

National Health Education Standards in Hawai‘i



HIDOE Health Education/Ho‘ona‘auao Olakino
E Ola Pono. E Mālama I Nā Piko.
Live Pono. Nurture Thriving Connections.
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Standards Adopted, December 2019
Updated and Expanded, August 2022

National Health Education Standards in Hawai‘i

Hawai‘i State Department of Education
Office of Curriculum and Instructional Design
Curriculum Innovation Branch
Standards Support Team
Health Education Program

E Ola Pono. E Mālama I Nā Piko.
Live Pono. Nurture Thriving Connections.

Learn more about the Hawai‘i State Department of Education (HIDOE) Health Education at bit.ly/HIDOE-HealthEducation and bit.ly/LearningDesignHealth.

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TABLE OF CONTENTS

About the National Health Education Standards	7
The Importance of Standards-Based Health Education	9
Health is Essential	10
Core Principles of Health Education	15
<i>Develops Health Literacy Skills</i>	<i>15</i>
<i>Builds Functional Knowledge</i>	<i>18</i>
<i>Nurtures Attitudes that Support Positive Health Behaviors</i>	<i>20</i>
<i>Addresses Students' Strengths, Interests, Needs, and Challenges</i>	<i>21</i>
Considerations for School and Learning Design	25
Taking an Ecosystem Perspective to Connect Initiatives	26
Designing and Refining Health Education	28
Organization of the National Health Education Standards	33
National Health Education Standards: Listed by Standard	37
English	37
<i>Standard 1: Comprehending Concepts</i>	<i>38</i>
<i>Standard 2: Analyzing Influences</i>	<i>40</i>
<i>Standard 3: Accessing Resources</i>	<i>42</i>
<i>Standard 4: Interpersonal Communication</i>	<i>43</i>
<i>Standard 5: Decision-Making</i>	<i>44</i>
<i>Standard 6: Goal-Setting</i>	<i>45</i>
<i>Standard 7: Self-Management</i>	<i>46</i>
<i>Standard 8: Advocacy</i>	<i>47</i>
'Ōlelo Hawai'i	49
<i>Ana A'o 1: Nā Mana'o Ho'omaopopo</i>	<i>50</i>
<i>Ana A'o 2: Kālailai Ho'ohuli Mana'o</i>	<i>52</i>
<i>Ana A'o 3: 'Imi ā Loa'a nā Kumu Waiwai</i>	<i>54</i>
<i>Ana A'o 4: Kūka'i Mana'o</i>	<i>55</i>
<i>Ana A'o 5: Ho'oholo Mana'o</i>	<i>56</i>
<i>Ana A'o 6: Kūkulu Pahu Hopu</i>	<i>57</i>
<i>Ana A'o 7: Ho'oholo i ka Hana</i>	<i>58</i>
<i>Ana A'o 8: Paipai</i>	<i>59</i>

National Health Education Standards: Listed by Grade Span	61
English	61
<i>Grades K-2</i>	62
<i>Grades 3-5</i>	63
<i>Grades 6-8</i>	65
<i>Grades 9-12</i>	67
‘Ōlelo Hawai‘i	69
<i>Nā Pae Papa M-2</i>	70
<i>Nā Pae Papa 3-5</i>	71
<i>Nā Pae Papa 6-8</i>	73
<i>Nā Pae Papa 9-12</i>	76
Priority Health Topics and Healthy Behavior Outcomes	79
Mental and Emotional Health	
Ke Ola o ka No‘ono‘o me ka Na‘au	80
Personal Health and Wellness	
Ka Pono o ke Olakino me ke Kūlana Hau‘oli	80
Healthy Eating and Physical Activity	
Ka ‘Ai Pono a me ka Ho‘oikaika Kino	81
Safety (Unintentional Injury Prevention)	
Ka Palekana (Kāohi i ka ‘Eha Hewa o ke Kino)	82
Violence Prevention	
Kāohi i ke Kī‘i Hakakā	82
Tobacco Use Prevention	
Kāohi i ka Ho‘ohana Paka	82
Alcohol and Other Drug Use Prevention	
Kāohi i ka Lama me nā Lā‘au ‘Ino Like ‘Ole	83
Sexual Health and Responsibility	
Ke Ola Pono i ka Hana Ai a me ke Kuleana	83
Statutes, Policies, and Guidelines	85
Key Policies and Guidelines	86
Course Requirements	86
Frequently Referenced Statutes, Policies, and Guidelines	87
Terms and References	89
Terms	90
References	91

HIGHLIGHTS

The following icons will appear throughout the document to highlight resources, ideas, and terms to extend learning:

RESOURCES



IDEAS



TERMS



In December 2019, the National Health Education Standards were adopted by the Hawai'i State Board of Education.

In January 2022, the standards document was updated and expanded to include additional locally relevant information to support the implementation of the National Health Education Standards. This includes:

- connections with Nā Hopena A'o (HĀ), Hawai'i Multi-Tiered System of Support (HMTSS) domains, and a Kaiapuni pedagogical process;
- characteristics of high-quality, comprehensive Health Education; and
- relevant policies, guidelines, and course requirements for Health Education.

In August 2022, the 'Ōlelo Hawai'i version of the standards and performance indicators were added to the standards document.

No changes were made to the adopted standards and performance indicators.

ABOUT THE NATIONAL HEALTH EDUCATION STANDARDS

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On December 5, 2019, the Hawai'i State Board of Education (BOE) adopted the *National Health Education Standards: Achieving Excellence* (NHES), which replaces the Hawai'i Content and Performance Standards III for Health K-12. A three-year implementation rollout began in School Year (SY) 2020-2021, with full implementation of the NHES in SY 2023-2024.

The NHES provide a strong foundation for the development of attitudes, skills, and knowledge for health literacy through school-based Health Education.

The Centers for Disease Control and Prevention (CDC) provides the following information about the development of the NHES:

The NHES were developed to establish, promote and support health-enhancing behaviors for students in all grade levels - from prekindergarten through grade 12. The NHES provide a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. Importantly, the standards provide students, families, and communities with concrete expectations for health education.

First published in 1995, the NHES were created in response to several model standards being developed for other areas of education by educational leaders across the United States in the early 1990s. With support from the American Cancer Society, the Joint Committee on National Health Education Standards was formed to develop the standards. Committee members included:

- American Public Health Association;
- American School Health Association; and
- Society of Health and Physical Educators (SHAPE) America.

Over the last decade, the NHES became an accepted reference on Health Education, providing a framework for the adoption of standards by most states. A review process begun in 2004 resulted in revisions to the NHES that acknowledged the impact and strength of the original document and took into account more than 10 years of use nationwide. The 2nd edition, *National Health Education Standards: Achieving Excellence*, promises to reinforce the positive growth of Health Education and to challenge schools and communities to continue efforts toward excellence in Health Education. (CDC, 2019)

OUR DEPARTMENT'S VISION

Hawai'i's students are educated, healthy, and joyful lifelong learners who contribute positively to our community and global society.

THE IMPORTANCE OF STANDARDS-BASED HEALTH EDUCATION

THE IMPORTANCE OF STANDARDS-BASED HEALTH EDUCATION

Health is Essential

He waiwai nui ka lōkahi.

Unity is a precious possession.

'Ōlelo No'eau (Pukui, #977)

The goal of Health Education is to provide students with learning opportunities that strengthen their current and future health, resilience, and total well-being as health literate individuals and community contributors.

Health Education is relevant to students' lives and supports their academic success so they may reach their aspirations, from early learning through college, career, and citizenship.

Healthy students are better learners, and health literacy is a strong predictor of an individual's health and wellness (Ad Hoc Committee, 1999; Michael, 2015).

Health-literate individuals are able to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (ODPHP, 2020).

Health literacy contributes to one's health, resilience, well-being, healthy pilina, and a positive quality of life as well as prevents and reduces the risk of disease, injury, and death. In addition to maintaining and enhancing their own health, **health-literate individuals are also able to advocate for their health and the health of others.** Health Education grounded in Nā Hopena A'o (HĀ) strengthens students' and communities' senses of lōkahi and total well-being.

Lokahi Wheel



The Lōkahi Wheel, developed by the Kamehameha Schools' Safe and Drug Free Program, illustrates the Hawaiian concept of balance, harmony, and unity for the self in relationship to the body, the mind, the spirit, and the rest of the world.

Well-being



Well-being is a sense of thriving and flourishing as an outcome of functioning well and having an overall positive outlook on life. Well-being includes the presence of positive feelings and emotions (e.g., happiness, contentment, vitality, low levels of distress), satisfaction with life (e.g., fulfillment, purpose, meaning, engagement, quality of life), and positive relationships and connections (e.g., in interpersonal and community contexts). (APA, n.d.; CDC, 2018; Ruggeri et al., 2020)



Learn more about [well-being](#).

Terms



Pilina: Symbiotic or equitable connections/relationships

Lōkahi: Balance, harmony, and unity within an individual (body, mind, spirit), relationships with others, and relationships with the environment and the rest of the world (Paglinawan et al., 2019)

Nā Hopena A’o (HĀ)

Excerpt from [BOE Policy E-3 Nā Hopena A’o \(HĀ\)](#):

Nā Hopena A’o (HĀ) is a framework of outcomes that reflects the Department of Education’s core values and beliefs in action throughout the public educational system of Hawai’i. The Department of Education works together as a system that includes everyone in the broader community to develop the competencies that strengthen a sense of belonging, responsibility, excellence, aloha, total well-being and Hawai’i (BREATH) in ourselves, students and others.

With a foundation in Hawaiian values, language, culture and history, HĀ reflects the uniqueness of Hawai’i and is meaningful in all places of learning. HĀ supports a holistic learning process with universal appeal and application to guide learners and leaders in the entire school community. (BOE, 2015)



Terms



Nā: The (plural)

Hopena: End goals, the result of an action, state of being as the result of an action or set of actions

A’o: Learning, teaching, symbiotic in nature, two-way (a’o aku, a’o mai)

Grounding Our Work in Nā Hopena A’o (HĀ)

How are we transforming as a system to provide more **flexibility**, **equity**, and **choice** in designing thriving and abundant communities of a’o?

Belonging	Responsibility
<p>He pili wehena ‘ole. A relationship that cannot be undone.</p> <p>Kūpa‘a au i ko‘u wahi no ka pono o ka ‘ohana, ke kaiāulu, ka ‘āina a me ka honua nei. I am firm in my position/place with moral goodness in my family, community, the land, and the world.</p> <p>How do we create environments where each individual sees themselves as part of the mo‘olelo and feels nurtured in that space?</p>	<p>Ma ka hana ka ‘ike, ma ka ‘imi ka loa‘a. In working one learns, through initiative one acquires.</p> <p>‘Auamo au i ko‘u kuleana no ka ho‘okō pono ‘ana i ia kuleana mai ka mua a ka hope. I carry my responsibilities as it is my privilege and fulfill them rightfully from beginning to end.</p> <p>How might we create opportunities where responsibilities are seen as a privilege and an honor because we are connected to the work and we know that it is what is best for ourselves as well as the greater collective?</p>

Excellence	Aloha
<p>‘A’ohe ‘ulu e loa‘a i ka pōkole o ka lou. There is no success without preparation.</p> <p>Noke au ma ke ala kūpono e hiki aku ai au i ko‘u kūlana po‘okela iho nō. I persevere along the appropriate path with the tools and skills needed in order to achieve my best.</p> <p>How might we support a gift-based system where all recognize their gifts and value to the whole and are supported in looking at life through the lens of those gifts?</p> <p>What are the gifts of each of us and our communities and how do they show up in the ways we engage in a’o?</p>	<p>E ‘ōpū ali‘i. Have the heart of a chief.</p> <p>Hana au me ke aloha e ili nā hopena maika‘i ma luna o‘u, o ka ‘ohana, ke kaiāulu, ko‘u ‘āina a me ka honua nei. I do things with love so that good results may fall upon me, my family, my community, my land and the world.</p> <p>How are we creating conditions where aloha is uplifted as the rule, we recognize that we do what is best for all, and we give whenever we can because if we are all doing so, it will be reciprocated? (Aunty Pilahi Paki - Akahai, Lōkahi, ‘Olu‘olu, Ha‘aha‘a, Ahonui; HRS §5-7.5 Aloha Spirit)</p>
Total Well-Being	Hawai‘i
<p>Ua ola loko i ke aloha. Love is imperative to one’s mental and physical welfare.</p> <p>Mālama au i ka no‘ono‘o, ka na‘au, ke kino a me ka pilina ‘uhane me ke aloha i pono ko‘u ola. I nurture my heart and mind, my body, and a positive spiritual relationship for a healthy life.</p> <p>How might we continue to acknowledge the need to care for our three piko on a daily basis in order to promote a true sense of holistic health?</p>	<p>‘O Hawai‘i ku‘u ‘āina kilohana. Hawai‘i is my prized place.</p> <p>Ho‘ike au i ke aloha a me ka mahalo no ko‘u ‘āina kilohana ‘o Hawai‘i nei. I show my love and appreciation for my beloved home called Hawai‘i.</p> <p>How might we help our communities realize their abundance?</p> <p>How are we uplifting the multiple stories of this place from the host culture to the multicultural societies that contribute to this place?</p> <p>How are we utilizing those stories to create relevant and meaningful learning opportunities?</p>

About Piko

Excerpts from Nā Honua Maui Ola (2nd Ed.):

The maui, or life source, stems from three distinct piko, or connections.

- **Piko ʻĪ** (commonly referred to as the fontanel or soft spot on the head) connects us to our past through our kūpuna (ancestors) who came before.
- **Piko ʻŌ**, or the umbilical cord, connects us to the present through our mākuā (parents).
- **Piko ʻĀ**, or the genital area, symbolizes the futures as our connection to those yet born.

Maintaining and developing these piko connections carries the knowledge of the past forward to serve as the foundation for the present. With a strong foundation in the present, Hawaiians are equipped to continue a cultural legacy and step confidently into the future. A sense of spirituality, family, place and legacy are maintained through these piko connections. (Kawai‘ae‘a mā, pp. 7, 36-37)

Reflecting on and Resource Mapping for Nā Hopena A'ō (HĀ) and Health Education



What do I aspire for others to sense (e.g., feel, see, hear, experience) from my school/place?

What are the conditions that support the design and implementation of meaningful learning experiences that ultimately lead to an abundant and thriving Hawai'i?

What are the gifts of my place/kaiāulu?

What are the mo'olelo (stories) I want to share/learn from my school/place?

What community resources (e.g., organizations, places, people) can be engaged to support HĀ in Health Education?

What are possible ways to support and promote health, resilience, and total well-being at my school/place?

What are the indicators that tell us BREATH is being strengthened?

What do I need to learn/seek out to strengthen BREATH for myself and others?



These reflection questions were adapted from the [HĀ Community Day Process Guide](#). Learn more about [Nā Hopena A'ō \(HĀ\)](#) and [Hawaiian Education](#).

Standards-based Health Education contributes to supporting the whole child as part of a well-rounded educational experience. Providing students with high-quality, comprehensive Health Education equips them with the skills, knowledge, and attitudes to support their strengths and interests as well as address their current and future health needs and challenges. **Health literacy is essential to students' social, emotional, mental, physical, and academic development.**

Today's Health Education reflects evidence-informed practices and the growing body of research that emphasizes:

- supporting the **health, resilience, and total well-being of the whole child** (e.g., students' social, emotional, mental, physical, and cognitive development).
- cultivating **health literacy skills** aligned to the NHES.
- building **functional knowledge** with relevant and functional information aligned to Priority Health Topics.
- strengthening students' **connections with their identities, 'ohana, and kaiāulu.**
- addressing students' strengths, interests, challenges, and needs through **interactive and social learning experiences.**
- nurturing attitudes, values, and beliefs that support health-promoting behaviors through **safe, inclusive, and caring messages and learning environments.**

Less effective Health Education often overemphasizes teaching scientific facts and increasing student knowledge.

All students need regular learning opportunities to develop and strengthen health literacy.

Health Education matters.



Healthy People 2030



Healthy People 2030 is a national effort to identify public health priorities to help individuals, organizations, and communities across the United States improve health and well-being.

Healthy People 2030 Vision

A society in which all people can achieve their full potential for health and well-being across the lifespan.

Foundational Principles

Healthy People 2030 is guided by foundational principles, including:

- the health and well-being of all people and communities is essential to a thriving, equitable society.
- promoting health and well-being and preventing disease are linked efforts that encompass physical, mental, and social health dimensions.
- investing to achieve the full potential for health and well-being for all provides valuable benefits to society.
- achieving health and well-being requires eliminating health disparities, achieving health equity, and attaining health literacy. (US DHHS ODPHP, 2020)



Learn more about [Healthy People 2030](#).

Resilience



Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. (APA, n.d.)



Learn more about factors, resources, and skills that contribute to greater [resilience](#).

Terms

'Ohana: Family

Kaiāulu: Community



Core Principles of Health Education

Develops Health Literacy Skills

Lawe i ka ma'alea a kū'ono'ono.

Take wisdom and make it deep.

'Ōlelo No'eau (Pukui, #1957)

The NHES “provide the framework for increasing positive health behaviors by teaching skills that are relevant and applicable to daily life. These, paired with accurate and developmentally appropriate information, based on student need and derived from local data, provide the context for skill development and the foundation for a comprehensive health education program” (SHAPE America, 2018).

The primary focus of high-quality standards-based Health Education curriculum, instruction, and assessments is to develop **health literacy skills** to proficiency within and across grade levels:

- Standard 1: Comprehending Concepts
- Standard 2: Analyzing Influences
- Standard 3: Accessing Resources
- Standard 4: Interpersonal Communication
- Standard 5: Decision-Making
- Standard 6: Goal-Setting
- Standard 7: Self-Management
- Standard 8: Advocacy



Health



Health is a state of complete physical, mental, and social well-being and balance within and among multiple dimensions of wellness. The dimensions of wellness include, but are not limited to, social, emotional, mental, and physical wellness. Health is more than the avoidance of risk or the absence of disease or infirmity.

(Benes & Alperin, 2022; WHO, 1946)

Health Literacy



Healthy People 2030 addresses both personal health literacy and organizational health literacy and provides the following definitions:









- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. (US DHHS ODPHP, 2020)



Learn more about [health literacy in Healthy People 2030](#), [history of health literacy definitions in Healthy People 2030](#), and [other definitions of health literacy](#).

