over time.

Another low-resource demand strategy is to design relevant health education curricula that attends to community needs and student backgrounds and interests.

Health education that focuses on contextual fit and bringing together multiple community systems is associated with improved outcomes. For example, two different school districts may need education surrounding the same health topic, but the information may be delivered in different ways depending on the fit and developmental level of students. Schools should deliver up to date and relevant health education curriculum in a developmentally tailored, community focused manner that prioritizes student interests.

Next, we move into moderate resource demand strategies. The first recommendation is to promote family involvement in health education. Family involvement can improve healthy student behaviors, including choices about substance use. Schools can encourage family involvement in health education by providing families with newsletters and information sheets, including family-student homework assignments, and offering family-student and family information sessions as part of the health education curriculum.

A second moderate resource strategy is to use multiple active-learning components in teaching health education. Instructional programs that provide opportunities for active engagement are associated with reduced risk-taking behaviors, including decreased drunk driving and delayed initiation of sexual activity. Health education lessons can include active-learning components, delivered in person or virtually, such as role-playing, opportunities to practice healthy lifestyle skills, practice interpreting nutrition and medication labels, and meal planning and preparation.

Next, we transition to the most resource-intensive strategies.

Schools can incorporate social learning approaches into health education activities.

Social learning theory is the idea that people learn by observing others’ behaviors/attitudes and the outcomes of those behaviors. Approaches to health education that draw upon this theory are associated with positive impacts on student attitudes and reductions in risk-taking behavior. Schools can incorporate aspects of social learning theory into prevention curricula lessons, such as through opportunities to practice unpacking positive and negative media messages and identifying ways in which social media and other influences can encourage healthy and unhealthy behaviors. An example of this would be playing a commercial and facilitating a discussion about how it is promoting healthy or unhealthy eating.

Our second high-resource recommendation is to integrate health education across grade levels and subject areas. Comprehensive and relevant health education is recommended from pre-K through 12th grade. To best promote positive outcomes, health education should be taught across grade levels, be developmentally appropriate, and be tailored to meet the needs of the community. For example, the effectiveness of substance use prevention programs has been shown to vary depending on developmental timing. This should be considered when selecting and implementing health education curricula.

Schools can also integrate health education into other academic subjects. For example, teachers can assign and discuss age-appropriate books that discuss health-related topics during language arts or have students interpret nutrition labels as part of a math lesson.

If you’re interested in learning about additional resources related to the health education domain of the WSCC model, please see the full health education WSCC practice brief. This brief, among others, can be found on the Tools page of our website at ctwscc.org. After clicking on Our Tools, scroll down to Best WSCC Practices. Here you will find our practice briefs.

Thank you for joining us! We hope you enjoyed today’s webinar. To view the other webinars in our WSCC on-demand webinar series, please visit our website at ctwscc.org. If you have any questions about the Connecticut WSCC Partnership, please feel free to contact us at [ctwscc@uconn.edu](mailto:ctwscc@uconn.edu).