

## **IDAHO CONTENT STANDARDS**

### **HEALTH EDUCATION K-12**

During the spring of 2016, the Idaho State Department of Education convened a committee of health educators and health professionals to review the Idaho Content Standards for Health Education. This committee represented educators from around the state, elementary teachers to college professors, and health professional partners. This document contains justifications and clarifications to the committee's proposed changes to the Idaho Health Education Standards K-12.

The Idaho Health Education Standards are divided by grade bands: K-2, 3-5, 6-8, and 9-12.

Each grade band has the same eight standards: 1. Core Concepts, 2. Analyzing Influences, 3. Accessing Information, 4. Interpersonal Communication, 5. Decision Making, 6. Goal Setting, 7. Practicing Healthy Behavior and 8. Advocacy

The Core Concepts (topical content to address) is defined for each grade level band. The topics addressed are: Alcohol, Tobacco and Other Drugs, Nutrition and Physical Activity, Injury Prevention and Safety, Mental, Emotional and Social Health, Prevention and Control of Disease, Consumer and Community Health, Growth, Development and Family Life and Environmental Health.

The majority of changes to the topical areas were made to update language, be concise, and include descriptions about online presence and safety online, including universal precautions, accepting self and others, and the impact humans have on the environment related to health.

The Idaho Education Code 33-1608-1611 is still in effect but was not put in the standards as a footnote in order to be consistent with the formatting for other health topics referenced in code. There are other health education topics referred to in Idaho Code that are not referenced in the standards, such as: drug education, bullying and harassment, and relationship violence. Idaho Education Code 33-1608-1611 includes the home as the primary responsibility for family life and sex education, including moral responsibility. The church and schools can only complement and supplement those standards established in the family. The local school district will determine the parameters of the program in family life and sex education.

Instruction on hands only CPR was added to the high school standards to meet the requirements brought about by a rule change in 2014.

School districts are encouraged to use the state and local data to address important local health related concerns. Based on this data, health instruction topics and skills taught will promote healthy behavior and help to minimize health risks for the students in their district.