National Health Education Standards for Grades K-12

Skills for Health, Resilience, and Total Well-Being

 <p>Standard 1: Comprehending Concepts</p>	<p>Students will comprehend concepts related to health promotion and disease prevention to enhance health.</p>
 <p>Standard 2: Analyzing Influences</p>	<p>Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behavior.</p>
 <p>Standard 3: Accessing Resources</p>	<p>Students will demonstrate the ability to access valid information, products, and services to enhance health.</p>
 <p>Standard 4: Interpersonal Communication</p>	<p>Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.</p>
 <p>Standard 5: Decision-Making</p>	<p>Students will demonstrate the ability to use decision-making skills to enhance health.</p>
 <p>Standard 6: Goal-Setting</p>	<p>Students will demonstrate the ability to use goal-setting skills to enhance health.</p>
 <p>Standard 7: Self-Management</p>	<p>Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.</p>
 <p>Standard 8: Advocacy</p>	<p>Students will demonstrate the ability to advocate for personal, family, and community health.</p>

The NHES “provide the framework for increasing positive health behaviors by teaching skills that are relevant and applicable to daily life. These, paired with accurate and developmentally appropriate information, based on student need and derived from local data, provide the context for skill development and the foundation for a comprehensive health education program” (SHAPE America, 2018).

Students are provided with regular opportunities to develop and time to practice these skills. During Health Education instruction, educators should always utilize **developmentally appropriate, trauma-sensitive, culturally responsive and sustaining, and inclusive practices** to address learner variability and reduce barriers to learning.

The following model of instruction for **health skill development** was developed from the NHES and the World Health Organization. Educators should include all five elements of this model when designing meaningful learning opportunities for students:

1. Introduce the skill by discussing the importance of the skill, its relevance, and its relationship to other learned skills.
2. Present the essential elements of the skill (i.e., skill cues).
3. Model the skill using relevant, realistic scenarios, and highlight the essential elements of the skill.
4. Practice and apply the skill using relevant, realistic scenarios, and provide opportunities for self-assessment, reflection, and feedback.

5. Strengthen the skill with opportunities to transfer and apply the skill beyond the classroom, which may include sharing and exploring new learning with others (e.g., 'ohana, friends, peers).

It is critical to ensure that students a clear understanding of what they are learning and what successful learning looks like throughout their learning experiences. Standards-based assessments for Health Education provide evidence of students' current level of performance related to health skill performance and functional knowledge acquisition. Assessments should include scenarios that students might experience in real life (e.g., at home, in school, and in the community). A variety of assessments (e.g., formative assessment, performance task, role play, advocacy campaign, and constructed response) may be used to allow all students to demonstrate what they know and are able to do in relation to the standards and performance indicators.



Builds Functional Knowledge

E lawe i ke a’o a mālama, a e ‘oi mau ka na’auao.

He who takes his teachings and applies them increases his knowledge.

‘Ōlelo No’eau (Pukui, #328)

While the primary focus of Health Education is the development of health skills, these skills must be addressed in conjunction with functional information in the context of **Priority Health Topics**. Standards-based Health Education must be age and developmentally appropriate, medically accurate, and provide factual information in all Priority Health Topics:

- Mental and Emotional Health
- Healthy Eating and Physical Activity
- Personal Health and Wellness
- Safety (Unintentional Injury Prevention)
- Violence Prevention
- Tobacco Use Prevention
- Alcohol and Other Drug Use Prevention
- Sexual Health and Responsibility



Functional information provides the context in which students learn and apply skills. It is relevant and applicable information that directly contributes to promoting their health and the health of others. This information is utilized to help students develop health skills during class.

When determining functional information that supports skill development, educators may consider asking, “What information about this topic do my students need in order to apply the skill being covered effectively?” and “When my students learn this information, how will they use it to benefit their health or the health of those around them?” (Benes & Alperin, 2022). As functional information is processed and internalized, it becomes **functional knowledge** that students can apply in real-life situations.

Determining Functional Information




Functional information is usable, applicable, and relevant. It is not arbitrary or extensive. Functional information provides context to skill development, contributes to enduring understandings, and serves as a foundation for functional knowledge.

Consider the following questions:

- What information about this topic do my students need in order to apply the skill effectively?
- What will happen if students are not presented with this information? Will they be able to apply this skill in a real-life situation?
- When my students learn this information, how will they use it to benefit their health or the health of those around them?

(Benes & Alperin, 2022)

Priority Health Topics and Descriptions

 <p>Mental and Emotional Health</p>	<p>To promote mental and emotional health, which includes expressing emotions and feelings in healthy ways, establishing and maintaining healthy relationships, preventing and managing stress and interpersonal conflict, empathizing with and taking the perspective of others, and showing acceptance of differences in others.</p>
 <p>Personal Health and Wellness</p>	<p>To promote healthy living, which includes hand washing, personal hygiene, oral health, growth and development, sun safety and skin cancer prevention, food safety, benefits of sleep and rest, ways to prevent vision and hearing loss, and the importance of health screenings and checkups.</p>
 <p>Healthy Eating and Physical Activity</p>	<p>To promote nutritious food and beverage choices and a physically active lifestyle, which includes following a nutritious eating pattern, preparing nutritious foods, drinking water, getting the recommended amounts of physical activity, and regularly engaging in activities that maintain and enhance health-related components of fitness.</p>
 <p>Safety (Unintentional Injury Prevention)</p>	<p>To promote appropriate safety rules and procedures, recognition and avoidance of risky and dangerous behaviors in a variety of situations (e.g., water, traffic, pedestrian, fire, and exercise safety), and ways to get help for injuries and sudden illnesses (e.g., trusted adults, 911, basic first aid, hands-only cardiopulmonary resuscitation (CPR)).</p>
 <p>Violence Prevention</p>	<p>To promote prosocial behavior and prevent violence (e.g., bullying, harassment, fighting, abuse, sexual violence, self-harm, suicide), which includes setting and respecting personal boundaries, managing and resolving conflict, practicing online safety, recognizing and avoiding situations where violence may occur, and getting help to prevent or stop violence.</p>
 <p>Tobacco Use Prevention</p>	<p>To promote a tobacco-free lifestyle (i.e., all forms of tobacco products, nicotine products, electronic smoking devices), which includes avoiding experimentation and use of tobacco, avoiding second-hand smoke, and supporting tobacco-free environments.</p>
 <p>Alcohol and Other Drug Use Prevention</p>	<p>To promote a healthy lifestyle that prevents and avoids the use of, misuse of, and experimentation with alcohol and other drugs (i.e., alcohol, household products, over-the-counter drugs, prescription drugs, illicit drugs).</p>
 <p>Sexual Health and Responsibility</p>	<p>To promote healthy relationships, growth, and development, which includes medically accurate and developmentally appropriate skills and content (e.g., setting and respecting personal boundaries, stages of growth and development related to puberty and adolescence, benefits of abstinence, effective communication, ways to prevent unintended pregnancy and sexually transmitted infections, human sexuality, accessing appropriate health services).</p>

Nurtures Attitudes that Support Positive Health Behaviors

'A'ohe pau ka 'ike i ka hālau ho'okāhi.

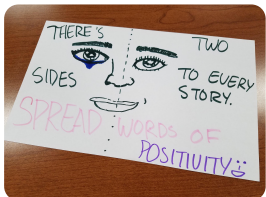
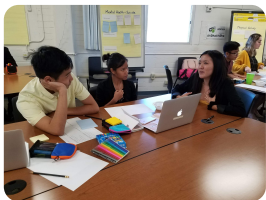
All knowledge is not taught in the same school.

One can learn from many sources.

'Ōlelo No'eau (Pukui, #203)

In addition to developing skills and functional knowledge, students have opportunities to explore and analyze **diverse mo'olelo, ideas, and influences** on health and well-being; examine their own **identities, perspectives, beliefs, and values**; and engage in learning experiences that strengthen **health-promoting attitudes** about healthy behaviors and preventing and reducing risky behaviors.

The Youth Risk Behavior Survey (YRBS) is administered in odd-numbered years to Hawai'i public school students in grades 6 through 12 to monitor priority behaviors that contribute to the leading causes of morbidity and mortality among youth and young adults (Saka, 2021). Age and developmentally appropriate use of YRBS data within Health Education classes may be used to build student interest in a health topic, challenge youth perceptions on health behaviors, and support health skill development (e.g., evaluate and analyze health information, advocate for the health of self and others). The YRBS data may also be used to identify key areas of focus for curriculum design and professional development.



Using Data with Students



Engaging students in developing and applying health literacy skills provides a powerful voice to our students.

For the advocacy standard, students can make requests to promote personal health and encourage others to make positive health choices. Students may also explore a health issue within a community, seek and design potential solutions, then advocate for the community's health.

In February 2019, the State Student Council was presented with the 2017 YRBS results, discussed the data and health issue of their choice with their peers, and shared their health-promoting message with the whole group. After this learning opportunity, students shared that this experience strengthened her motivation to improve the mental health of her peers through advocacy.

Our students value opportunities to collaborate around relevant health issues and make a positive difference for the health and total well-being of others.

"Knowing the data makes me more passionate about seeing how we can make a change and bettering the mental health of our peers. Advocacy is the very first step in making change. You are able to push for what you believe in."

"I find health education important. I was able to see the data and actually learn about something that I didn't really want to learn about but got intrigued by it. So now, it gave me a sense to think about myself and what I should do now and the future because I'm slowly trying to change myself for the better. It opened my eyes to a bigger world."

Addresses Students' Strengths, Interests, Needs, and Challenges

Ua ola loko i ke aloha.

Love gives life within.

Love is imperative to one's mental and physical welfare.

'Ōlelo No'eau (Pukui, #2836)

Health Education occurs within **inclusive and supportive learning environments** that foster a culture of learning and address the diverse learning needs of all students. A respectful and caring learning environment allows students to feel safe to share and reflect on their perspectives, interact with others, take risks to enhance their learning, and ask sensitive questions.

Educators work collaboratively to analyze **local health data and student feedback** to strengthen and refine their curriculum, instruction, and assessments.

Student-centered, interactive instructional strategies are utilized to engage students in learning health literacy skills within a social context. Examples of participatory methods include role play, large- and small-group discussions, debates, cooperative learning, problem-solving, and simulations (CDC, 2019).

Learning experiences should be designed to invite and encourage students to share their thoughts and opinions, develop critical thinking skills, and engage in creative expression (CDC, 2019).

Providing **relevant and meaningful opportunities for students to connect with their 'ohana and kaiāulu** is a critical component of Health Education. This can occur in a variety of ways, including conversations and activities for students and their 'ohana, resource mapping, 'āina-based learning, hands-on learning (e.g., taste-testing, food preparation), health-related advocacy efforts, youth participatory action research, and service learning (e.g., peer education).

Terms



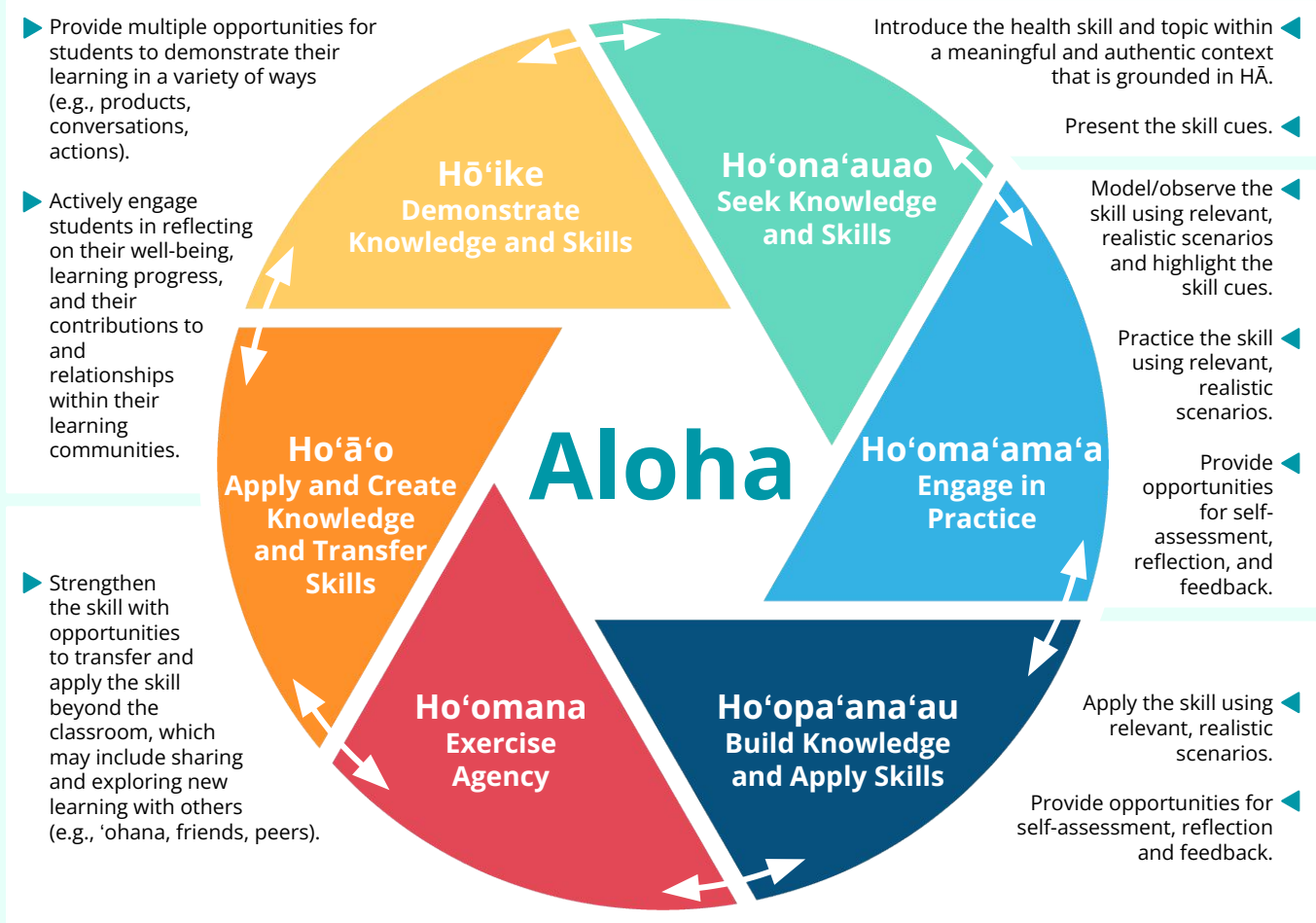
Mo'olelo: Stories

- communicates history, perspectives, experiences, and traditions of people and places
- transfers knowledge through generations
- from mo'o 'ōlelo, succession of talk

'Āina: Land; that which feeds and nourishes, including land, sea, sky, plants, and animals (Handy & Pukui, 1958/2006; Kamehameha Schools, n.d.)



Health Skill Development Through a Kaiapuni Pedagogical Lens



Excerpt from [The Foundational and Administrative Framework for Kaiapuni Education](#):

Aloha is central to the Kaiapuni pedagogy. Aloha describes the human interaction in the Kaiapuni learning community that is based on respect, tolerance, and empathy that empowers the realization of the Hawaiian processes of learning. Aloha can manifest itself in different ways, such as the hug a haumāna might give their kumu when meeting at a store to the 'o'ole'a parental voice a kumu might use to discipline haumāna. Relationships are strengthened and learning takes place through common experiences, just as they occur in the home. Kaiapuni acknowledges the values of the home and encourages families to actively engage in the learning experiences of the school environment. The bonds of 'ohana make students, teachers and staff more accountable to each other.

For Kaiapuni, the answer begins with **na'auao**, made up of two separate words: **na'au**, meaning intestines, bowels, guts; mind, heart, affections; of the heart or mind; mood, temper, feelings; and **ao**, meaning light, day, daylight, dawn; to dawn, grow light; enlightened; to regain consciousness. Together, the word becomes na'auao and is defined here as learned, enlightened, intelligent, wise; learning, knowledge, and wisdom. Na'auao, therefore, is the result of education. (HIDOE, 2015)

Additionally, the two-sided arrows (↔) represent lifelong learning and growing as learners move fluidly between the model's phases throughout their learning journey.

Ho'ona'auao	The process of becoming na'auao is ho'ona'auao. Students are set on a quest for knowledge within a learning environment in which the seeking of knowledge and skills takes place. As students internalize that there is something new to learn, they are set on a path with the end result being na'auao. When a student achieves na'auao in one concept or learning experience, it opens the door to the next journey or new learning experience.
Ho'oma'ama'a	Students have many opportunities to practice and gain confidence with new learning. As students apply new concepts or skills, they grow through their reflections on what worked, what didn't work, and what they learned. Through practice, students strengthen their self-efficacy as active participants in their own learning.
Ho'opa'ana'au	Ho'opa'ana'au is similar to the meaning of the term "memorization" but is different in that ho'opa'ana'au is more of a visceral feeling than a cognitive act. It may be echoed in the Western idiom, "Know by heart." The Hawaiian belief is that "memorization" or mastery is felt in your na'au or your gut, where feelings are held. The emotional connection for any new event is the glue that holds firm indefinitely these new learning experiences within the na'au and becomes internalized. When students ho'opa'ana'au concepts or skills (e.g., decision-making process, communication strategies, food preparation techniques, health and healing practices), the emotional connection of the student becomes the driving force to help students master and utilize the new information.
Ho'omana	Students strengthen their self-efficacy and executive functioning skills as they become equipped with new knowledge and skills through their learning experiences. Knowledge, skills, and health-promoting attitudes are the source of agency, which enables them to make healthy and responsible choices and use their voices to support individual and collective well-being. Ho'omana allows students to scaffold old experiences with new ones. It is the driving force on their path to becoming na'auao.
Ho'a'o	Learning requires that students engage in experiences that allow them to ho'a'o, or apply learning to authentic experiences. They begin to apply and create knowledge, transfer skills, and test theory through methods of observation, listening and doing, and making inferences that allow for growth as independent critical thinkers.
Hō'ike	Hō'ike means to "make visible" or to demonstrate a practice, skill, or talent. Hō'ike is a foundation for students to show mastery of knowledge and plays an important role in the assessment process. Hō'ike has taken on the western meaning of the word "test" as well. Following practice over time, when students have reached mākaukau (steps taken towards preparedness and quality or excellence), they are encouraged to hō'ike, whether it be an oral presentation or conversation, a performance or demonstration, or paper-and-pencil assessment activity.

Consider



- How might a skills-based approach to Health Education be interwoven with a Kaiapuni pedagogical process to better support students in culturally responsive and sustaining ways?
- How might the ['Āina Aloha competencies](#) be used as a tool to connect Health Education with learning experiences that are rooted in the the indigenous culture, history, and language of Hawai'i?
- How might the design of learning environments, curriculum, instruction, and assessments for Health Education be transformed to better support the health literacy and health equity of multilingual learners?



