

Health Instruction

RESPONSIBILITIES & COMPETENCIES

For Teachers of Young Adolescents in Coordinated School Health Programs for Middle Level



The Board of Directors of the American Association for Health Education (AAHE) supports the development of education standards for preparation of Middle Level teachers in the field of Health Education. Lack of teacher training had been identified through nation surveys as one of the most significant barriers to the effective implementation of school health education, especially at the Middle Level.

Responsibilities & Competencies

Responsibility I: Communicate the essential purposes of school health education.

Competency A: Describe the role of health education in middle level curriculum.

Competency B: Provide a rationale for health education for young adolescents.

Competency C: Explain the role that knowledge, skills, and attitudes play in shaping health behaviors in young adolescents.

Responsibility II: Collaborate with health education specialists in assessing the health behaviors of young adolescents.

Competency A: Identify health needs, risks, and protective factors for young adolescents.

Competency B: Assess the effects of reinforcing factors that influence health behaviors of young adolescents (e.g., family, peers, media and the environment).

Competency C: Identify the needs of young adolescents for their healthy development.

Responsibility III: Participate in school wide, cross-curricular planning that focuses on the healthy development of young adolescents.

Competency A: Consider the results of assessment of students' health needs when planning curriculum and instruction.

Competency B: Plan ways to include life skills that are important for young adolescents' healthy development.

Competency C: Use the National Health Education Standards in planning health instruction.

Competency D: Utilize school and community resources in plans for health instruction across disciplines.

Responsibility IV: Actively participate in the health education of young adolescents.

Competency A: Reinforce health-related knowledge, life skills, and health-enhancing attitudes and beliefs in non-health specific curriculum and instruction.

Competency B: Employ strategies that celebrate diversity and promote social health and well being.

Competency C: Utilize developmentally appropriate strategies when addressing sensitive health issues (e.g., family life education, HIV/AIDS education, death and dying education).

Competency D: Apply strategies that actively engage young adolescents in learning health-related skills.



Responsibility V: Participate in assessing the learning of young adolescents.

Competency A: Develop assessment plans in collaboration with the health education specialist.

Competency B: Analyze available assessment instruments in collaboration with the health education specialist.

Competency C: Develop instruments to assess student learning in collaboration with the health education specialist.

Competency D: Implement plans to assess student learning.

Competency E: Utilize assessment results to guide future instruction.

Responsibility VI: Work collaboratively with all professionals in implementing a coordinated school health program.

Competency A: Contribute to a nurturing and health-promoting school health environment that supports students' capacity to learn.

Competency B: Define the role of middle level teachers within coordinated school health programs.

Competency C: Serve as a role model by exhibiting positive health behaviors and participating in faculty/staff wellness opportunities.

Competency D: Collaborate with family members, school personnel, and community health professionals within a team approach to prevent and remediate health problems.

Competency E: Advocate for and implement school policies that foster the health, wellness and safety of young adolescents.

Responsibility VII: Serve as a resource person to young adolescents regarding their healthy development.

Competency A: Collaborate with the health education specialist in identifying effective health education resources that promote the healthy development of young adolescents.

Competency B: Help students locate reliable sources of information that promote healthy development.

Competency C: Refer students with special health needs to appropriate health services (e.g., school nurse, counselor, or social worker).

Competency D: Communicate with family members about ways to work together to promote the healthy development of their children.

Responsibility VIII: Serve as an advocate for school health education and the well being of young adolescents.

Competency A: Advocate for health literacy that enhances the healthy development of young adolescents.

Competency B: Work collaboratively with families, school administrators, and other school personnel to improve the crucial interrelationships among health literacy, health behaviors, effective learning, and quality of life.



Glossary

Competency– A broadly defined skill or ability, adequate performance of which is expected of the health educator. Mastery of a competency is dependent upon achievement of clusters of simpler but essential related skills of abilities. (A Competency Based Framework for Health Educators, 2006)

Health Education- Any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions. (Joint Committee on Health Education and Promotion Terminology, 2000)

Coordinated School Health Program– An organized set of policies, procedures, and activities designed to protect, promote, and improve the health and well-being of students and staff, thus improving a student’s ability to learn. It includes, but is not limited to comprehensive school health education, school health services, a healthy school environment, school counseling, psychological and social services, physical education, school nutrition, services, family and community involvement in school health, and school-site health promotion for staff. (Joint Committee on Health Education and Promotion Terminology, 2000)

Certified Health Education Specialist– An individual, who has met required health education training qualifications, successfully passed a competency-based examination administered by the National Commission for Health Education Credentialing, Inc., and satisfies the continuing education requirement to maintain the nation credential. (Report of the 2000 Committee on Health Education and Promotion Terminology)

Health Literacy– The capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that are health enhancing. (Report of the 2000 Committee on Health Education and Promotion Terminology)

Comprehensive School Health Education– The part of the coordinated school health program that included the development, delivery, and education of planned, sequential, and developmentally appropriate instruction, learning experiences, and other activities designed to protect, promote, and enhance the health literacy, attitudes, skills, and well-being of students, pre-kindergarten through grade 12. The content is derived from the Nation Health Education Standards, and guides that are available in some states. (Report of the 2000 Committee on Health Education and Promotion Terminology)

Area of Responsibility– One of the major categories of performance expectations of a proficient health education practitioner. The areas of responsibility define the scope of practice. (A Competency Based Framework for Health Educators, 2006)

References

Joint Committee of Health Education Terminology, (2001). Report of the 2000 Joint Committee on Health Education and Promotion Terminology. American Journal of Health Education

National Commission for Health Education Credentialing, Inc. Society for Public Health Education, American Association for Health Education, (2006). A Competency-Based Framework for Health Educators-2006. Whitehall, PA: The National Commissions for Health Education Credentialing.

32(2)

Note: This document was adapted from a 1990 collaboration between the American Association for Health Education and the American School Health Association, National Middle School Association, Council of Chief State Officers and the American Association of School Administrators.

