

Not All National Health Education Standards (NHES) are the Same

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ABSTRACT

Purpose: The purpose of this article is to explain how the National Health Education Standards (NHES) differ. Many educators recognize that the first standard, NHES 1, focuses on students' comprehension of basic health information, commonly referred to as functional health knowledge, with the other seven standards, NHES 2 through 8, focusing on healthy life skills. The infusion of NHES 1 and a skill-based standard (NHES 2 through 8) is best taught in a 5-step framework to support students' success. However, NHES 2 through 8 require further exploration and planning for teaching due to either being a macro skill, a set of micro skills, or a combination of both.

Conclusion: This article identifies which NHES are macro skills or a set of micro skills while also providing recommendations for how to utilize the 5-step framework for both types of skills.

Keywords: Skill-based health education, life skills, macro skills, micro skills, 5-step framework

1. INTRODUCTION

Ask any school health educator what has occurred over the past 15 years regarding the PreK-12 Health Education profession, and odds are they will mention the shift to teaching skill-based health education to support health literacy. The National Health Education Standards (NHES) have

always referred to skills in which, other than Standard 1 which recognizes the comprehension of health concepts needed by students, the rest of the standards have utilized action verbs inferring skill development. These verbs include analyze and demonstrate for effectively communicating, assessing reliable resources, analyzing influences, self-managing one's wellness, making healthy decisions, positive planning and goal setting, and advocating for one's as well as others' health (Joint Committee on National Health Education Standards, 1995 & 2007). Yet the revised sets of standards released by SHAPE America (2024) and the National Consensus for School Health Education (2022) recommend a stronger focus on teaching skill development in the PreK-12 setting with the NHES 2 through 8.

The benefits of focusing on skills for planning, instructing, and assessing include supporting students in becoming health literate, in which the skills serve as the framework for curriculum development and instruction. Health literacy is a person's ability to access updated and correct health information and ultimately choose the strongest personal actions based on that information. As noted by Benes and Alperin (2019), the skill-based approach places the skills of the National Health Education Standards (NHES 2 through 8) as the base or foundation of health education curriculum to best support this health literacy. Reasons behind this approach include the theoretical reality that knowledge by itself does not change behaviors. Instead, focusing on *skill development* with the infusion of functional health knowledge contributes to behavior change (Centers for Disease Control and Prevention, 2024). Another reason for the skill-based approach includes preK-12 students needing the opportunity to learn and practice skill development to reach a level of competency for applying the skills to real-life scenarios. Having students practice specific skills repeatedly and in a variety of contexts allows for higher transference (Bransford, Brown, & Cocking, 2001), supporting health literacy. Therefore, to increase healthier behaviors, health education curriculum needs to focus on skill development with the infusion of relatable and needed health education knowledge (functional health knowledge).

2. 5-STEPS FOR TEACHING SKILL-BASED HEALTH EDUCATION

To support teachers' success in how to plan, instruct, and assess skill-based health education, it is recommended that health educators teach each skill in a 5-step format within a planned unit (Benes & Alperin, 2019, p.29; Fetro, 2000, p. 29; National Consensus for School Health Education, 2024). To do this, teachers need to organize their units with the backwards design approach in which one skill-based standard (National Health Education

Standards 2 through 8) is chosen for the unit. The 5 steps are then typically planned throughout the unit and include:

- an introduction to the unit's skill as well as its importance,
- descriptions of the skill cues or steps,
- the teacher modeling how to use the skill cues/steps,
- students practicing the skill, including the reference to the skill's cues/steps, and
- assessing the student's use of the skill (cues/steps).

Other aspects of the unit, including functional health knowledge (FHK) and affective concepts, would then be infused into the unit. In other words, the skill aligning with the chosen standard is noted as the overall theme of the unit with simple health content and values/belief activities being incorporated into lessons. For example, facts about vaping as well as activities allowing students to process their values and beliefs about vaping would be infused into an overall unit of decision-making (National Health Education Standard 5).