The model and the descriptions of the model's phases are adapted from [The Foundational and Administrative Framework for Kaiapuni Education](#) and the health skill development model on the previous page. Learn more about [Kaiapuni Education](#), ['Āina Aloha](#), and [Hawaiian Education](#).

CONSIDERATIONS FOR SCHOOL AND LEARNING DESIGN

CONSIDERATIONS FOR SCHOOL AND LEARNING DESIGN

Taking an Ecosystem Perspective to Connect Initiatives

‘A’ohe hana nui ke alu ‘ia.

No task is too big when done together by all.

‘Ōlelo No‘eau (Pukui, #142)

The HIDOE offers the following perspective to connect processes, programs, and people as part of an educational ecosystem to support the whole child (Excerpt from the [HIDOE Kīpuka Overview](#)):

In order for Hawai‘i’s students to reach their full potential and attain their aspirations, we must provide them with an educational ecosystem that is grounded in HĀ and takes intentional action to provide equitable access with a commitment to

supporting the whole child through a responsive multi-tiered system of support.

In Hawai‘i, a kīpuka is a preserved ecosystem of natural resources necessary for the regeneration of native forests. Hawai‘i strives to establish an educational kīpuka. This educational ecosystem is made up of processes, programs, and people that live in and interact with each other and contribute to the function and development of Nā Hopena A‘o. As with any ecosystem, the well-being of the whole system depends on the health of each component. The interconnection between each component is essential for the ecosystem to thrive.

HIDOE Kīpuka: An Ecosystem of Integrated Initiatives



We each play a key role in fostering our kīpuka and have the responsibility to use data (including the voices of all community members) to determine the health of each component and the system as a whole.

The educational ecosystem consists of the following components:

- Nā Hopena A‘o (HĀ)
- Continuous School Improvement
- Hawai‘i Multi-Tiered System of Support (HMTSS)
- A Safe and Supportive Environment
- Capacity-Building
- Engagement
- Social and Emotional Practices
- Student Success



Learn more about the [HIDOE Kīpuka](#).

Bridging HMTSS Domains and Health Education

Academic Domain	<p>Healthy students are better learners. Health Education is an essential part of a well-rounded education that supports the health, resilience, and total well-being of the whole child. High-quality, comprehensive Health Education curriculum, instruction, and assessments aligned to NHES are needed at all school levels. Health Education in pre-kindergarten is aligned to the Hawai'i Early Learning and Development Standards (HELDS).</p>
Behavioral Domain	<p>In Health Education, students develop their skills to make health-promoting decisions, establish and maintain healthy relationships, and access resources to support healthy behaviors, strengthen protective factors, and prevent and reduce risks to their health related to mental and emotional health, violence prevention, self-harm prevention, and suicide prevention. Additionally, Hawai'i's Health Education standards are used by School-Based Behavioral Health (SBBH) Specialists to guide the planning and implementation of behavior supports. SBBH Specialists also use Health Education standards to develop behavioral goals and objectives in formal interventions and Individualized Education Programs (IEPs).</p>
Social/Emotional Domain	<p>The NHES may be used as a framework for Social and Emotional Learning (SEL) instruction to students. Health literacy skills strongly and, in many instances, directly align with SEL competencies, especially when instruction focuses on healthy relationships, prosocial skills and behaviors, and mental and emotional health. It is important to note that while SEL instruction may be included as part of Health Education instruction, comprehensive Health Education addresses all NHES and Priority Health Topics. Learn more about HIDOE SEL the alignment between the NHES and CASEL competencies.</p>
Physical Domain	<p>Health Education helps students to understand the relationships between multiple dimensions of wellness (e.g., social, emotional, mental, cognitive, and physical health) across Priority Health Topics. Instruction on food, nutrition, and physical activity includes 'āina-based and culturally responsive and sustaining activities to support healthy and active lifestyles. Instruction on personal health and wellness supports personal hygiene practices, access to healthcare services, and behaviors that support growth and development. Students also develop their skills to make healthy decisions and seek help to prevent and reduce risks to their physical health, such as injuries, chronic and infectious diseases, substance use, and sexual health.</p>

Consider



- Standards-based Health Education aligned to the NHES is an essential component in Tier 1 across all domains. The NHES can also inform supports and services for Tiers 2 and 3. How might the NHES further contribute to schoolwide efforts to support students' health, resilience, and total well-being?
- How does Health Education contribute to the health literacy and health equity of students, staff, and communities across Hawai'i?
- How might students develop their health literacy through dedicated Health Education instruction, health integration with other content areas, and schoolwide health and wellness promotion (e.g., healthy messages, activities, and role models across campus)?



Learn more about [HIDOE HMTSS](#).

Designing and Refining Health Education

E kuhikuhi pono i na au iki a me na au nui o ka 'ike.

Instruct well in the little and the large currents of knowledge.

In teaching, do it well; the small details are as important as the large ones.

'Ōlelo No'eau (Pukui, #325)

Healthy students are better learners with improved academic performance (i.e., class grades, standardized tests, graduation rates), education behaviors (i.e., attendance, drop out rates, behavioral problems at school), and cognitive skills and attitudes (i.e., concentration, memory, mood). We also know that educated individuals are better equipped to support their health and the health of others (Ad Hoc Committee, 1999; CDC, 2021; Michael, 2015).

Intentionally designed Health Education supports the whole child in cultivating their self-efficacy, executive functioning skills, and health literacy. These skills contribute to the health, resilience, and total well-being of the whole child and their social, emotional, mental, physical, and cognitive development.

Schools and educators should consider the following as they plan and implement Health Education:

- Learning experiences are engaging and authentic.
- Assessments are relevant to health literacy development.
- Students have opportunities to strengthen their connections with people, places, and resources.
- High quality instructional materials are used.
- Written plans are regularly reviewed and updated.
- Adequate instructional time is scheduled and provided to all students.
- Resources are dedicated for educator collaboration and professional development.
- A health-promoting school culture is cultivated and embraced by all staff.

Executive Function and Self-Regulation



Harvard University's Center on the Developing Child provides the following information about executive function & self-regulation:

When children have opportunities to develop executive function and self-regulation skills, individuals and society experience lifelong benefits. These skills are crucial for learning and development. They also enable positive behavior and allow us to make healthy choices for ourselves and our families.

Executive function and self-regulation skills depend on three types of brain function: working memory, mental flexibility, and self-control. These functions are highly interrelated, and the successful application of executive function skills requires them to operate in coordination with each other.

- **Working memory** governs our ability to retain and manipulate distinct pieces of information over short periods of time.
- **Mental flexibility** helps us to sustain or shift attention in response to different demands or to apply different rules in different settings.
- **Self-control** enables us to set priorities and resist impulsive actions or responses. (Harvard University, n.d.)



Learn more about [executive function and self-regulation](#).



Designing and Refining Health Education

Considerations	Things to Look For	Things to Avoid
Learning experiences are engaging and authentic.	<ul style="list-style-type: none"> • Students learn, practice, and apply health skills in conjunction with health concepts through relevant, realistic scenarios and contexts. • Functional information is used to support health skill development. • Students learn and interact in a variety of ways to develop health skills and knowledge (e.g., speaking, listening, reading, writing, observing, demonstrating). • Students provide feedback on their learning experiences. • Educators proactively plan and adjust their instruction to address learner variability and reduce barriers to learning. 	<ul style="list-style-type: none"> • A mismatch between the activities and real-life use of skills • Instruction that overemphasizes knowledge acquisition • Lack of opportunities for students to provide feedback to educators on their learning experiences
Assessments are relevant to health literacy development.	<ul style="list-style-type: none"> • The curriculum, instruction, and assessments are aligned to NHES performance indicators. • Students demonstrate their learning in a variety of ways (e.g., products, conversations, actions). • Students have a voice and are offered opportunities to personalize their learning. • Students actively engage in self-assessments, reflection, and peer feedback opportunities. • Students and teachers use assessments to monitor progress and adjust as needed. 	<ul style="list-style-type: none"> • A mismatch between the NHES performance indicators, curriculum, instruction, and assessments • Limited variety of ways for students to demonstrate their learning • Lack of student self-assessment, reflection, and peer feedback opportunities
Students have opportunities to strengthen their connections with people, places, and resources.	<ul style="list-style-type: none"> • Educators and students cultivate learning environments that are safe, inclusive, and caring. • Students have opportunities to strengthen their connections with trusted and caring people (e.g., family, friends, peers, school staff). • Students use valid, reliable, and accessible resources within the school and community. • Families and communities are informed, invited, and engaged as active partners. • Materials and resources include representation from multiple perspectives, identities, and experiences that reflect the students in the community as well as other perspectives, identities, and experiences. 	<ul style="list-style-type: none"> • Instruction that is not relevant to the students and community context • Learning that is isolated to the classroom • Lack of opportunities for students to connect with trusted and caring people • Lack of opportunities for students to connect with valid, reliable, and accessible resources within their school and community • Limited access to resources within the school and community
High quality instructional materials are used.	<ul style="list-style-type: none"> • Instructional materials are regularly reviewed and updated. • Instructional materials promote healthy behaviors and strengthen skill development with age and developmentally appropriate, medically accurate, and factual information as well as safe, healthy, and inclusive messages. • Health Education instructional materials (including SEL resources) are readily available to educators. 	<ul style="list-style-type: none"> • A topic-of-the-day or skill-of-the-day approach • Out-of-date instructional materials • Use of fear-based, shame-based, and unsafe messaging and tactics, which are unacceptable practices

Considerations	Things to Look For	Things to Avoid
<p>Written plans are regularly reviewed and updated (e.g., scope and sequence, unit plans).</p>	<ul style="list-style-type: none"> • All NHES Performance Indicators and Priority Health Topics are included in a clearly written scope and sequence for each grade span. • The teaching and learning are scaffolded over the year/course. • Data are analyzed to prioritize areas of focus for strengthening protective factors and reducing risk behaviors. • The Health Education program addresses relevant policies, guidelines, and requirements (refer to pages 85-87). • Curricular decisions are made with current data, information, and feedback. 	<ul style="list-style-type: none"> • Curriculum and instruction that bounces around topics or skills frequently • Curriculum that is too broad or general to help students deepen their skills and knowledge within and across grade spans • Curricular decisions that are made without current data, information, and feedback
<p>Adequate instructional time is scheduled and provided to all students. (The HIDOE Wellness Guidelines provide the minimum required instructional minutes for Health Education in HIDOE schools.)</p>	<ul style="list-style-type: none"> • The minimum requirements for Health Education instructional minutes are met or exceeded. • Regular instructional minutes for Health Education are scheduled. • The provided instructional minutes are adequate for supporting students' health, resilience, and total well-being. • A majority of the time and activities are spent on skill practice and application. 	<ul style="list-style-type: none"> • Health Education instructional time that occurs occasionally or is not included in class schedules • Insufficient instructional time to help students to develop health skills and knowledge
<p>Resources are dedicated for educator collaboration and professional development.</p>	<ul style="list-style-type: none"> • Educators have opportunities to collaborate with other educators and school staff. • Beginning and veteran educators have access to up-to-date resources, professional development, and supports that advance their self-efficacy and teaching practices. • Student and staff wellness is prioritized. 	<ul style="list-style-type: none"> • Lack of resources and support, including time and funds, for educator collaboration and professional development • The use of videos, activity books, guest speakers, and assemblies to supplant high quality standards-based Health Education instruction • Educators working in isolation
<p>A health-promoting school culture is cultivated and embraced by all staff. (HIDOE schools must follow the HIDOE Wellness Guidelines.)</p>	<ul style="list-style-type: none"> • Schools have an active, ongoing wellness committee. • Staff receive annual professional development on wellness guidelines. • Health Education is integrated with other content areas as appropriate. • Health-promoting messages and activities are reinforced across the school environment (e.g., foods, beverages, and school-based marketing meet the Nutrition Guidelines; food is not used as a reward or punishment; physical activity is not used or withheld as a negative consequence; physical activity breaks are provided at least every 60 minutes). • School staff are role models for wellness (e.g., engaging in and enjoying healthy behaviors). 	<ul style="list-style-type: none"> • Lack of an active, ongoing school wellness committee • Messages and activities that conflict with health promotion efforts are posted and communicated on school campuses (e.g., foods, beverages, and school-based marketing do not meet the Nutrition Guidelines; food is used as a reward or punishment; physical activity is used or withheld as a negative consequence; physical activity breaks are not provided at least every 60 minutes)

The **‘ōlelo no‘eau** featured throughout this document assist with conveying the core principles of Health Education in Hawai‘i and the importance of providing students with learning opportunities that strengthen their current and future health, resilience, and total well-being as health literate individuals. Our keiki and ‘ōpio can grow and thrive as lifelong learners through meaningful learning experiences and with the support of caring adults, peers, and communities. Together we can make a difference for Hawai‘i’s health, today and tomorrow.

E Ola Pono. E Mālama I Nā Piko.
Live Pono. Nurture Thriving Connections.

Learning Design for Health



Learn more and explore [Learning Design for Health](#) for additional information and resources.

Consider



- What are characteristics of effective, standards-based Health Education curriculum, instruction, and assessments?
- What are conditions for safe, inclusive, and caring learning environments that support all learners and educators?
- How do these characteristics and conditions look, sound, and feel in action for learners and educators?

Terms



‘Ōlelo No‘eau: Hawaiian proverbs and poetical sayings

Keiki: Child, offspring, descendant

‘Ōpio: Youth, juvenile

Ola: Life, health, well-being; to live; to heal and thrive

Pono: Completely, properly, rightly, well

Mālama: To take care of, tend, attend, care for, preserve, protect

ORGANIZATION OF THE NATIONAL HEALTH EDUCATION STANDARDS

ORGANIZATION OF THE NATIONAL HEALTH EDUCATION STANDARDS

The following “Organization of National Health Education Standards” section was adapted from the Joint Committee on National Health Education Standards. (2007). *National health education standards: Achieving excellence* (2nd ed.). Athens, GA: The American Cancer Society.

Standards

Standard 1 includes the comprehension of core health concepts and underlying principles of health promotion and disease prevention. Standards 2 through 8 include key processes and skills that are applicable to healthy living. These include analyzing the impact of family, peers, culture, media, and technology on health behaviors; knowing how to access valid health information, products, and services; using interpersonal communication, decision-making, goal-setting, and advocacy skills; and enacting personal health-enhancing practices.

Rationale Statements

A rationale statement is provided for each standard. The rationale describes the importance of each standard and is intended to provide additional clarity, direction, and understanding.

Performance Indicators

Performance indicators are provided for each of the standards and organized by following grade spans: kindergarten to grade 2, grades 3 to 5, grades 6 to 8, and grades 9 to 12. Each performance indicator is introduced by this stem: “As a result of health instruction in [*grade span*], students will be able to . . .” The performance indicators are meant to be achieved by the end of the grade span in which they are identified.

Because learning best occurs when students perform at all levels of the cognitive domain, the performance indicators encompass application, analysis, synthesis, and evaluation, as well as knowledge and comprehension. All students can learn at the higher levels of the cognitive domain through the use of developmentally appropriate concepts and learning activities.

Performance indicators are also intended to be used in assessing student learning. Student achievement of all performance indicators specified for each standard supports the successful attainment of that standard, ultimately increasing the likelihood that students will adopt and maintain healthy behaviors to meet current and future health needs and challenges.

Each performance indicator is assigned a code as an aid for identifying its place in relation to the entire document and as a placeholder for database purposes. By convention, the code consists of three positions, each separated by a decimal point (e.g., NHES.1.5.1).

Reading the Code



Example: NHES.1.5.1

NHES.**1**.5.1 = Standard Number (Standard 1: Comprehending Concepts)

NHES.1.**5**.1 = Grade Span (Highest grade level in the grade span for grades 3 to 5)

NHES.1.5.**1** = Performance Indicator (1st listed performance indicator for this standard and grade span)

Standard 1: Comprehending Concepts



Standard	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
Rationale	The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviors among youth. This standard includes essential concepts that are based on established health behavior theories and models. Concepts that focus on both health promotion and risk reduction are included in the performance indicators.

Standard 2: Analyzing Influences



Standard	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
Rationale	Health is affected by a variety of positive and negative influences within society. This standard focuses on identifying and understanding the diverse internal and external factors that influence health practices and behaviors among youth, including personal values, beliefs, and perceived norms.

Standard 3: Accessing Resources



Standard	Students will demonstrate the ability to access valid information, products, and services to enhance health.
Rationale	Access to valid health information and health-promoting products and services is critical in the prevention, early detection, and treatment of health problems. This standard focuses on how to identify and access valid health resources and how to reject unproven sources. Application of the skills of analysis, comparison, and evaluation of health resources empowers students to achieve health literacy.

Standard 4: Interpersonal Communication



Standard	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
Rationale	Effective communication enhances personal, family, and community health. This standard focuses on how responsible individuals use verbal and nonverbal skills to develop and maintain healthy personal relationships. The ability to organize and convey information and feelings is the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

Standard 5: Decision-Making



Standard	Students will demonstrate the ability to use decision-making skills to enhance health.
Rationale	Decision-making skills are needed to identify, implement, and sustain health-enhancing behaviors. This standard includes the essential steps that are needed to make healthy decisions as prescribed in the performance indicators. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve their quality of life.

Standard 6: Goal-Setting



Standard	Students will demonstrate the ability to use goal-setting skills to enhance health.
Rationale	Goal-setting skills are essential to help students identify, adopt, and maintain healthy behaviors. This standard includes the critical steps that are needed to achieve both short-term and long-term health goals. These skills make it possible for individuals to have aspirations and plans for the future.

Standard 7: Self-Management



Standard	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
Rationale	Research confirms that the practice of health-enhancing behaviors can contribute to a positive quality of life. In addition, many diseases and injuries can be prevented by reducing harmful and risk-taking behaviors. This standard promotes the acceptance of personal responsibility for health and encourages the practice of healthy behaviors.

Standard 8: Advocacy



Standard	Students will demonstrate the ability to advocate for personal, family, and community health.
Rationale	Advocacy skills help students promote healthy norms and healthy behaviors. This standard helps students develop important skills to target their health-enhancing messages and to encourage others to adopt healthy behaviors.

The background is a solid teal color with a pattern of large, overlapping green leaves, possibly nasturtium, which are slightly out of focus and have a soft, ethereal appearance.

NATIONAL HEALTH EDUCATION STANDARDS

LISTED BY STANDARD

English

National Health Education Standards: Achieving Excellence
Standard 1: Comprehending Concepts



Standard	Students will comprehend concepts related to health promotion and disease prevention to enhance health.	
Grade Spans	Performance Indicators for Comprehending Concepts	
Grades K-2	NHES.1.2.1 NHES.1.2.2 NHES.1.2.3 NHES.1.2.4 NHES.1.2.5	Identify that healthy behaviors affect personal health. Recognize that there are multiple dimensions of health. Describe ways to prevent communicable diseases. List ways to prevent common childhood injuries. Describe why it is important to seek health care.
Grades 3-5	NHES.1.5.1 NHES.1.5.2 NHES.1.5.3 NHES.1.5.4 NHES.1.5.5	Describe the relationship between healthy behaviors and personal health. Identify examples of emotional, intellectual, physical, and social health. Describe ways in which safe and healthy school and community environments can promote personal health. Describe ways to prevent common childhood injuries and health problems. Describe when it is important to seek health care.
Grades 6-8	NHES.1.8.1 NHES.1.8.2 NHES.1.8.3 NHES.1.8.4 NHES.1.8.5 NHES.1.8.6 NHES.1.8.7 NHES.1.8.8 NHES.1.8.9	Analyze the relationship between healthy behaviors and personal health. Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence. Analyze how the environment affects personal health. Describe how family history can affect personal health. Describe ways to reduce or prevent injuries and other adolescent health problems. Explain how appropriate health care can promote personal health. Describe the benefits of and barriers to practicing healthy behaviors. Examine the likelihood of injury or illness if engaging in unhealthy behaviors. Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.

Grade Spans	Performance Indicators for Comprehending Concepts	
Grades 9-12	NHES.1.12.1	Predict how healthy behaviors can affect health status.
	NHES.1.12.2	Describe the interrelationships of emotional, intellectual, physical, and social health.
	NHES.1.12.3	Analyze how environment and personal health are interrelated.
	NHES.1.12.4	Analyze how genetics and family history can affect personal health.
	NHES.1.12.5	Propose ways to reduce or prevent injuries and health problems.
	NHES.1.12.6	Analyze the relationship between access to health care and health status.
	NHES.1.12.7	Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.
	NHES.1.12.8	Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.
	NHES.1.12.9	Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.

National Health Education Standards: Achieving Excellence
Standard 2: Analyzing Influences



Standard	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.	
Grade Spans	Performance Indicators for Analyzing Influences	
Grades K-2	NHES.2.2.1 NHES.2.2.2 NHES.2.2.3	Identify how the family influences personal health practices and behaviors. Identify what the school can do to support personal health practices and behaviors. Describe how the media can influence health behaviors.
Grades 3-5	NHES.2.5.1 NHES.2.5.2 NHES.2.5.3 NHES.2.5.4 NHES.2.5.5 NHES.2.5.6	Describe how the family influences personal health practices and behaviors. Identify the influence of culture on health practices and behaviors. Identify how peers can influence healthy and unhealthy behaviors. Describe how the school and community can support personal health practices and behaviors. Explain how media influences thoughts, feelings, and health behaviors. Describe ways that technology can influence personal health.
Grades 6-8	NHES.2.8.1 NHES.2.8.2 NHES.2.8.3 NHES.2.8.4 NHES.2.8.5 NHES.2.8.6 NHES.2.8.7 NHES.2.8.8 NHES.2.8.9 NHES.2.8.10	Examine how the family influences the health of adolescents. Describe the influence of culture on health beliefs, practices, and behaviors. Describe how peers influence healthy and unhealthy behaviors. Analyze how the school and community can affect personal health practices and behaviors. Analyze how messages from media influence health behaviors. Analyze the influence of technology on personal and family health. Explain how the perceptions of norms influence healthy and unhealthy behaviors. Explain the influence of personal values and beliefs on individual health practices and behaviors. Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. Explain how school and public health policies can influence health promotion and disease prevention.

Grade Spans	Performance Indicators for Analyzing Influences	
Grades 9-12	NHES.2.12.1	Analyze how the family influences the health of individuals.
	NHES.2.12.2	Analyze how the culture supports and challenges health beliefs, practices, and behaviors.
	NHES.2.12.3	Analyze how peers influence healthy and unhealthy behaviors.
	NHES.2.12.4	Evaluate how the school and community can affect personal health practice and behaviors.
	NHES.2.12.5	Evaluate the effect of media on personal and family health.
	NHES.2.12.6	Evaluate the impact of technology on personal, family, and community health.
	NHES.2.12.7	Analyze how the perceptions of norms influence healthy and unhealthy behaviors.
	NHES.2.12.8	Analyze the influence of personal values and beliefs on individual health practices and behaviors.
	NHES.2.12.9	Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.
	NHES.2.12.10	Analyze how public health policies and government regulations can influence health promotion and disease prevention.

National Health Education Standards: Achieving Excellence
Standard 3: Accessing Resources



Standard	Students will demonstrate the ability to access valid information, products, and services to enhance health.	
Grade Spans	Performance Indicators for Accessing Resources	
Grades K-2	NHES.3.2.1	Identify trusted adults and professionals who can help promote health.
	NHES.3.2.2	Identify ways to locate school and community health helpers.
Grades 3-5	NHES.3.5.1	Identify characteristics of valid health information, products, and services.
	NHES.3.5.2	Locate resources from home, school, and community that provide valid health information.
Grades 6-8	NHES.3.8.1	Analyze the validity of health information, products, and services.
	NHES.3.8.2	Access valid health information from home, school, and community.
	NHES.3.8.3	Determine the accessibility of products that enhance health.
	NHES.3.8.4	Describe situations that may require professional health services.
	NHES.3.8.5	Locate valid and reliable health products and services.
Grades 9-12	NHES.3.12.1	Evaluate the validity of health information, products, and services.
	NHES.3.12.2	Use resources from home, school, and community that provide valid health information.
	NHES.3.12.3	Determine the accessibility of products and services that enhance health.
	NHES.3.12.4	Determine when professional health services may be required.
	NHES.3.12.5	Access valid and reliable health products and services.

National Health Education Standards: Achieving Excellence
Standard 4: Interpersonal Communication



Standard	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	
Grade Spans	Performance Indicators for Interpersonal Communication	
Grades K-2	NHES.4.2.1	Demonstrate healthy ways to express needs, wants, and feelings.
	NHES.4.2.2	Demonstrate listening skills to enhance health.
	NHES.4.2.3	Demonstrate ways to respond when in an unwanted, threatening, or dangerous situation.
	NHES.4.2.4	Demonstrate ways to tell a trusted adult if threatened or harmed.
Grades 3-5	NHES.4.5.1	Demonstrate effective verbal and nonverbal communication skills to enhance health.
	NHES.4.5.2	Demonstrate refusal skills that avoid or reduce health risks.
	NHES.4.5.3	Demonstrate nonviolent strategies to manage or resolve conflict.
	NHES.4.5.4	Demonstrate how to ask for assistance to enhance personal health.
Grades 6-8	NHES.4.8.1	Apply effective verbal and nonverbal communication skills to enhance health.
	NHES.4.8.2	Demonstrate refusal and negotiation skills that avoid or reduce health risks.
	NHES.4.8.3	Demonstrate effective conflict management or resolution strategies.
	NHES.4.8.4	Demonstrate how to ask for assistance to enhance the health of self and others.
Grades 9-12	NHES.4.12.1	Use skills for communicating effectively with family, peers, and others to enhance health.
	NHES.4.12.2	Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
	NHES.4.12.3	Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.
	NHES.4.12.4	Demonstrate how to ask for and offer assistance to enhance the health of self and others.

National Health Education Standards: Achieving Excellence
Standard 5: Decision-Making



Standard	Students will demonstrate the ability to use decision-making skills to enhance health.	
Grade Spans	Performance Indicators for Decision-Making	
Grades K-2	NHES.5.2.1	Identify situations when a health-related decision is needed.
	NHES.5.2.2	Differentiate between situations when a health-related decision can be made individually or when assistance is needed.
Grades 3-5	NHES.5.5.1	Identify health-related situations that might require a thoughtful decision.
	NHES.5.5.2	Analyze when assistance is needed in making a health-related decision.
	NHES.5.5.3	List healthy options to health-related issues or problems.
	NHES.5.5.4	Predict the potential outcomes of each option when making a health-related decision.
	NHES.5.5.5	Choose a healthy option when making a decision.
	NHES.5.5.6	Describe the outcomes of a health-related decision.
Grades 6-8	NHES.5.8.1	Identify circumstances that can help or hinder healthy decision-making.
	NHES.5.8.2	Determine when health-related situations require the application of a thoughtful decision-making process.
	NHES.5.8.3	Distinguish when individual or collaborative decision-making is appropriate.
	NHES.5.8.4	Distinguish between healthy and unhealthy alternatives to health-related issues or problems.
	NHES.5.8.5	Predict the potential short-term impact of each alternative on self and others.
	NHES.5.8.6	Choose healthy alternatives over unhealthy alternatives when making a decision.
	NHES.5.8.7	Analyze the outcomes of a health-related decision.
Grades 9-12	NHES.5.12.1	Examine barriers that can hinder healthy decision-making.
	NHES.5.12.2	Determine the value of applying a thoughtful decision-making process in health-related situations.
	NHES.5.12.3	Justify when individual or collaborative decision making is appropriate.
	NHES.5.12.4	Generate alternatives to health-related issues or problems.
	NHES.5.12.5	Predict the potential short-term and long-term impact of each alternative on self and others.
	NHES.5.12.6	Defend the healthy choice when making decisions.
	NHES.5.12.7	Evaluate the effectiveness of health-related decisions.

National Health Education Standards: Achieving Excellence
Standard 6: Goal-Setting



Standard	Students will demonstrate the ability to use goal-setting skills to enhance health.	
Grade Spans	Performance Indicators for Goal-Setting	
Grades K-2	NHES.6.2.1	Identify a short-term personal health goal and take action toward achieving the goal.
	NHES.6.2.2	Identify who can help when assistance is needed to achieve a personal health goal.
Grades 3-5	NHES.6.5.1	Set a personal health goal and track progress toward its achievement.
	NHES.6.5.2	Identify resources to assist in achieving a personal health goal.
Grades 6-8	NHES.6.8.1	Assess personal health practices.
	NHES.6.8.2	Develop a goal to adopt, maintain, or improve a personal health practice.
	NHES.6.8.3	Apply strategies and skills needed to attain a personal health goal.
	NHES.6.8.4	Describe how personal health goals can vary with changing abilities, priorities, and responsibilities.
Grades 9-12	NHES.6.12.1	Assess personal health practices and overall health status.
	NHES.6.12.2	Develop a plan to attain a personal health goal that addresses strengths, needs, and risks.
	NHES.6.12.3	Implement strategies and monitor progress in achieving a personal health goal.
	NHES.6.12.4	Formulate an effective long-term personal health plan.

National Health Education Standards: Achieving Excellence
Standard 7: Self-Management



Standard	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	
Grade Spans	Performance Indicators for Self-Management	
Grades K-2	NHES.7.2.1	Demonstrate healthy practices and behaviors to maintain or improve personal health.
	NHES.7.2.2	Demonstrate behaviors that avoid or reduce health risks.
Grades 3-5	NHES.7.5.1	Identify responsible personal health behaviors.
	NHES.7.5.2	Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health.
	NHES.7.5.3	Demonstrate a variety of behaviors that avoid or reduce health risks.
Grades 6-8	NHES.7.8.1	Explain the importance of assuming responsibility for personal health behaviors.
	NHES.7.8.2	Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.
	NHES.7.8.3	Demonstrate behaviors that avoid or reduce health risks to self and others.
Grades 9-12	NHES.7.12.1	Analyze the role of individual responsibility in enhancing health.
	NHES.7.12.2	Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
	NHES.7.12.3	Demonstrate a variety of behaviors that avoid or reduce health risks to self and others.

National Health Education Standards: Achieving Excellence
Standard 8: Advocacy



Standard	Students will demonstrate the ability to advocate for personal, family, and community health.	
Grade Spans	Performance Indicators for Advocacy	
Grades K-2	NHES.8.2.1	Make requests to promote personal health.
	NHES.8.2.2	Encourage peers to make positive health choices.
Grades 3-5	NHES.8.5.1	Express opinions and give accurate information about health issues.
	NHES.8.5.2	Encourage others to make positive health choices.
Grades 6-8	NHES.8.8.1	State a health-enhancing position on a topic and support it with accurate information.
	NHES.8.8.2	Demonstrate how to influence and support others to make positive health choices.
	NHES.8.8.3	Work cooperatively to advocate for healthy individuals, families, and schools.
	NHES.8.8.4	Identify ways in which health messages and communication techniques can be altered for different audiences.
Grades 9-12	NHES.8.12.1	Utilize accurate peer and societal norms to formulate a health-enhancing message.
	NHES.8.12.2	Demonstrate how to influence and support others to make positive health choices.
	NHES.8.12.3	Work cooperatively as an advocate for improving personal, family, and community health.
	NHES.8.12.4	Adapt health messages and communication techniques to a specific target audience.

The background is a solid teal color with a pattern of large, overlapping green leaves, possibly from a plant like a nasturtium, which are slightly out of focus and have a soft, ethereal appearance.

NATIONAL HEALTH EDUCATION STANDARDS

LISTED BY STANDARD
‘Ōlelo Hawai‘i



Ana A’o	E pa’a i nā haumāna he mau mana’o e pili ana i ka paipai ‘ana i ke olakino pono me ka pale ‘ana i ka ma’i e pono ai ke ola pono.	
Nā Pae Papa	Nā Ana Ho’ohālikelike no nā Mana’o Ho’omaopopo	
Papa M-2	NHES.1.2.1 NHES.1.2.2 NHES.1.2.3 NHES.1.2.4 NHES.1.2.5	Hō’oia i nā hana e pono ai ke olakino o ke kanaka. ‘I’ike a ho’omaopopo he mau ‘ao’ao like ‘ole nō o ke olakino. Ho’ākāka i nā hana e hō’alo ai i nā ma’i e ili ai. Ho’ohelu i nā hana e hō’alo ai i ka ‘eha o kamali’i. Ho’ākāka i ke kumu o ka mea nui o ka ‘imi ‘ana i ke kōkua no ke ola kino.
Papa 3-5	NHES.1.5.1 NHES.1.5.2 NHES.1.5.3 NHES.1.5.4 NHES.1.5.5	Ho’ākāka i ka pili ma waena o nā hana kūpono no ke olakino a me kou olakino. Hō’oia i ka ho’ohālike ‘ana no ka na’au pono, ka no’ono’o pono, ke olakino pono, a me ka pono o ka launa kanaka ‘ana. Ho’ākāka i nā hana e paipai ai ke kula a me ke kaiāulu palekana a ola pono i kou olakino maika’i. Ho’ākāka i nā hana e hō’alo ai i ka ‘eha o ke keiki a me ka pilikia o ke olakino. Ho’ākāka no ka wā kūpono loa e ‘imi ai i ke kōkua no ke olakino.
Papa 6-8	NHES.1.8.1 NHES.1.8.2 NHES.1.8.3 NHES.1.8.4 NHES.1.8.5 NHES.1.8.6 NHES.1.8.7 NHES.1.8.8 NHES.1.8.9	Kālailai i ka pilina ma waena o nā hana kūpono no ke olakino a me kou olakino pono’ī. Ho’ākāka i ka pilina ma waena o ke kūlana ha’awina o ka na’au, ka no’ono’o ‘ana, ke olakino, a me ka pono o ka launa kanaka ‘ana ma waena o nā ‘ōpio. Kālailai i ka pilina o kahi e noho ai i ke olakino. Hō’ākāka i ka pilina o ka mō’aukala ‘ohana i ke olakino pono’ī. Ho’ākāka i nā hana e ho’ēmi a hō’alo ai i ka mea e ‘eha ai ke kino me ka pilikia o ke olakino o nā ‘ōpio. Wehewehe mōakāka i ka mālama pono ‘ana i ke olakino a me ke ko’iko’i o ia hana no ke olakino pono’ī. Hō’ākāka i ka pono a me nā ālaina no ka hana olakino. No’ono’o i ka pahiki o ka pilikia olakino inā kūpono ‘ole ka hana. No’ono’o i ka nui o ka pilikia olakino inā kūpono ‘ole ka hana.

Nā Pae Papa	Nā Ana Ho'ohālikelike no nā Mana'o Ho'omaopopo	
Papa 9-12	NHES.1.12.1	Koho i ka ho'ohuli 'ana o ka hana kūpono no ke olakino i kou kūlana olakino.
	NHES.1.12.2	Wehewehe i ka pilina ma waena o ke kūlana ha'awina o ka na'au, ka no'ono'o 'ana, ke olakino, a me ka pono o ka launa kanaka 'ana.
	NHES.1.12.3	Kālailai i ka pilina ma waena o kahi e noho ai ke kanaka a me ke olakino.
	NHES.1.12.4	Kālailai i ka ho'ohuli 'ana i ke kālaiōewe a me ka mō'aukala olakino o ka 'ohana i kou olakino.
	NHES.1.12.5	Hāpai i kekahi mau mana'o e ho'ēmi ai a e hō'alo ai i ka 'eha o ke kino me ka pilikia o ke olakino.
	NHES.1.12.6	Kālailai i ka pilina ma waena o ka mea e lapa'au 'ia ai ke olakino a me ke kūlana o kou olakino.
	NHES.1.12.7	Ho'ohālikelike i ka mea like me ka mea 'oko'a o nā pono me nā mea ālailai ma ka hana 'ana i nā hana like 'ole i kūpono no ke olakino.
	NHES.1.12.8	Kālailai i ka mea e 'eha ai ke kino, ma'i a make paha ke hana i ka hana kūpono 'ole no ke olakino.
	NHES.1.12.9	Kālailai i ka mea e ko'iko'i ai ka 'eha o ke kino a i 'ole ma'i ke hana i ka hana kūpono 'ole no ke olakino.