3. DIFFERENT TYPES OF SKILLS

Although the 5-step format for standards 2 through 8 is recommended to be followed for both sets of National Health Education Standards (NHES), these 5 steps need to be completed differently depending on the type of skill each standard refers to. For this article, the standards are broken down into macro skills, a set of micro skills, or a combination of both. Macro skills are overarching thinking or processing skills requiring contemplation to then choose a healthy behavior. Cues aligning with these skills are often taught as acronyms. For example, the DECIDE acronym being implemented for NHES 5, the standard referring to decision-making. Micro skills refer to basic everyday habits that can be taught, modeled, practiced, and assessed in one to two lessons. These micro skills are then reinforced by continuous modeling by the teacher and fellow students throughout the school year because they eventually form into everyday habits. For example, the self-management skill (NHES 7) of how to properly sneeze into a tissue or elbow area, not into one's hands.

As noted in Figure 1, some standards are macro skills (Super Health Crusader, 2025). These skills require the same cues being applied to a variety of situations and repetition (practice) due to the need for higher level thinking. The standards that are considered macro skills include analyzing influences (NHES 2), accessing reliable resources (NHES 3), decision-making (NHES 5), and advocacy (NHES 8). All of these skills have applicable cues aligning with acronyms to support the success of students' use.

Figure 1*Skills Aligned with Health Standards***Health Education Skills**

Which of the following types of skills will you base your unit on?

Macro Skills :

- Analyzing Influences(NHES 2)
- Accessing Reliable Resources (NHES 3)
- Decision Making (NHES 5)
- Advocacy (NHES 8)

OR

Set of Micro Skills:

- Effective Communication (NHES 4)
- Self-management/Practicing Healthy Behaviors (NHES 7)

OR

Combination Skill (Set of Micro Skills + Macro Skill):

- Planning & Goal Setting (NHES 6)

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Other standards align with a set of micro skills which can be taught in a brief period, for example, one micro skill within one full lesson. As noted in Figure 1, these standards include effective communication (NHES 4) and self-management skills/practicing health behaviors (NHES 7), in which each overarching skill needs to be broken down into smaller habits, or micro skills, to be taught for students to learn and then practice (Super Health Crusader, 2025). For example, a third-grade unit focusing on self-management skills/practicing healthy behaviors (NHES 7) would include lessons on the following micro skills in which each lesson would present a new simple habit: how to properly wash one's hands, how to sneeze and cough properly, brushing one's teeth properly, etc.

The last skill-based standard, goal-setting (NHES 6), is a combination of both micro skills and one macro skill (SMART goals). Due to the complexity of this standard, the author is focusing on the macro skills and set of micro skills standards for the purposes of this article.

4. USING THE 5-STEP APPROACH FOR THE DIFFERENT TYPES OF SKILLS

To best support the success of students, the teacher must first determine if their unit will be based on a standard that is a macro skill, a set of micro skills, or a combination of both. As noted in the Decision-Making Flowchart in Figure 2 (Super Health Crusader, 2025), after this decision is made, the unit needs to be planned as either using the 5-step approach throughout the whole unit for a macro skill or using the 5 steps within each micro skill lesson.