Ana A’o	E kālailai nā haumāna i ka ho’ohuli mana’o o ka ‘ohana, nā hoaloha, ka nohona, nā ‘oihana, ka pāpaho, ka ‘enehana, a me nā mea ‘ē a’ē i ke olakino.	
Nā Pae Papa	Nā Ana Ho’ohālikelike no ke Kālailai Ho’ohuli Mana’o	
Papa M-2	NHES.2.2.1 NHES.2.2.2 NHES.2.2.3	Hō’oia i ka ho’ohuli mana’o o ka ‘ohana i kāu mau hana no ke olakino. Hō’oia i ka hana a ke kula e kōkua ai i nā hana no ke olakino. Ho’ākāka i ka ho’ohuli mana’o ‘ana o ka pāpaho i ke olakino.
Papa 3-5	NHES.2.5.1 NHES.2.5.2 NHES.2.5.3 NHES.2.5.4 NHES.2.5.5 NHES.2.5.6	Ho’ākāka i ka ho’ohuli mana’o ‘ana o ka ‘ohana i kāu mau hana e pili ana i kou olakino. Hō’oia i ka hana o ka mo’omeheu e ho’ohuli mana’o ai i nā hana e pili ana i ke olakino. Hō’oia i ka ho’ohuli mana’o ‘ana o nā hoa i kāu mau hana kūpono a kūpono ‘ole. Ho’ākāka i ka hana a ke kula me kaiāulu e kāko’o ai i kāu mau hana no ke olakino. Wehewehe moākāka i ka ho’ohuli mana’o ‘ana o ka pāpaho i kou no’ono’o ‘ana, kou na’au, a me kāu mau hana no ke olakino. Ho’ākāka i ka hana o ka ‘enehana e ho’ohuli mana’o ai i kou olakino.
Papa 6-8	NHES.2.8.1 NHES.2.8.2 NHES.2.8.3 NHES.2.8.4 NHES.2.8.5 NHES.2.8.6 NHES.2.8.7 NHES.2.8.8 NHES.2.8.9 NHES.2.8.10	No’ono’o i ka ho’ohuli mana’o ‘ana o ka ‘ohana i ke olakino o nā ‘ōpio. Hō’ākaka i ka ho’ohuli mana’o ‘ana o ka mo’omeheu i nā hana no ke olakino. Ho’ākaka i ka ho’ohuli mana’o ‘ana o nā hoa i kāu mau hana kūpono a kūpono ‘ole no ke olakino. Kālailai i ka ho’ohuli mana’o ‘ana o ke kula a me ke kaiāulu i ka hopena o kāu mau hana e pili ana i kou olakino. Kālailai i ka ho’ohuli mana’o ‘ana o nā ‘ōlelo ho’olaha o ka pāpaho i kāu mau hana no ke olakino. Kālailai i ka ho’ohuli mana’o ‘ana o ka ‘enehana i kāu mau hana me nā hana a kou ‘ohana no ke olakino. Wehewehe i ka ho’ohuli mana’o ‘ana o ka ‘ike kaiāulu ma’amau i ka hana kūpono a kūpono ‘ole no ke olakino. Wehewehe moākāka i ka ho’ohuli mana’o ‘ana o nā mana’o’i’o ‘ana o ka lehulehu i nā hana e pili ana i ke olakino. Hō’ākaka i ka ho’ohuli mana’o ‘ana o ka hana kūpono ‘ole a kekahi i ka hana a kekahi aku. Wehewehe mōākāka i ka ho’ohuli mana’o ‘ana o ke kulekele olakino kula me ka lehulehu i ke olakino maika’i me ka hō’alo ‘ana i ka ‘i.

Nā Pae Papa	Nā Ana Ho'ohālikelike no ke Kālailai Ho'ohuli Mana'o	
Papa 9-12	NHES.2.12.1	Kālailai i ka ho'ohuli mana'o 'ana o ka 'ohana i ke olakino o nā kānaka.
	NHES.2.12.2	Kālailai i ke kāko'o 'ana a me nā ālaina o ka mo'omeheu i nā mana'o me nā hana pili i ke olakino.
	NHES.2.12.3	Kālailai i ka ho'ohuli mana'o 'ana o nā hoa i kāu mau hana kūpono a kūpono 'ole no ke olakino.
	NHES.2.12.4	Loiloi i ka ho'ohuli mana'o 'ana o ka hana a ke kula me ke kaiāulu i kāu hana pili i ke olakino.
	NHES.2.12.5	Loiloi i ka hopena o ka pāpaho i kou olakino me ke olakino o ka 'ohana.
	NHES.2.12.6	Loiloi i ka hopena o ka 'enehana i kou olakino, ke olakino o ka 'ohana, a me ke kaiāulu.
	NHES.2.12.7	Kālailai i ka ho'ohuli mana'o 'ana o ka 'ike o nā mana'o ma'amau o ka lehuhelu i e ho'ohuli mana'o ai i ka hana kūpono a kūpono 'ole no ke olakino.
	NHES.2.12.8	Kālailai i ka ho'ohuli mana'o 'ana o ka mana'o'i'o 'ana o ka lehulehu i nā hana e pili ana i ke olakino.
	NHES.2.12.9	Kālailai i ka ho'ohuli 'ana o kekahi o nā hana e hiki ai ke pilikia ke olakino i nā hana e pilikia maoli ai i ke olakino.
	NHES.2.12.10	Kālailai i ka ho'ohuli mana'o 'ana o nā kānāwai olakino ma lalo o ke aupuni i ka paipai 'ana i ke olakino kūpono me ke kāohi 'ana i ka ma'i.

Nā Ana A’o Aupuni no ka Ho’ona’auao Olakino
Ana A’o 3: ‘Imi ā Loa’a nā Kumu Waiwai



Ana A’o	E hō’ike nā haumāna i ka mākaukau ma ka ‘imi ‘ana ā loa’a nā ‘ike, nā mea kū’ai, a me nā lawelawe e pono ai ke olakino.	
Nā Pae Papa	Nā Ana Ho’ohālikelike no ka ‘Imi ā Loa’a nā Kumu Waiwai	
Papa M-2	NHES.3.2.1	Hō’oia i nā kānaka mākua i hilina’i ‘ia me nā kānaka pa’a ma nā ‘oihana i hiki ke kōkua ma ka paipai ‘ana i ke olakino pono.
	NHES.3.2.2	Hō’oia i nā hana e huli ai ā loa’a nā kānaka kōkua olakino no ke kula a me ke kaiāulu.
Papa 3-5	NHES.3.5.1	Hō’oia i ke ‘ano o ka ‘ike ‘oia’i’o no ke olakino, nā mea kū’ai, a me nā lawelawe.
	NHES.3.5.2	Huli ā loa’a nā kumu waiwai mai ka home mai, ke kula, a me ke kaiāulu nāna e ho’onohonoho i ka mea ‘oia’i’o no ke olakino.
Papa 6-8	NHES.3.8.1	Kālailai i ka mea ‘oia’i’o o ka ‘ike no ke olakino, nā mea kū’ai, a me nā hana lawelawe.
	NHES.3.8.2	‘Imi ā loa’a ka ‘ike ‘oia’i’o no ke olakino ma ka home, ke kula, a ma waena o ka lehulehu.
	NHES.3.8.3	Ho’oholo i ka mea e loa’a ai nā mea kū’ai nāna e paipai i ke olakino kūpono.
	NHES.3.8.4	Hō’ākaka i ka pō’aiapili e nele ai ke kōkua ‘oihana olakino.
	NHES.3.8.5	‘Imi ā loa’a nā lako a me ke kōkua ‘oihana olakino kūpono.
Papa 9-12	NHES.3.12.1	Loilo i ka mea ‘oia’i’o o ka ‘ike i loa’a no ke olakino, nā mea kū’ai, a me nā hana lawelawe.
	NHES.3.12.2	Ho’ohana i nā kumu waiwai ma ka home, ke kula, a me ke kaiāulu e loa’a ai ka ‘ike olakino i hilina’i ‘ia.
	NHES.3.12.3	Ho’oholo inā he loa’a wale nā mea kū’ai me nā hana lawelawe nāna e hō’oi a’e i ke olakino.
	NHES.3.12.4	Ho’oholo i ka wā e pono ai ke kōkua o nā loea olakino.
	NHES.3.12.5	‘Imi ā loa’a i nā mea kū’ai a me nā hana lawelawe i hilina’i ‘ia no ke olakino.



Ana A’o	E hō’ike nā haumāna i ka mākaukau ma ke kūka’i mana’o e pono ai ke olakino a hō’alo i ka mea e pilikia ai ke olakino.	
Nā Pae Papa	Nā Ana Ho’ohālikelike no ke Kūka’i Mana’o	
Papa M-2	NHES.4.2.1 NHES.4.2.2 NHES.4.2.3 NHES.4.2.4	Hō’ike i nā hana e hō’ike’ike ai i nā mea e pono ai, nā makemake, a me nā ha’awina o ka na’au. Hō’ike i ke kūka’i mana’o ‘ana e hō’oi a’e i ke olakino. Hō’ike i nā hana e pane ai ke loa’a ‘oe i ka hui ‘ana i makemake ‘ole ‘ia, weliweli, a i ‘ole e loa’a ai i ka ‘eha. Hō’ike i nā hana e ha’i ai i kekahi kanaka makua i hilina’i ‘ia inā ho’oweliweli ‘ia a i ‘ole hō’eha ‘ia.
Papa 3-5	NHES.4.5.1 NHES.4.5.2 NHES.4.5.3 NHES.4.5.4	Hō’ike i ka mākaukau ma ke kūka’i mana’o ‘ana me ka ‘ōlelo a me ka hana e hō’oi a’e ai i ke olakino. Hō’ike i ka hana hō’ole e hō’alo ai i ka mea e weliweli ai ke olakino. Hō’ike i ka hana hakakā lima ‘ole e ho’oponopono ai a e ho’ēmi ai paha i ka hihia. Hō’ike i ka hana e noi ai i ke kōkua e hō’oi a’e ai i ke olakino.
Papa 6-8	NHES.4.8.1 NHES.4.8.2 NHES.4.8.3 NHES.4.8.4	Ho’ohana i kou mākaukau ma ke kūka’i mana’o ‘ana me ka ‘ōlelo a me ka hana e hō’oi a’e ai i ke olakino. Hō’ike mai i ka mākaukau i kāu hō’ole ‘ana i nā mea e pilikia ai ke olakino a me ke kūkā ‘ana no ia mau mea. Hō’ike i ka hana e ho’oponopono ai i ka hihia me kekahi po’e. Hō’ike i ka hana e noi ai i ke kōkua nou iho me kekahi po’e a’e.
Papa 9-12	NHES.4.12.1 NHES.4.12.2 NHES.4.12.3 NHES.4.12.4	Ho’ohana i ka mākaukau ma ke kūka’i mana’o ‘ana me ka ‘ohana, nā hoa, a me nā kānaka ‘ē a’e no ka paipai ‘ana i ke olakino maika’i. Hō’ike i ka mākaukau ma ka hō’ole ‘ana, ke kūkākūkā ‘ana ā ‘aelike, a me ke alu like ‘ana no ka hō’oi ‘ana i ke olakino a hō’alo a ho’ēmi paha i ka mea e pilikia ai ke olakino. Hō’ike i nā hana e hō’alo ai, e ho’oponopono ai, a e ho’onā ai paha i ka hihia ma waena o nā kānaka me ka hō’eha ‘ole iā ‘oe iho a i ‘ole kekahi po’e a’e. Hō’ike i ka hana no ke kōkua a kōkua nō ho’i no ka hō’oi ‘ana i kou olakino me ke olakino o nā kānaka ‘ē a’e.



Ana A’o	E hō’ike nā haumāna i ka mākaukau ma ka ho’oholo ‘ana i ka mana’o e pono ai ke olakino.	
Nā Pae Papa	Nā Ana Ho’ohālikelike no ka Ho’oholo Mana’o	
Papa M-2	NHES.5.2.1 NHES.5.2.2	Hō’oia i nā hana e ho’oholo ai i ka mana’o no ke olakino. Hō’oko’a i nā hana e ho’oholo ai i ka mana’o no ke olakino iā ‘oe iho a i ‘ole inā pono ke kōkua.
Papa 3-5	NHES.5.5.1 NHES.5.5.2 NHES.5.5.3 NHES.5.5.4 NHES.5.5.5 NHES.5.5.6	Hō’oia i ka hana kūpono e ho’oholo ai i ka no’ono’o nui. Kālailai i ka wā e kūpono ke kōkua me ka ho’oholo ‘ana i ka mana’o olakino. Helu papa i nā koho like ‘ole e pili ana ke koho kūpono a kūpono ‘ole no ke olakino. Koho i ka hopena o ke koho olakino. Koho i ke koho kūpono ke ho’oholo ‘oe i ka mana’o. Ho’ākāka i ka hopena o ka ho’oholo mana’o olakino.
Papa 6-8	NHES.5.8.1 NHES.5.8.2 NHES.5.8.3 NHES.5.8.4 NHES.5.8.5 NHES.5.8.6 NHES.5.8.7	Hō’oia i ke ‘ano e hiki ai ke kōkua a i ‘ole ho’opilikia i ka ho’oholo mana’o. Ho’oholo i ka wā kūpono e no’ono’o pono ai i ka hana e hana ai. ‘Ike ‘ia ka wā kūpono no ka ho’oholo mana’o ‘ana o ke kanaka ho’okahi a i ‘ole ka hui kanaka. ‘Ike ‘ia nā koho kūpono a me nā koho kūpono ‘ole no ke olakino. Koho i ka hopena o kou koho ‘ana a me kekahi ‘ē a’e no ka wā pōkole e hiki mai ana. Koho i nā koho kūpono no ke olakino ke ho’oholo ‘oe i ka mana’o. Kālailai i ke ‘ano o ka hopena o ka mana’o i ho’oholo ‘ia.
Papa 9-12	NHES.5.12.1 NHES.5.12.2 NHES.5.12.3 NHES.5.12.4 NHES.5.12.5 NHES.5.12.6 NHES.5.12.7	Kālailai i nā ālaina e pilikia ai ka ho’oholo ‘ana i ka mana’o kūpono no ke olakino. Ho’oholo i ka mea waiwai o ka ho’okō ‘ana i ka hana ho’oholo mana’o me ka no’ono’o pono pili i nā nīnau no ke olakino. Ho’āpono i ka wā kūpono e ho’oholo ai i ka mana’o kū ho’okahi a i ‘ole ka mana’o alu like o nā kōkua ‘ē a’e. Ho’ohaku i nā koho ‘ē a’e i nā nīnau a i ‘ole nā pilikia pili i ke olakino. Koho i ka hopena pōkole a me ka hopena loloa o nā koho iā ‘oe iho a me nā kōkua ‘ē a’e. Kāko’o i ke koho kūpono i ho’oholo ‘ia no ke olakino. Loiloi i ka mea kūpono o ka ho’oholo mana’o olakino.

Nā Ana A’o Aupuni no ka Ho’ona’auao Olakino
Ana A’o 6: Kūkulu Pahu Hopu



Ana A’o	E hō’ike nā haumāna i ka mākaukau ma ke kūkulu ‘ana i nā pahu hopu e pono ai ke olakino.	
Nā Pae Papa	Nā Ana Ho’ohālikelike no ke Kūkulu Pahu Hopu	
Papa M-2	NHES.6.2.1	Hō’oia i kekahi pahu hopu o ka wā e hiki koke mai ana no ke olakino a hana i ka hana e ho’okō ai i ka pahu hopu.
	NHES.6.2.2	‘Imi i ka po’e i hiki ke kōkua ke pono ke kōkua e ho’okō ai i ka pahu hopu pilikino no ke olakino.
Papa 3-5	NHES.6.5.1	Kūkulu i kekahi pahu hopu pilikino a kilo a palapala i ka holomua ā hiki aku i ke kō loa ‘ana.
	NHES.6.5.2	‘Imi i nā kumu waiwai no ke kōkua ‘ana i ka ho’okō ‘ana i ka pahu hopu pilikino no ke olakino.
Papa 6-8	NHES.6.8.1	Loiloi i nā hana e pili ana i kou olakino.
	NHES.6.8.2	Kūkulu i kekahi pahu hopu e ho’omaka, ho’omau, a i ‘ole ho’oponopono i kekahi hana e pili ana i kou olakino.
	NHES.6.8.3	Hana i nā ka’akālaia’o me ka mākaukau e ho’okō i ka pahu hopu no kou olakino.
	NHES.6.8.4	Ho’ākāka i ka loli o nā pahu hopu no kou olakino ke loli pū ka mea e hiki ai iā ‘oe ke hana, kou mau makakoho, a me kou mau kuleana.
Papa 9-12	NHES.6.12.1	Loiloi i kāu mau hana pili i ke olakino a me kou kūlana olakino.
	NHES.6.12.2	Kūkulu i ka papa hana e loa’a ai kekahi pahu hopu pilikino no ke olakino e kōkua ai i nā ‘ao’ao ikaika, nā mea e pono ai, a me nā mea e hiki ai ke pilikia.
	NHES.6.12.3	Ho’okō i nā papa hana a loiloi i ka holomua ā kō loa ka pahu hopu pilikino no ke olakino.
	NHES.6.12.4	Kūkulu i kekahi papa hana kūpono no ka wā lō’ihi e hiki mai ana.

Nā Ana A’o Aupuni no ka Ho’ona’auao Olakino
Ana A’o 7: Ho’oholo i ka Hana



Ana A’o	E hō’ike nā haumāna i ka mākaukau ma ka ho’omalulu ‘ana i kāna mau hana pono e hō’alo i ka mea e pilikia ai ke olakino.	
Nā Pae Papa	Nā Ana Ho’ohālikelike no ka Ho’oholo i ka Hana	
Papa M-2	NHES.7.2.1	Hō’ike i nā hana kūpono no ke olakino e ho’omau ai ka pono o ke olakino.
	NHES.7.2.2	Hō’ike i nā hana e hō’alo a ho’ēmi ai i ka pilikia o ke olakino.
Papa 3-5	NHES.7.5.1	Hō’oia i nā hana kūpono e pono ai kou olakino.
	NHES.7.5.2	Hō’ike i kekahi mau hana kūpono no ke olakino e ho’omau ai i ka pono o ke olakino.
	NHES.7.5.3	Hō’ike i nā hana like ‘ole e hō’alo a ho’ēmi ai paha i ka pilikia o ke olakino.
Papa 6-8	NHES.7.8.1	Wehewehe i ka waiwai o ka ho’okō ‘ana i ke kuleana o kou olakino.
	NHES.7.8.2	Hō’ike i nā hana kūpono no ke olakino e ho’omau a ho’oponopono paha i kou olakino a me ke olakino o kekahi kanaka.
	NHES.7.8.3	Hō’ike i nā hana e hō’alo a ho’ēmi i ka mea e pilikia ai kou olakino a me ke olakino o kekahi kanaka.
Papa 9-12	NHES.7.12.1	Kālailai i ke ‘ano o nā kuleana kānaka e ho’oikaika i ke olakino.
	NHES.7.12.2	Hō’ike i nā ‘ano hana kūpono like ‘ole e kōkua ai i ke olakino e ho’omau a hō’oi ai paha i kou olakino me ke olakino o nā kānaka ‘ē a’e.
	NHES.7.12.3	Hō’ike i nā hana like ‘ole e hō’alo ai a e ho’ēmi ai paha i ka mea e pilikia ai kou olakino me ke olakino o nā kānaka ‘ē a’e.



Ana A’o	E hō’ike nā haumāna i ka mākaukau ma ka paipai ‘ana i ka mea e pono ai ke olakino pono’ī, ke olakino o ka ‘ohana, a me ka kaiāulu.	
Nā Pae Papa	Nā Ana Ho’ohālikelike no ka Paipai	
Papa M-2	NHES.8.2.1	Noi i ka hana e paipai i kou olakino pono’ī.
	NHES.8.2.2	Paipai i nā hoa e koho i nā hana kūpono no ke olakino.
Papa 3-5	NHES.8.5.1	Hō’ike i kou mana’o a ha’i i ka mea ‘oia’i’o e pili ana ke olakino.
	NHES.8.5.2	Paipai i kekahi a’e e ho’oholo i ka mea kūpono no ke olakino.
Papa 6-8	NHES.8.8.1	Hō’ike i kekahi ‘ao’ao mana’o no kekahi kumuhana e paipai ai i ke kūpono o ke olakino a kāko’o i ia mana’o me ka ‘ikepili pololei.
	NHES.8.8.2	Hō’ike i ka hana e ho’ohuli mana’o a kāko’o i kanaka e koho kūpono no ke olakino.
	NHES.8.8.3	Alu like no ka paipai ‘ana i nā hana kūpono no ke olakino o nā kānaka, nā ‘ohana, a me nā kula.
	NHES.8.8.4	Hō’oia i nā hana e ho’ololi ‘ia ai ka ‘ōlelo ho’olaha no ke olakino no nā ‘ano kānaka like ‘ole.
Papa 9-12	NHES.8.12.1	Ho’ohana i nā mana’o ma’amau ma waena o nā hoa me ka lehulehu no ke kūkulu ‘ana i ke po’omana’o e kōkua ai i ke olakino.
	NHES.8.12.2	Hō’ike i ka hana e ho’ohuli mana’o a kāko’o i kekahi a’e e koho kūpono no ke olakino.
	NHES.8.12.3	Hana pū me nā kanaka ‘ē a’e i mea paipai i ka hō’oi ‘ana i kou olakino, ke olakino o ka ‘ohana, a me ka lehulehu.
	NHES.8.12.4	Ho’opili i nā mana’o olakino me ke ka’āike kūpono i ka lehulehu kiko’ī.

The background of the page is a solid teal color with a pattern of large, overlapping green leaves, likely from a nasturtium plant, which are slightly out of focus and have a soft, ethereal appearance.

NATIONAL HEALTH EDUCATION STANDARDS

LISTED BY GRADE SPAN
English

National Health Education Standards: Achieving Excellence
Grades K-2

Standards	Performance Indicators for Grades K-2	
Standard 1: Comprehending Concepts	NHES.1.2.1 NHES.1.2.2 NHES.1.2.3 NHES.1.2.4 NHES.1.2.5	Identify that healthy behaviors affect personal health. Recognize that there are multiple dimensions of health. Describe ways to prevent communicable diseases. List ways to prevent common childhood injuries. Describe why it is important to seek health care.
Standard 2: Analyzing Influences	NHES.2.2.1 NHES.2.2.2 NHES.2.2.3	Identify how the family influences personal health practices and behaviors. Identify what the school can do to support personal health practices and behaviors. Describe how the media can influence health behaviors.
Standard 3: Accessing Resources	NHES.3.2.1 NHES.3.2.2	Identify trusted adults and professionals who can help promote health. Identify ways to locate school and community health helpers.
Standard 4: Interpersonal Communication	NHES.4.2.1 NHES.4.2.2 NHES.4.2.3 NHES.4.2.4	Demonstrate healthy ways to express needs, wants, and feelings. Demonstrate listening skills to enhance health. Demonstrate ways to respond when in an unwanted, threatening, or dangerous situation. Demonstrate ways to tell a trusted adult if threatened or harmed.
Standard 5: Decision-Making	NHES.5.2.1 NHES.5.2.2	Identify situations when a health-related decision is needed. Differentiate between situations when a health-related decision can be made individually or when assistance is needed.
Standard 6: Goal-Setting	NHES.6.2.1 NHES.6.2.2	Identify a short-term personal health goal and take action toward achieving the goal. Identify who can help when assistance is needed to achieve a personal health goal.
Standard 7: Self-Management	NHES.7.2.1 NHES.7.2.2	Demonstrate healthy practices and behaviors to maintain or improve personal health. Demonstrate behaviors that avoid or reduce health risks.
Standard 8: Advocacy	NHES.8.2.1 NHES.8.2.2	Make requests to promote personal health. Encourage peers to make positive health choices.

National Health Education Standards: Achieving Excellence Grades 3-5

Standards	Performance Indicators for Grades 3-5	
Standard 1: Comprehending Concepts	NHES.1.5.1	Describe the relationship between healthy behaviors and personal health.
	NHES.1.5.2	Identify examples of emotional, intellectual, physical, and social health.
	NHES.1.5.3	Describe ways in which safe and healthy school and community environments can promote personal health.
	NHES.1.5.4	Describe ways to prevent common childhood injuries and health problems.
	NHES.1.5.5	Describe when it is important to seek health care.
Standard 2: Analyzing Influences	NHES.2.5.1	Describe how the family influences personal health practices and behaviors.
	NHES.2.5.2	Identify the influence of culture on health practices and behaviors.
	NHES.2.5.3	Identify how peers can influence healthy and unhealthy behaviors.
	NHES.2.5.4	Describe how the school and community can support personal health practices and behaviors.
	NHES.2.5.5	Explain how media influences thoughts, feelings, and health behaviors.
	NHES.2.5.6	Describe ways that technology can influence personal health.
Standard 3: Accessing Resources	NHES.3.5.1	Identify characteristics of valid health information, products, and services.
	NHES.3.5.2	Locate resources from home, school, and community that provide valid health information.
Standard 4: Interpersonal Communication	NHES.4.5.1	Demonstrate effective verbal and nonverbal communication skills to enhance health.
	NHES.4.5.2	Demonstrate refusal skills that avoid or reduce health risks.
	NHES.4.5.3	Demonstrate nonviolent strategies to manage or resolve conflict.
	NHES.4.5.4	Demonstrate how to ask for assistance to enhance personal health.
Standard 5: Decision-Making	NHES.5.5.1	Identify health-related situations that might require a thoughtful decision.
	NHES.5.5.2	Analyze when assistance is needed in making a health-related decision.
	NHES.5.5.3	List healthy options to health-related issues or problems.
	NHES.5.5.4	Predict the potential outcomes of each option when making a health-related decision.
	NHES.5.5.5	Choose a healthy option when making a decision.
	NHES.5.5.6	Describe the outcomes of a health-related decision.

Standards	Performance Indicators for Grades 3-5	
Standard 6: Goal-Setting	NHES.6.5.1	Set a personal health goal and track progress toward its achievement.
	NHES.6.5.2	Identify resources to assist in achieving a personal health goal.
Standard 7: Self-Management	NHES.7.5.1	Identify responsible personal health behaviors.
	NHES.7.5.2	Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health.
	NHES.7.5.3	Demonstrate a variety of behaviors that avoid or reduce health risks.
Standard 8: Advocacy	NHES.8.5.1	Express opinions and give accurate information about health issues.
	NHES.8.5.2	Encourage others to make positive health choices.



National Health Education Standards: Achieving Excellence Grades 6-8

Standards	Performance Indicators for Grades 6-8	
Standard 1: Comprehending Concepts	NHES.1.8.1 NHES.1.8.2 NHES.1.8.3 NHES.1.8.4 NHES.1.8.5 NHES.1.8.6 NHES.1.8.7 NHES.1.8.8 NHES.1.8.9	Analyze the relationship between healthy behaviors and personal health. Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence. Analyze how the environment affects personal health. Describe how family history can affect personal health. Describe ways to reduce or prevent injuries and other adolescent health problems. Explain how appropriate health care can promote personal health. Describe the benefits of and barriers to practicing healthy behaviors. Examine the likelihood of injury or illness if engaging in unhealthy behaviors. Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.
Standard 2: Analyzing Influences	NHES.2.8.1 NHES.2.8.2 NHES.2.8.3 NHES.2.8.4 NHES.2.8.5 NHES.2.8.6 NHES.2.8.7 NHES.2.8.8 NHES.2.8.9 NHES.2.8.10	Examine how the family influences the health of adolescents. Describe the influence of culture on health beliefs, practices, and behaviors. Describe how peers influence healthy and unhealthy behaviors. Analyze how the school and community can affect personal health practices and behaviors. Analyze how messages from media influence health behaviors. Analyze the influence of technology on personal and family health. Explain how the perceptions of norms influence healthy and unhealthy behaviors. Explain the influence of personal values and beliefs on individual health practices and behaviors. Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. Explain how school and public health policies can influence health promotion and disease prevention.
Standard 3: Assessing Resources	NHES.3.8.1 NHES.3.8.2 NHES.3.8.3 NHES.3.8.4 NHES.3.8.5	Analyze the validity of health information, products, and services. Access valid health information from home, school, and community. Determine the accessibility of products that enhance health. Describe situations that may require professional health services. Locate valid and reliable health products and services.

Standards	Performance Indicators for Grades 6-8	
Standard 4: Interpersonal Communication	NHES.4.8.1 NHES.4.8.2 NHES.4.8.3 NHES.4.8.4	Apply effective verbal and nonverbal communication skills to enhance health. Demonstrate refusal and negotiation skills that avoid or reduce health risks. Demonstrate effective conflict management or resolution strategies. Demonstrate how to ask for assistance to enhance the health of self and others.
Standard 5: Decision-Making	NHES.5.8.1 NHES.5.8.2 NHES.5.8.3 NHES.5.8.4 NHES.5.8.5 NHES.5.8.6 NHES.5.8.7	Identify circumstances that can help or hinder healthy decision-making. Determine when health-related situations require the application of a thoughtful decision-making process. Distinguish when individual or collaborative decision-making is appropriate. Distinguish between healthy and unhealthy alternatives to health-related issues or problems. Predict the potential short-term impact of each alternative on self and others. Choose healthy alternatives over unhealthy alternatives when making a decision. Analyze the outcomes of a health-related decision.
Standard 6: Goal-Setting	NHES.6.8.1 NHES.6.8.2 NHES.6.8.3 NHES.6.8.4	Assess personal health practices. Develop a goal to adopt, maintain, or improve a personal health practice. Apply strategies and skills needed to attain a personal health goal. Describe how personal health goals can vary with changing abilities, priorities, and responsibilities.
Standard 7: Self-Management	NHES.7.8.1 NHES.7.8.2 NHES.7.8.3	Explain the importance of assuming responsibility for personal health behaviors. Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others. Demonstrate behaviors that avoid or reduce health risks to self and others.
Standard 8: Advocacy	NHES.8.8.1 NHES.8.8.2 NHES.8.8.3 NHES.8.8.4	State a health-enhancing position on a topic and support it with accurate information. Demonstrate how to influence and support others to make positive health choices. Work cooperatively to advocate for healthy individuals, families, and schools. Identify ways in which health messages and communication techniques can be altered for different audiences.

National Health Education Standards: Achieving Excellence
Grades 9-12

Standards	Performance Indicators for Grades 9-12	
Standard 1: Comprehending Concepts	NHES.1.12.1 NHES.1.12.2 NHES.1.12.3 NHES.1.12.4 NHES.1.12.5 NHES.1.12.6 NHES.1.12.7 NHES.1.12.8 NHES.1.12.9	Predict how healthy behaviors can affect health status. Describe the interrelationships of emotional, intellectual, physical, and social health. Analyze how environment and personal health are interrelated. Analyze how genetics and family history can affect personal health. Propose ways to reduce or prevent injuries and health problems. Analyze the relationship between access to health care and health status. Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors. Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors. Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.
Standard 2: Analyzing Influences	NHES.2.12.1 NHES.2.12.2 NHES.2.12.3 NHES.2.12.4 NHES.2.12.5 NHES.2.12.6 NHES.2.12.7 NHES.2.12.8 NHES.2.12.9 NHES.2.12.10	Analyze how the family influences the health of individuals. Analyze how the culture supports and challenges health beliefs, practices, and behaviors. Analyze how peers influence healthy and unhealthy behaviors. Evaluate how the school and community can affect personal health practice and behaviors. Evaluate the effect of media on personal and family health. Evaluate the impact of technology on personal, family, and community health. Analyze how the perceptions of norms influence healthy and unhealthy behaviors. Analyze the influence of personal values and beliefs on individual health practices and behaviors. Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. Analyze how public health policies and government regulations can influence health promotion and disease prevention.
Standard 3: Accessing Resources	NHES.3.12.1 NHES.3.12.2 NHES.3.12.3 NHES.3.12.4 NHES.3.12.5	Evaluate the validity of health information, products, and services. Use resources from home, school, and community that provide valid health information. Determine the accessibility of products and services that enhance health. Determine when professional health services may be required. Access valid and reliable health products and services.

Standards	Performance Indicators for Grades 9-12	
Standard 4: Interpersonal Communication	NHES.4.12.1 NHES.4.12.2 NHES.4.12.3 NHES.4.12.4	Use skills for communicating effectively with family, peers, and others to enhance health. Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks. Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others. Demonstrate how to ask for and offer assistance to enhance the health of self and others.
Standard 5: Decision-Making	NHES.5.12.1 NHES.5.12.2 NHES.5.12.3 NHES.5.12.4 NHES.5.12.5 NHES.5.12.6 NHES.5.12.7	Examine barriers that can hinder healthy decision-making. Determine the value of applying a thoughtful decision-making process in health-related situations. Justify when individual or collaborative decision making is appropriate. Generate alternatives to health-related issues or problems. Predict the potential short-term and long-term impact of each alternative on self and others. Defend the healthy choice when making decisions. Evaluate the effectiveness of health-related decisions.
Standard 6: Goal-Setting	NHES.6.12.1 NHES.6.12.2 NHES.6.12.3 NHES.6.12.4	Assess personal health practices and overall health status. Develop a plan to attain a personal health goal that addresses strengths, needs, and risks. Implement strategies and monitor progress in achieving a personal health goal. Formulate an effective long-term personal health plan.
Standard 7: Self-Management	NHES.7.12.1 NHES.7.12.2 NHES.7.12.3	Analyze the role of individual responsibility in enhancing health. Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others. Demonstrate a variety of behaviors that avoid or reduce health risks to self and others.
Standard 8: Advocacy	NHES.8.12.1 NHES.8.12.2 NHES.8.12.3 NHES.8.12.4	Utilize accurate peer and societal norms to formulate a health-enhancing message. Demonstrate how to influence and support others to make positive health choices. Work cooperatively as an advocate for improving personal, family, and community health. Adapt health messages and communication techniques to a specific target audience.

NATIONAL HEALTH EDUCATION STANDARDS

LISTED BY GRADE SPAN
'Ōlelo Hawai'i

Nā Ana A’o Aupuni no ka Ho’ona’auao Olakino
Papa M-2

Nā Ana A’o	Nā Ana Ho’ohālikelike no nā Pae Papa M-2	
Ana A’o 1: Nā Mana’o Ho’omaopopo	NHES.1.2.1 NHES.1.2.2 NHES.1.2.3 NHES.1.2.4 NHES.1.2.5	Hō’oia i nā hana e pono ai ke olakino o ke kanaka. ‘I’ike a ho’omaopopo he mau ‘ao’ao like ‘ole nō o ke olakino. Ho’ākāka i nā hana e hō’alo ai i nā ma’i e ili ai. Ho’ohelu i nā hana e hō’alo ai i ka ‘eha o kamali’i. Ho’ākāka i ke kumu o ka mea nui o ka ‘imi ‘ana i ke kōkua no ke olakino.
Ana A’o 2: Kālailai Ho’ohuli Mana’o	NHES.2.2.1 NHES.2.2.2 NHES.2.2.3	Hō’oia i ka ho’ohuli mana’o o ka ‘ohana i kāu mau hana no ke olakino. Hō’oia i ka hana a ke kula e kōkua ai i nā hana no ke olakino. Ho’ākāka i ka ho’ohuli mana’o ‘ana o ka pāpaho i ke olakino.
Ana A’o 3: ‘Imi ā Loa’a nā Kumu Waiwai	NHES.3.2.1 NHES.3.2.2	Hō’oia i nā kānaka mākua i hilina’i ‘ia me nā kānaka pa’a ma nā ‘oihana i hiki ke kōkua ma ka paipai ‘ana i ke olakino pono. Hō’oia i nā hana e huli ai ā loa’a nā kānaka kōkua olakino no ke kula a me ke kaiāulu.
Ana A’o 4: Kūka’i Mana’o	NHES.4.2.1 NHES.4.2.2 NHES.4.2.3 NHES.4.2.4	Hō’ike i nā hana e hō’ike’ike ai i nā mea e pono ai, nā makemake, a me nā ha’awina o ka na’au. Hō’ike i ke kūka’i mana’o ‘ana e hō’oi a’e i ke olakino. Hō’ike i nā hana e pane ai ke loa’a ‘oe i ka hui ‘ana i makemake ‘ole ‘ia, weliweli, a i ‘ole e loa’a ai i ka ‘eha. Hō’ike i nā hana e ha’i ai i kekahi kanaka mākua i hilina’i ‘ia inā ho’oweliweli ‘ia a i ‘ole hō’eha ‘ia.
Ana A’o 5: Ho’oholo Mana’o	NHES.5.2.1 NHES.5.2.2	Hō’oia i nā hana e ho’oholo ai i ka mana’o no ke olakino. Hō’oko’a i nā hana e ho’oholo ai i ka mana’o no ke olakino iā ‘oe iho a i ‘ole inā pono ke kōkua.
Ana A’o 6: Kūkulu Pahu Hopu	NHES.6.2.1 NHES.6.2.2	Hō’oia i kekahi pahu hopu o ka wā e hiki koke mai ana no ke olakino a hana i ka hana e ho’okō ai i ka pahu hopu. ‘Imi i ka po’e i hiki ke kōkua ke pono ke kōkua e ho’okō ai i ka pahu hopu pilikino no ke olakino.
Ana A’o 7: Ho’oholo i ka Hana	NHES.7.2.1 NHES.7.2.2	Hō’ike i nā hana kūpono no ke olakino e ho’omau ai ka pono o ke olakino. Hō’ike i nā hana e hō’alo a ho’ēmi ai i ka pilikia o ke olakino.
Ana A’o 8: Paipai	NHES.8.2.1 NHES.8.2.2	Noi i ka hana e paipai i kou olakino pono’ī. Paipai i nā hoa e koho i nā hana kūpono no ke olakino.