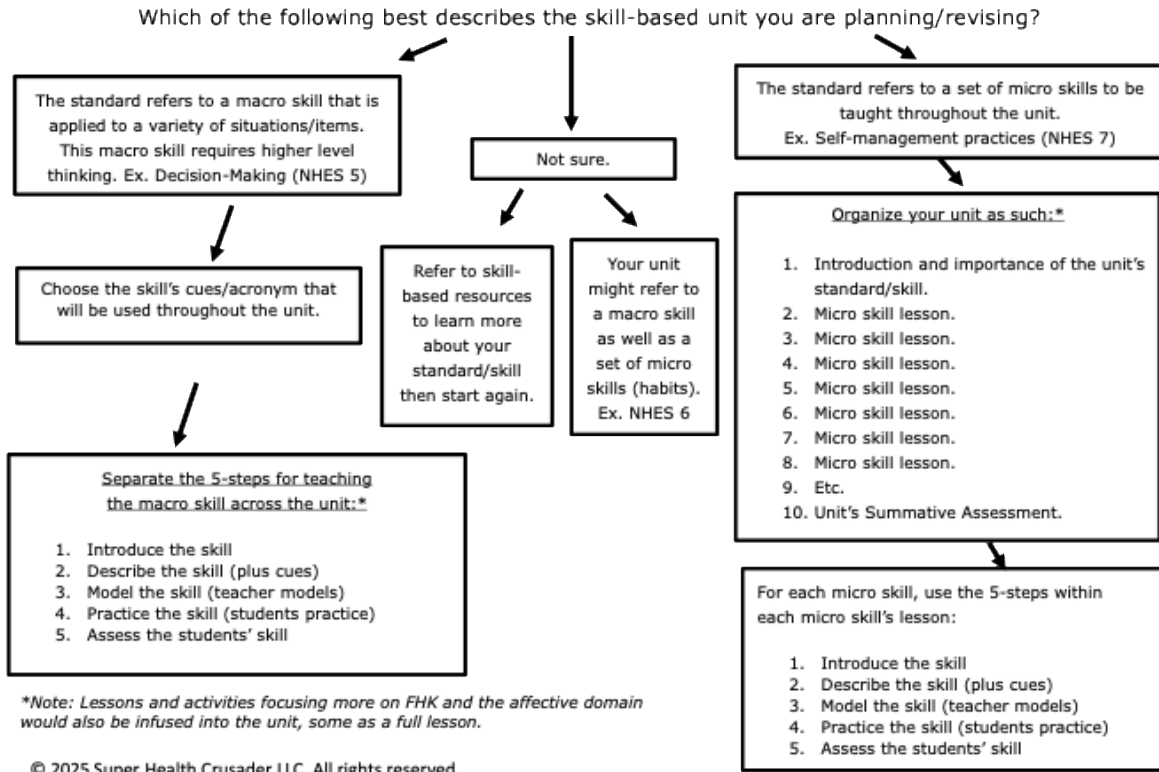
4.1 For standards focusing on macro skills (National Health Education Standards 2, 3, 5, & 8)

After identifying that the unit is based on a macro skill, the teacher needs to decide upon the specific set of skill cues students will be taught to practice throughout the unit, as noted in Figure 2 (Super Health Crusader, 2025). These cues may be an acronym to help students' recall. For example, the DECIDE model for NHES 5 (decision-making). The teacher also needs to determine what functional health knowledge will be infused into the unit, for example, alcohol, tobacco, and other drugs (ATOD). The example of planning a decision-making unit with the infusion of ATOD information will be used within this section to help the reader better understand this macro skill planning. Figure 3 provides a brief overview for this example.

Figure 2

Decision-Making Flowchart for Skill-Based Health Education

Decision-Making Flowchart for Skill-based Health Education



For following the 5-step approach with a macro skill:

Step 1: The first lesson of the unit would introduce students to the specific standard. For a unit focusing on NHES 5, the lesson would introduce decision-making. A common health education lesson for decision-making is the Paper Bag Activity, in which student volunteers are provided the opportunity to choose one of seven paper bags placed in front of the classroom. During this activity, the volunteers are allowed to choose a bag without touching the bag, then, after shaking a bag, pick up a bag, and touch what is inside the bag, one-step at a time. This activity serves as a simple introduction to the importance of decision-making, including how people might make initial decisions, yet, upon obtaining more information, might change their decision.

Within this lesson, simple functional health knowledge can be infused. For the decision-making example, this might include different items being placed into the paper bags representing aspects of ATOD usage. These objects

might include a water bottle filled with dirty water in one bag to represent needing to be aware of tainted beverages and a detention slip placed into another bag to signify the consequence of getting caught vaping within the school. Within this lesson, the teacher would discuss with the students the importance of the chosen unit's skill, decision-making, especially when faced with situations dealing with substances.