Nā Ana A’o Aupuni no ka Ho’ona’auao Olakino

Papa 3-5

Nā Ana A’o	Nā Ana Ho’ohālikelike no nā Pae Papa 3-5	
Ana A’o 1: Nā Mana’o Ho’omaopopo	NHES.1.5.1	Ho’ākāka i ka pili ma waena o nā hana kūpono no ke olakino a me kou olakino.
	NHES.1.5.2	Hō’oia i ka ho’ohālike ‘ana no ka na’au pono, ka no’ono’o pono, ke olakino pono, a me ka pono o ka launa kanaka ‘ana.
	NHES.1.5.3	Ho’ākāka i nā hana e paipai ai ke kula a me ke kaiāulu palekana a ola pono i kou olakino maika’i.
	NHES.1.5.4	Ho’ākāka i nā hana e hō’alo ai i ka ‘eha o ke keiki a me ka pilikia o ke olakino.
	NHES.1.5.5	Ho’ākāka no ka wā kūpono loa e ‘imi ai i ke kōkua no ke olakino.
Ana A’o 2: Kālailai Ho’ohuli Mana’o	NHES.2.5.1	Ho’ākāka i ka ho’ohuli mana’o ‘ana o ka ‘ohana i kāu mau hana e pili ana i kou olakino.
	NHES.2.5.2	Hō’oia i ka hana o ka mo’omeheu e ho’ohuli mana’o ai i nā hana e pili ana i ke olakino.
	NHES.2.5.3	Hō’oia i ka ho’ohuli mana’o ‘ana o nā hoa i kāu mau hana kūpono a kūpono ‘ole.
	NHES.2.5.4	Ho’ākāka i ka hana a ke kula me kaiāulu e kāko’o ai i kāu mau hana no ke olakino.
	NHES.2.5.5	Wehewehe moākāka i ka ho’ohuli mana’o ‘ana o ka pāpaho i kou no’ono’o ‘ana, kou na’au, a me kāu mau hana no ke olakino.
	NHES.2.5.6	Ho’ākāka i ka hana o ka ‘enehana e ho’ohuli mana’o ai i kou olakino.
Ana A’o 3: ‘Imi ā Loa’a nā Kumu Waiwai	NHES.3.5.1	Hō’oia i ke ‘ano o ka ‘ike ‘oia’i’o no ke olakino, nā mea kū’ai, a me nā lawelawe.
	NHES.3.5.2	Huli ā loa’a nā kumu waiwai mai ka home mai, ke kula, a me ke kaiāulu nāna e ho’onohonoho i ka mea ‘oia’i’o no ke olakino.
Ana A’o 4: Kūka’i Mana’o	NHES.4.5.1	Hō’ike i ka mākaukau ma ke kūka’i mana’o ‘ana me ka ‘ōlelo a me ka hana e hō’oi a’e ai i ke olakino.
	NHES.4.5.2	Hō’ike i ka hana hō’ole e hō’alo ai i ka mea e weliweli ai ke olakino.
	NHES.4.5.3	Hō’ike i ka hana hakakā lima ‘ole e ho’oponopono ai a e ho’ēmi ai paha i ka hihia.
	NHES.4.5.4	Hō’ike i ka hana e noi ai i ke kōkua e hō’oi a’e ai i ke olakino.

Nā Ana A'ō	Nā Ana Ho'ohālikelike no nā Pae Papa 3-5	
Ana A'ō 5: Ho'oholo Mana'ō	NHES.5.5.1 NHES.5.5.2 NHES.5.5.3 NHES.5.5.4 NHES.5.5.5 NHES.5.5.6	Hō'ōia i ka hana kūpono e ho'oholo ai i ka no'ono'o nui. Kālailai i ka wā e kūpono ke kōkua me ka ho'oholo 'ana i ka mana'ō olakino. Helu papa i nā koho like 'ole e pili ana ke koho kūpono a kūpono 'ole no ke olakino. Koho i ka hopena o ke koho olakino. Koho i ke koho kūpono ke ho'oholo 'oe i ka mana'ō. Ho'ākāka i ka hopena o ka ho'oholo mana'ō olakino.
Ana A'ō 6: Kūkulu Pahu Hopu	NHES.6.5.1 NHES.6.5.2	Kūkulu i kekahi pahu hopu pilikino a kilo a palapala i ka holomua ā hiki aku i ke kō loa 'ana. 'Imi i nā kumu waiwai no ke kōkua 'ana i ka ho'okō 'ana i ka pahu hopu pilikino no ke olakino.
Ana A'ō 7: Ho'oholo i ka Hana	NHES.7.5.1 NHES.7.5.2 NHES.7.5.3	Hō'ōia i nā hana kūpono e pono ai kou olakino. Hō'ike i kekahi mau hana kūpono no ke olakino e ho'omau ai i ka pono o ke olakino. Hō'ike i nā hana like 'ole e hō'alo a ho'ēmi ai paha i ka pilikia o ke olakino.
Ana A'ō 8: Paipai	NHES.8.5.1 NHES.8.5.2	Hō'ike i kou mana'ō a ha'i i ka mea 'ōia'i'o e pili ana ke olakino. Paipai i kekahi a'e e ho'oholo i ka mea kūpono no ke olakino.



Nā Ana A’o Aupuni no ka Ho’ona’auao Olakino

Papa 6-8

Nā Ana A’o	Nā Ana Ho’ohālikelike no nā Pae Papa 6-8	
Ana A’o 1: Nā Mana’o Ho’omaopopo	NHES.1.8.1	Kālailai i ka pilina ma waena o nā hana kūpono no ke olakino a me kou olakino pono’ī.
	NHES.1.8.2	Ho’ākāka i ka pilina ma waena o ke kūlana ha’awina o ka na’au, ka no’ono’o ‘ana, ke olakino, a me ka pono o ka launa kanaka ‘ana ma waena o nā ‘ōpio.
	NHES.1.8.3	Kālailai i ka pilina o kahi e noho ai i ke olakino.
	NHES.1.8.4	Hō’ākāka i ka pilina o ka mō’aukala ‘ohana i ke olakino pono’ī.
	NHES.1.8.5	Ho’ākaka i nā hana e ho’ēmi a hō’alo ai i ka mea e ‘eha ai ke kino me ka pilikia o ke olakino o nā ‘ōpio.
	NHES.1.8.6	Wehewehe mōakāka i ka mālama pono ‘ana i ke olakino a me ke ko’iko’i o ia hana no ke olakino pono’ī.
	NHES.1.8.7	Hō’ākāka i ka pono a me nā ālaina no ka hana olakino.
	NHES.1.8.8	No’ono’o i ka pahiki o ka pilikia olakino inā kūpono ‘ole ka hana.
	NHES.1.8.9	No’ono’o i ka nui o ka pilikia olakino inā kūpono ‘ole ka hana.
Ana A’o 2: Kālailai Ho’ohuli Mana’o	NHES.2.8.1	No’ono’o i ka ho’ohuli mana’o ‘ana o ka ‘ohana i ke olakino o nā ‘ōpio.
	NHES.2.8.2	Hō’ākaka i ka ho’ohuli mana’o ‘ana o ka mo’omeheu i nā hana no ke olakino.
	NHES.2.8.3	Ho’ākaka i ka ho’ohuli mana’o ‘ana o nā hoa i kāu mau hana kūpono a kūpono ‘ole no ke olakino.
	NHES.2.8.4	Kālailai i ka ho’ohuli mana’o ‘ana o ke kula a me ke kaiāulu i ka hopena o kāu mau hana e pili ana i kou olakino.
	NHES.2.8.5	Kālailai i ka ho’ohuli mana’o ‘ana o nā ‘ōlelo ho’olaha o ka pāpaho i kāu mau hana no ke olakino.
	NHES.2.8.6	Kālailai i ka ho’ohuli mana’o ‘ana o ka ‘enehana i kāu mau hana me nā hana a kou ‘ohana no ke olakino.
	NHES.2.8.7	Wehewehe i ka ho’ohuli mana’o ‘ana o ka ‘ike kaiāulu ma’amaui i ka hana kūpono a kūpono ‘ole no ke olakino.
	NHES.2.8.8	Wehewehe moākāka i ka ho’ohuli mana’o ‘ana o nā mana’o’i’o ‘ana o ka lehulehu i nā hana e pili ana i ke olakino.
	NHES.2.8.9	Hō’ākaka i ka ho’ohuli mana’o ‘ana o ka hana kūpono ‘ole a kekahi i ka hana a kekahi aku.
	NHES.2.8.10	Wehewehe mōakāka i ka ho’ohuli mana’o ‘ana o ke kulekele olakino kula me ka lehulehu i ke olakino maika’i me ka hō’alo ‘ana i ka ‘i.



Nā Ana A'ō	Nā Ana Ho'ohālikelike no nā Pae Papa 6-8	
Ana A'ō 3: 'Imi ā Loa'a nā Kumu Waiwai	NHES.3.8.1 NHES.3.8.2 NHES.3.8.3 NHES.3.8.4 NHES.3.8.5	Kālailai i ka mea 'oia'i'ō o ka 'ike no ke olakino, nā mea kū'ai, a me nā hana lawelawe. 'Imi ā loa'a ka 'ike 'oia'i'ō no ke olakino ma ka home, ke kula, a ma waena o ka lehulehu. Ho'oholo i ka mea e loa'a ai nā mea kū'ai nāna e paipai i ke olakino kūpono. Hō'ākaka i ka pō'aiapili e nele ai ke kōkua 'oihana olakino. 'Imi ā loa'a nā lako a me ke kōkua 'oihana olakino kūpono.
Ana A'ō 4: Kūka'i Mana'ō	NHES.4.8.1 NHES.4.8.2 NHES.4.8.3 NHES.4.8.4	Ho'ohana i kou mākaukau ma ke kūka'i mana'ō 'ana me ka 'ōlelo a me ka hana e hō'oi a'e ai i ke olakino. Hō'ike mai i ka mākaukau i kāu hō'ole 'ana i nā mea e pilikia ai ke olakino a me ke kūkā 'ana no ia mau mea. Hō'ike i ka hana e ho'oponopono ai i ka hihia me kekahi po'e. Hō'ike i ka hana e noi ai i ke kōkua nou iho me kekahi po'e a'e.
Ana A'ō 5: Ho'oholo Mana'ō	NHES.5.8.1 NHES.5.8.2 NHES.5.8.3 NHES.5.8.4 NHES.5.8.5 NHES.5.8.6 NHES.5.8.7	Hō'oia i ke 'ano e hiki ai ke kōkua a i 'ole ho'opilikia i ka ho'oholo mana'ō. Ho'oholo i ka wā kūpono e no'ono'o pono ai i ka hana e hana ai. 'Ike 'ia ka wā kūpono no ka ho'oholo mana'ō 'ana o ke kanaka ho'okahi a i 'ole ka hui kanaka. 'Ike 'ia nā koho kūpono a me nā koho kūpono 'ole no ke olakino. Koho i ka hopena o kou koho 'ana a me kekahi 'ē a'e no ka wā pōkole e hiki mai ana. Koho i nā koho kūpono no ke olakino ke ho'oholo 'oe i ka mana'ō. Kālailai i ke 'ano o ka hopena o ka mana'ō i ho'oholo 'ia.
Ana A'ō 6: Kūkulu Pahu Hopu	NHES.6.8.1 NHES.6.8.2 NHES.6.8.3 NHES.6.8.4	Loiloi i nā hana e pili ana i kou olakino. Kūkulu i kekahi pahu hopu e ho'omaka, ho'omau, a i 'ole ho'oponopono i kekahi hana e pili ana i kou olakino. Hana i nā ka'akālaia'ō me ka mākaukau e ho'okō i ka pahu hopu no kou olakino. Ho'ākāka i ka loli o nā pahu hopu no kou olakino ke loli pū ka mea e hiki ai iā 'oe ke hana, kou mau makakoho, a me kou mau kuleana.
Ana A'ō 7: Ho'oholo i ka Hana	NHES.7.8.1 NHES.7.8.2 NHES.7.8.3	Wehewehe i ka waiwai o ka ho'okō 'ana i ke kuleana o kou olakino. Hō'ike i nā hana kūpono no ke olakino e ho'omau a ho'oponopono paha i kou olakino a me ke olakino o kekahi kanaka. Hō'ike i nā hana e hō'alo a ho'ēmi i ka mea e pilikia ai kou olakino a me ke olakino o kekahi kanaka.

Nā Ana A'ō	Nā Ana Ho'ohālikelike no nā Pae Papa 6-8	
Ana A'ō 8: Paipai	NHES.8.8.1	Hō'ike i kekahi 'ao'ao mana'o no kekahi kumuhana e paipai ai i ke kūpono o ke olakino a kāko'o i ia mana'o me ka 'ikepili pololei.
	NHES.8.8.2	Hō'ike i ka hana e ho'ohuli mana'o a kāko'o i kanaka e koho kūpono no ke olakino.
	NHES.8.8.3	Alu like no ka paipai 'ana i nā hana kūpono no ke olakino o nā kānaka, nā 'ohana, a me nā kula.
	NHES.8.8.4	Hō'ōia i nā hana e ho'ololi 'ia ai ka 'ōlelo ho'olaha no ke olakino no nā 'ano kānaka like 'ole.



Nā Ana A’o Aupuni no ka Ho’ona’auao Olakino
Papa 9-12

Nā Ana A’o	Nā Ana Ho’ohālikelike no nā Pae Papa 9-12
Ana A’o 1: Nā Mana’o Ho’omaopopo	<p>NHES.1.12.1 Koho i ka ho’ohuli ‘ana o ka hana kūpono no ke olakino i kou kūlana olakino.</p> <p>NHES.1.12.2 Wehewehe i ka pilina ma waena o ke kūlana ha’awina o ka na’au, ka no’ono’o ‘ana, ke olakino, a me ka pono o ka launa kanaka ‘ana.</p> <p>NHES.1.12.3 Kālailai i ka pilina ma waena o kahi e noho ai ke kanaka a me ke olakino.</p> <p>NHES.1.12.4 Kālailai i ka ho’ohuli ‘ana i ke kālaiōewe a me ka mō’aukala olakino o ka ‘ohana i kou olakino.</p> <p>NHES.1.12.5 Hāpai i kekahi mau mana’o e ho’ēmi ai a e hō’alo ai i ka ‘eha o ke kino me ka pilikia o ke olakino.</p> <p>NHES.1.12.6 Kālailai i ka pilina ma waena o ka mea e lapa’au ‘ia ai ke olakino a me ke kūlana o kou olakino.</p> <p>NHES.1.12.7 Ho’ohālikelike i ka mea like me ka mea ‘oko’a o nā pono me nā mea ālailai ma ka hana ‘ana i nā hana like ‘ole i kūpono no ke olakino.</p> <p>NHES.1.12.8 Kālailai i ka mea e ‘eha ai ke kino, ma’i a make paha ke hana i ka hana kūpono ‘ole no ke olakino.</p> <p>NHES.1.12.9 Kālailai i ka mea e ko’iko’i ai ka ‘eha o ke kino a i ‘ole ma’i ke hana i ka hana kūpono ‘ole no ke olakino.</p>
Ana A’o 2: Kālailai Ho’ohuli Mana’o	<p>NHES.2.12.1 Kālailai i ka ho’ohuli mana’o ‘ana o ka ‘ohana i ke olakino o nā kānaka.</p> <p>NHES.2.12.2 Kālailai i ke kāko’o ‘ana a me nā ālaina o ka mo’omeheu i nā mana’o me nā hana pili i ke olakino.</p> <p>NHES.2.12.3 Kālailai i ka ho’ohuli mana’o ‘ana o nā hoa i kāu mau hana kūpono a kūpono ‘ole no ke olakino.</p> <p>NHES.2.12.4 Loiloi i ka ho’ohuli mana’o ‘ana o ka hana a ke kula me ke kaiāulu i kāu hana pili i ke olakino.</p> <p>NHES.2.12.5 Loiloi i ka hopena o ka pāpaho i kou olakino me ke olakino o ka ‘ohana.</p> <p>NHES.2.12.6 Loiloi i ka hopena o ka ‘enehana i kou olakino, ke olakino o ka ‘ohana, a me ke kaiāulu.</p> <p>NHES.2.12.7 Kālailai i ka ho’ohuli mana’o ‘ana o ka ‘ike o nā mana’o ma’amau o ka lehuhehu i e ho’ohuli mana’o ai i ka hana kūpono a kūpono ‘ole no ke olakino.</p> <p>NHES.2.12.8 Kālailai i ka ho’ohuli mana’o ‘ana o ka mana’o’i’o ‘ana o ka lehuhehu i nā hana e pili ana i ke olakino.</p> <p>NHES.2.12.9 Kālailai i ka ho’ohuli ‘ana o kekahi o nā hana e hiki ai ke pilikia ke olakino i nā hana e pilikia maoli ai i ke olakino.</p> <p>NHES.2.12.10 Kālailai i ka ho’ohuli mana’o ‘ana o nā kānāwai olakino ma lalo o ke aupuni i ka paipai ‘ana i ke olakino kūpono me ke kāohi ‘ana i ka ma’i.</p>

Nā Ana A'ō	Nā Ana Ho'ohālikelike no nā Pae Papa 9-12	
Ana A'ō 3: 'Imi ā Loa'a nā Kumu Waiwai	NHES.3.12.1 NHES.3.12.2 NHES.3.12.3 NHES.3.12.4 NHES.3.12.5	Loiloi i ka mea 'oia'i'o o ka 'ike i loa'a no ke olakino, nā mea kū'ai, a me nā hana lawelawe. Ho'ohana i nā kumu waiwai ma ka home, ke kula, a me ke kaiāulu e loa'a ai ka 'ike olakino i hilina'i 'ia. Ho'oholo inā he loa'a wale nā mea kū'ai me nā hana lawelawe nāna e hō'oi a'e i ke olakino. Ho'oholo i ka wā e pono ai ke kōkua o nā loea olakino. 'Imi ā loa'a i nā mea kū'ai a me nā hana lawelawe i hilina'i 'ia no ke olakino.
Ana A'ō 4: Kūka'i Mana'ō	NHES.4.12.1 NHES.4.12.2 NHES.4.12.3 NHES.4.12.4	Ho'ohana i ka mākaukau ma ke kūka'i mana'ō 'ana me ka 'ohana, nā hoa, a me nā kānaka 'ē a'e no ka paipai 'ana i ke olakino maika'i. Hō'ike i ka mākaukau ma ka hō'ole 'ana, ke kūkākūkā 'ana ā 'aelike, a me ke alu like 'ana no ka hō'oi 'ana i ke olakino a hō'alo a ho'emi paha i ka mea e pilikia ai ke olakino. Hō'ike i nā hana e hō'alo ai, e ho'oponopono ai, a e ho'onā ai paha i ka hihia ma waena o nā kānaka me ka hō'eha 'ole iā 'oe iho a i 'ole kekahi po'e a'e. Hō'ike i ka hana no ke kōkua a kōkua nō ho'i no ka hō'oi 'ana i kou olakino me ke olakino o nā kānaka 'ē a'e.
Ana A'ō 5: Ho'oholo Mana'ō	NHES.5.12.1 NHES.5.12.2 NHES.5.12.3 NHES.5.12.4 NHES.5.12.5 NHES.5.12.6 NHES.5.12.7	Kālailai i nā ālaina e pilikia ai ka ho'oholo 'ana i ka mana'ō kūpono no ke olakino. Ho'oholo i ka mea waiwai o ka ho'okō 'ana i ka hana ho'oholo mana'ō me ka no'ono'o pono pili i nā nīnau no ke olakino. Ho'āpono i ka wā kūpono e ho'oholo ai i ka mana'ō kū ho'okahi a i 'ole ka mana'ō alu like o nā kānaka 'ē a'e. Ho'ohaku i nā koho 'ē a'e i nā nīnau a i 'ole nā pilikia pili i ke olakino. Koho i ka hopena pōkole a me ka hopena loloa o nā koho iā 'oe iho a me nā kānaka 'ē a'e. Kāko'o i ke koho kūpono i ho'oholo 'ia no ke olakino. Loiloi i ka mea kūpono o ka ho'oholo mana'ō olakino.
Ana A'ō 6: Kūkulu Pahu Hopu	NHES.6.12.1 NHES.6.12.2 NHES.6.12.3 NHES.6.12.4	Loiloi i kāu mau hana pili i ke olakino a me kou kūlana olakino. Kūkulu i ka papa hana e loa'a ai kekahi pahu hopu pilikino no ke olakino e kōkua ai i nā 'ao'ao ikaika, nā mea e pono ai, a me nā mea e hiki ai ke pilikia. Ho'okō i nā papa hana a loiloi i ka holomua ā kō loa ka pahu hopu pilikino no ke olakino. Kūkulu i kekahi papa hana kūpono no ka wā lō'ihī e hiki mai ana.