Step 2: Describing the skill plus the chosen cues/acronym would be planned for next. For the example of using the DECIDE model, students would learn what each letter of the acronym stands for, as well as the importance of each. This might be done at the end of the first lesson or gone over in the following lesson. The author recommends this step being presented in one full lesson as shown in Figure 3.

Step 3: Modeling the skill would be next. The author recommends this step be completed within one full lesson in which the teacher chooses an appropriate situation dealing with the topic area to apply the skill's cues/steps. Students can assist throughout a class discussion, yet the teacher would ensure they are truly modeling the skill. For the decision-making example, the teacher might choose a situation dealing with the pressure some people feel during holiday events to drink alcoholic beverages, in which they, themselves, would go over each step of the DECIDE model for this situation. This modeling is recommended to occur before students' practice.

Step 4: Practicing the skill is next. Due to students needing the repetition of skill practice, this step is recommended to be repeated in a variety of ways. This could include the whole class being placed into small groups to apply the skill to the same situation within one lesson, then the application of the skill to a variety of situations within other lessons. For the provided example, the students' initial practice of the DECIDE model might be with a common vaping situation in which the whole class discusses the steps after working in small groups. Then, in another lesson, the class applies the DECIDE model to different situations dealing with alcohol, one situation per group, sharing their work with the whole class at the end of the lesson. Other situations dealing with specific substances would also be practiced within later lessons.

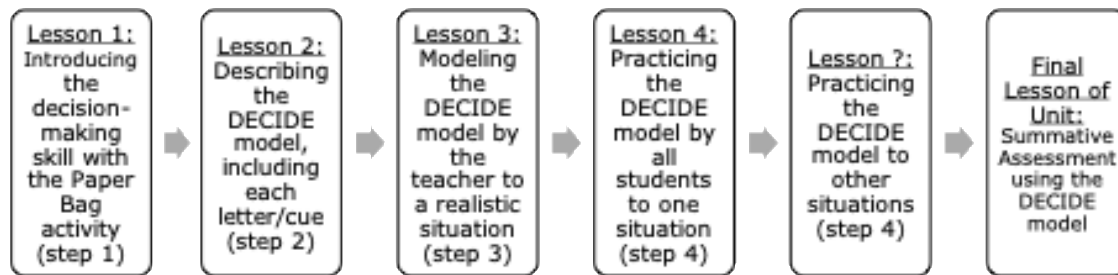
Note: Applying the DECIDE model might feel too repetitive or "dry" for the class, however, teachers should recognize the value of providing students with multiple opportunities to apply the DECIDE model in a variety of substance-related situations prior to real-life exposure. Additionally, lessons that emphasize functional health knowledge and value clarification (affective domain) may be strategically interwoven between skill-practice sessions.

Step 5: Students would then be assessed on the skill at the end of the unit. This assessment would include students demonstrating their use of the skill's cues, like the DECIDE model steps, to a specific situation they can relate to, and feel is important. An overall summative assessment assignment explaining what is expected, as well as a grading rubric, is recommended to be provided to students for the assessment.

Figure 3

Lesson Progression Within a Decision-Making Unit

Simple example for a decision-making unit:



Note: Lessons and activities focusing more on FHK and the affective domain would also be infused into the unit, some as a full lesson.

4.2 For standards dealing with a set of micro skills (National Health Education Standards 4 & 7)

After deciding the unit's standard, including the specific set of micro skills to be taught throughout the unit, the teacher needs to consider what FHK would be infused into the unit. For this paper, the example of basing the unit on effective communication skills (NHES 4) is used with the infusion of human sexuality FHK.

Then, as noted in Figure 2 for a set of micro skills (Super Health Crusader, 2025):

Lesson 1: Within the first lesson of the unit, the chosen set of micro skills connected to the standard would be introduced by the teacher. This would be where the importance of the standard (set of micro skills) is presented. If choosing NHES 4, effective communication, as the unit's focus, the importance of assertive communication would be presented, as well as the aspects of assertiveness. For example, the first lesson might ask high school

students to identify the common communication barriers teenagers use within personal relationships. A short video clip demonstrating barriers might be shown to support this task, in which examples shown might include using one's phone during a conversation and interrupting the person who is speaking. The class can discuss how these poor habits impact personal relationships and brainstorm effective communication habits. Examples would include using assertive body language, speaking with a positive/healthy tone, and choosing one's words carefully. These positive habits would then be focused upon throughout the unit, one lesson per micro skill, due to the importance of using assertive and empathetic communication skills. The content area of human sexuality, which includes healthy relationships information, would also be introduced as the topic being infused into the skill-based unit.

Lesson 2: A micro skill for the chosen standard would be the focus of this lesson. As noted in Figure 2, the format for teaching this micro skill would include the 5-steps of teaching skill-based health within this lesson. For example, in an effective communication unit, the second lesson might focus on assertive body language, in which the lesson would introduce the concept of body language (Step 1) as well as the importance of reading a person's body language and utilizing assertive body language during conversations (Step 2). The teacher would model assertive body language (Step 3). Then students would be given the opportunity to practice this micro skill, first as an overall class at their seats, then in small groups while having simple conversations on specific topics that are provided by the teacher. This lesson's assessment might include each student creating a short video clip demonstrating three aspects of assertive body language before the next class.

Lesson 3: Another micro skill would be focused on for lesson 3. For NHES 4, tone may be the micro skill in which students would be taught to recognize how messages can differ upon how actual words are spoken. For example, differences between coercive and honest tones when talking about consent. Similar to lesson 2, the concept would be introduced, in which the importance of assertive tone is explained with examples being provided (Steps 1 and 2). The teacher would model assertive tone (Step 3), and the students would then practice using assertive tone within created scenarios dealing with human sexuality, including healthy relationships (Step 4). Students can then assess one another by completing a created checklist for assertive tone in partnerships or small groups (Step 5).

Lessons 4 through the second-to-last lesson of the unit: Other micro skill lessons for the chosen standard would continue in the same manner as lessons 2 and 3. For NHES 4, other micro skills might include how to

properly use an “I feel” statement, empathetic listening, etc. Furthermore, referring to the performance expectations of both national sets of standards for Standard 4 (SHAPE America, 2024; National Consensus for School Health Education, 2022), additional skills to be planned for include using effective refusal skills and conflict resolution skills.

The last lesson of the unit: Within this lesson, the students would demonstrate their learning of the chosen standard by completing a summative assessment. For NHES 4, students might be provided a variety of realistic situations dealing with human sexuality that they would choose from to demonstrate effective communication skills. For example, situations may include how to assertively break up with a person or how to effectively talk about different forms of birth control with a sexual partner.

Overall, teaching each micro skill for NHES 4 requires attention to ensure students recognize the importance of the subtle ways people communicate, what assertiveness looks/feels/sounds/reads like (modeling), practice of each micro skill, then simple assessments. Luckily, each micro skill can be assessed regularly through role playing or other chosen formats in which simple rubrics noting assertive body language, tone, and words are provided. And, if needed, additional lessons focusing on functional health knowledge and the affective domain would be infused into the unit at appropriate places.

5. CONCLUSIONS

Teaching health education in a skill-based manner best prepares children and youth for a healthy future. Teaching in this manner also aligns with the National Health Education Standards (NHES), in which seven of eight standards focus on specific life skills (SHAPE America, 2024; National Consensus for School Health Education, 2022). Yet, to best support students’ success, health educators need to recognize the differences between Standards 2 through 8 and plan accordingly. As discussed within this article, the author identifies how some standards are macro skills applicable to various situations, while other standards involve a set of micro skills, or habits, for one’s wellness. Depending upon the type of skill, the 5-steps for teaching skill-based health education are recommended to be utilized in one of two ways.

6. ACKNOWLEDGEMENTS

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None.

6.2 Conflict of Interest

The author has no conflicts of interest to declare.

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