Nā Ana A'ō	Nā Ana Ho'ohālikelike no nā Pae Papa 9-12	
Ana A'ō 7: Ho'oholo i ka Hana	NHES.7.12.1 NHES.7.12.2 NHES.7.12.3	Kālailai i ke 'ano o nā kuleana kānaka e ho'oikaika i ke olakino. Hō'ike i nā 'ano hana kūpono like 'ole e kōkua ai i ke olakino e ho'omau a hō'oi ai paha i kou olakino me ke olakino o nā kānaka 'ē a'e. Hō'ike i nā hana like 'ole e hō'alo ai a e ho'ēmi ai paha i ka mea e pilikia ai kou olakino me ke olakino o nā kānaka 'ē a'e.
Ana A'ō 8: Paipai	NHES.8.12.1 NHES.8.12.2 NHES.8.12.3 NHES.8.12.4	Ho'ohana i nā mana'o ma'amau ma waena o nā hoa me ka lehulehu no ke kūkulu 'ana i ke po'omana'o e kōkua ai i ke olakino. Hō'ike i ka hana e ho'ohuli mana'o a kāko'o i kekahi a'e e koho kūpono no ke olakino. Hana pū me nā kanaka 'ē a'e i mea paipai i ka hō'oi 'ana i kou olakino, ke olakino o ka 'ohana, a me ka lehulehu. Ho'opili i nā mana'o olakino me ke ka'a'ike kūpono i ka lehulehu kiko'i.







PRIORITY HEALTH TOPICS AND HEALTHY BEHAVIOR OUTCOMES



Priority Health Topics and Healthy Behavior Outcomes

The healthy behavior outcomes (HBO) may be used to guide the development and delivery of Health Education. Comprehensive, skills-based Health Education across grades PreK-12 should equip students to transfer these anticipated health-related behaviors beyond their classroom learning experiences. Educators may consider adapting these HBOs and developing additional HBOs as they refine their curriculum to support the health, resilience, and total well-being of their students and communities. Learn more about HBOs in the [CDC Health Education Curriculum Analysis Tool \(HECAT\)](#).

Priority Health Topics/ Nā Kumuhana Olakino	Healthy Behavior Outcomes	
 <p>Mental and Emotional Health/ Ke Ola o ka No'ono'o me ka Na'au</p>	<p>MEH-1. MEH-2. MEH-3. MEH-4. MEH-5. MEH-6. MEH-7. MEH-8. MEH-9.</p>	<p>Express emotions and feelings in a healthy way.</p> <p>Engage in activities that are mentally and emotionally healthy.</p> <p>Prevent and manage interpersonal conflict in healthy ways.</p> <p>Prevent and manage emotional stress and anxiety in healthy ways.</p> <p>Use self-control and impulse-control strategies to promote health.</p> <p>Get help for troublesome thoughts, feelings, or actions for oneself and others.</p> <p>Show acceptance of differences in others.</p> <p>Establish and maintain healthy relationships.</p> <p>Practice habits that promote mental and emotional well-being.</p>
 <p>Personal Health and Wellness/ Ka Pono o ke Olakino me ke Kūlana Hau'oli</p>	<p>PHW-1. PHW-2. PHW-3. PHW-4. PHW-5. PHW-6. PHW-7. PHW-8. PHW-9. PHW-10. PHW-11. PHW-12.</p>	<p>Practice appropriate hygiene habits.</p> <p>Get an appropriate amount of sleep and rest.</p> <p>Prevent vision and hearing loss.</p> <p>Prevent damage from the sun.</p> <p>Practice behaviors that prevent infectious diseases.</p> <p>Practice behaviors that prevent chronic diseases.</p> <p>Practice behaviors that promote mental and emotional well-being.</p> <p>Practice behaviors that prevent foodborne or waterborne illnesses.</p> <p>Prevent serious health problems that result from common chronic diseases and conditions among youth, such as allergies, asthma, diabetes, and epilepsy.</p> <p>Use healthcare services to address common infectious diseases and manage chronic diseases and conditions.</p> <p>Seek out healthcare professionals for appropriate screenings and examinations.</p> <p>Prevent health problems that result from fads or trends.</p>

Priority Health Topics/ Nā Kumuhana Olakino	Healthy Behavior Outcomes
 <p>Healthy Eating and Physical Activity/ Ka 'Ai Pono a me ka Ho'oikaika Kino</p>	<p>Healthy Eating</p> <p>HE-1. Follow a nutritious eating pattern that meets individual preferences and needs for growth and development.</p> <p>HE-2. Choose a variety of options within each food group.</p> <p>HE-3. Eat a variety of fruits and vegetables.</p> <p>HE-4. Choose to eat whole grain foods.</p> <p>HE-5. Choose to drink or eat fat-free or low-fat dairy or fortified plant-based dairy alternatives.</p> <p>HE-6. Drink water as the main source of hydration.</p> <p>HE-7. Avoid drinks that are high in sugar.</p> <p>HE-8. Limit foods high in added sugars, saturated fats, trans fats, and sodium.</p> <p>HE-9. Choose to eat or drink nutrient-dense foods and beverages when dining.</p> <p>HE-10. Prepare good-tasting, nutrient-dense foods for yourself and others.</p> <p>HE-11. Choose and enjoy nutrient-dense foods and beverages that reflect personal preferences, culture, and budget.</p> <p>HE-12. Support nutritious eating patterns for others.</p> <p>Physical Activity</p> <p>PA-1. Engage in moderate to vigorous physical activity for at least 60 minutes every day.</p> <p>PA-2. Regularly engage in physical activities that enhance cardiorespiratory endurance, flexibility, muscle endurance, and muscle strength.</p> <p>PA-3. Engage in warm-up and cool-down activities before and after structured exercise.</p> <p>PA-4. Drink water to hydrate before, during, and after physical activity.</p> <p>PA-5. Follow a physical activity plan for healthy growth and development.</p> <p>PA-6. Reduce the risk of injury during physical activity.</p> <p>PA-7. Support others to be physically active.</p>

Priority Health Topics/ Nā Kumuhana Olakino	Healthy Behavior Outcomes	
 <p>Safety (Unintentional Injury Prevention)/ Ka Palekana (Kāohi i ka 'Eha Hewa o ke Kino)</p>	<p>S-1. S-2. S-3. S-4. S-5. S-6. S-7. S-8.</p>	<p>Follow appropriate safety rules when riding in or on a motor vehicle.</p> <p>Avoid driving a motor vehicle or riding in a motor vehicle driven by someone while under the influence of alcohol or other drugs.</p> <p>Use safety equipment appropriately and correctly.</p> <p>Apply safety rules and procedures to avoid risky behaviors and injury.</p> <p>Avoid safety hazards in the home and community.</p> <p>Recognize and avoid dangerous surroundings.</p> <p>Get help for oneself or others when injured or suddenly ill.</p> <p>Support others to avoid risky behaviors and be safe.</p>
 <p>Violence Prevention/ Kāohi i ke Ki'i Hakakā</p>	<p>V-1. V-2. V-3. V-4. V-5. V-6. V-7. V-8. V-9. V-10.</p>	<p>Manage interpersonal conflict in nonviolent ways.</p> <p>Manage emotional distress in nonviolent ways.</p> <p>Avoid bullying, being a bystander to bullying, or being a victim of bullying.</p> <p>Avoid engaging in violence, including sexual harassment, coercion, exploitation, physical fighting, and rape.</p> <p>Avoid situations where violence is likely to occur.</p> <p>Avoid associating with others who are involved in or who encourage violence or criminal activity.</p> <p>Get help to prevent or stop violence, including harassment, abuse, bullying, hazing, fighting, and hate crimes.</p> <p>Get help to prevent or stop unwanted, unsafe, or inappropriate touching.</p> <p>Get help to stop being subjected to violence or physical abuse.</p> <p>Get help for oneself or others who are in danger of hurting themselves.</p>
 <p>Tobacco Use Prevention/ Kāohi i ka Ho'ohana Paka</p>	<p>T-1. T-2. T-3. T-4. T-5.</p>	<p>Avoid using or experimenting with any form of tobacco, including electronic smoking devices.</p> <p>Avoid exposure to secondhand smoke and aerosol.</p> <p>Support a tobacco-free environment.</p> <p>Support others to be tobacco-free.</p> <p>Quit using tobacco products, including electronic smoking devices, if already using.</p>

Priority Health Topics/ Nā Kumuhana Olakino	Healthy Behavior Outcomes	
 <p>Alcohol and Other Drug Use Prevention/ Kāohi i ka Lama me nā Lā'au 'Ino Like 'Ole</p>	<p>AOD-1. AOD-2. AOD-3. AOD-4. AOD-5. AOD-6. AOD-7. AOD-8.</p>	<p>Use prescription and over-the-counter medications correctly.</p> <p>Avoid misuse and illicit use of over-the-counter and prescription drugs.</p> <p>Avoid the use of alcohol.</p> <p>Avoid the use of illegal drugs.</p> <p>Avoid driving while under the influence of alcohol and other drugs.</p> <p>Avoid riding in a motor vehicle with a driver who is under the influence of alcohol or other drugs.</p> <p>Quit using alcohol and other drugs, if already using.</p> <p>Support others to be alcohol- and other drug-free.</p>
 <p>Sexual Health and Responsibility/ Ke Ola Pono i ka Hana Ai a me ke Kuleana</p>	<p>SH-1. SH-2. SH-3. SH-4. SH-5. SH-6. SH-7. SH-8. SH-9. SH-10.</p>	<p>Recognize developmental changes experienced by self and others during childhood and adolescence.</p> <p>Establish and maintain healthy relationships.</p> <p>Treat all people with dignity and respect with regard to their gender identity and sexual orientation.</p> <p>Give and receive consent in all situations.</p> <p>Be sexually abstinent.</p> <p>Engage in behaviors that prevent or reduce sexually transmitted infections (STI), including HIV.</p> <p>Engage in behaviors that prevent or reduce unintended pregnancy.</p> <p>Support others to avoid or reduce sexual risk behaviors.</p> <p>Respect others' boundaries and avoid pressuring others to engage in sexual behaviors.</p> <p>Use appropriate health services to promote sexual and reproductive health.</p>

Adapted from the [CDC 2021 HECAT](#)

STATUTES, POLICIES, AND GUIDELINES

POLICIES, GUIDELINES, AND COURSE REQUIREMENTS FOR HEALTH EDUCATION

Key Policies and Guidelines

Instructional Content: Health Education curriculum, instruction, and assessments are aligned with Health Education standards. The BOE adopted the NHES. A three-year implementation rollout for the NHES began in SY 2020-2021, with full implementation of the NHES in SY 2023-2024. Health Education in Pre-kindergarten is aligned to the [HELDS](#).

Instructional Minutes: Health Education is provided to students in elementary grades at least 45 minutes per week and secondary grades at least 200 minutes per week.

Nutrition Education: Nutrition education includes culturally relevant activities that are 'āina-based and hands-on, such as food preparation, taste-testing, farm visits, and school gardens.

Sexual Health Education: HIDOE schools provide age-appropriate and medically accurate sexual health education to promote healthy decisions and behaviors during puberty and adolescence as well as prevent unintended pregnancy and sexually transmitted infections. Students are encouraged to communicate with their parents, guardians, and trusted adults. Parents and legal guardians may opt-out of having their children participate in sexual health education.

For the full text of the policies and guidelines, refer to [BOE Policy 102-3 Statewide Content and Performance Standards](#), [BOE Policy 103-1 Health and Wellness](#), [BOE Policy 103-5 Sexual Health Education](#), [BOE Policy 103-8 Prophylactics in the Public Schools](#), [HIDOE Wellness Guidelines](#), [HIDOE Comprehensive Health Education](#), and [HIDOE Sexual Health Education](#).

Course Requirements

Course requirements for standards-based Health Education:

- Health Education is required in all elementary grades.
- Middle/intermediate schools must offer courses that allow all students to meet Hawai'i's Health Education standards and performance indicators for Grades 6-8. One semester (0.5 credits; 60 hours) of Health Education in each middle/intermediate school grade is strongly recommended but not required.
- In high school, a one-semester course (0.5 credits; 60 hours) in Health Education is required for graduation.

A variety of Health specialized elective courses (e.g., Peer Education) are available at the secondary school level.

For middle school promotion and high school graduation requirements, refer to [BOE Policy 105-1 Academic Program](#), [BOE Policy 102-9 Middle Level Education Promotion Policy](#), and [BOE Policy 102-15 High School Graduation Requirements and Commencement](#).

Frequently Referenced Statutes, Policies, and Guidelines

HIDOE employees are required to follow all BOE policies as well as HIDOE procedures, regulations, and guidelines, including those related to technology use and data governance. The most frequently referenced statutes, policies, and guidelines for Health Education are listed below.

Statutes

- [Public Law 108-265 Section 204 Child Nutrition and WIC Reauthorization Act of 2004](#)
- [Healthy Hunger Free-Kids Act \(2010\)](#)
- [Hawai'i Revised Statutes §321-11.1 Medically Accurate Sexuality Health Education](#)

BOE Policies

- [E-3 Nā Hopena A'o \(HĀ\)](#)
- [E-101 Whole Student Development](#)
- [101-13 Controversial Issues](#)
- [101-14 Family and Community Engagement/Partnership](#)
- [E-102 Academic Mastery and Assessment](#)
- [102-3 Statewide Content and Performance Standards](#)
- [102-9 Middle Level Education Promotion Policy](#)
- [102-12 Reporting Student Progress and Achievement](#)
- [102-15 High School Graduation Requirements and Commencement](#)
- [E-103 Health and Wellness](#)
- [103-1 Health and Wellness](#)
- [103-5 Sexual Health Education](#)
- [103-8 Prophylactics in the Public Schools](#)
- [E-105 Well Rounded Academic Program](#)
- [105-1 Academic Program](#)
- [105-3 Curriculum](#)
- [105-4 Instructional Materials](#)
- [105-7 Hawaiian Education](#)
- [105-8 Ka Papahana Kaiapuni](#)
- [203-2 Developmentally-Appropriate Teaching Strategies](#)
- [305-1 Student Safety and Welfare](#)
- [305-10 Anti-Harassment, Anti-Bullying, and Anti-Discrimination Against Student\(s\) by Employees](#)

HIDOE Policies and Guidelines

- [Wellness Guidelines](#)
 - [Comprehensive Health Education](#)
 - [Sexual Health Education](#)
 - [Opt-Out Process for Controversial Issues](#)
 - [Civil Rights Compliance Branch](#)
 - Equal Educational Opportunity
 - Notice of Non-Discrimination and Anti-Harassment
 - Guidance on Supports for Transgender Students
 - [Bully Prevention Work and Chapter 19](#)
 - [Acceptable Use Guidelines](#)
 - [Code of Conduct](#)
 - [Mandatory Child Abuse Reporting](#)
 - [Opening of the School Year Packet](#) (HIDOE staff login required)
- For additional Health Education information, visit:
- [Learning Design for Health Education](#)
 - [Health Intranet](#) (HIDOE staff login required)

TERMS AND REFERENCES

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Terms

The terms are listed in alphabetical order.

‘Āina: Land; that which feeds and nourishes, including land, sea, sky, plants, and animals (Handy & Pukui, 1958/2006; Kamehameha Schools, n.d.)

A‘o: Learning, teaching, symbiotic in nature, two-way (a‘o aku, a‘o mai)

Hopena: End goals, the result of an action, state of being as the result of an action or set of actions

Kaiāulu: Community

Keiki: Child, offspring, descendant

Lōkahi: Balance, harmony, and unity within an individual (body, mind, spirit), relationships with others, and relationships with the environment and the rest of the world (Paglinawan et al., 2019)

Mālama: To take care of, tend, attend, care for, preserve, protect

Mo‘olelo: Stories (additional information is on page 21)

Nā: The (plural)

‘Ohana: Family

Ola: Life, health, well-being; to live; to heal and thrive

‘Ōlelo No‘eau: Hawaiian proverbs and poetical sayings

‘Ōpio: Youth, juvenile

Pilina: Symbiotic or equitable connections/relationships

Pono: Completely, properly, rightly, well

Piko: Connections to sources of life that carry the knowledge of the past as well as serve as the foundation for the present and future generations (additional information is on page 12)

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