

HEALTH EDUCATION CURRICULUM FRAMEWORK

Developed 2019-2020
Implemented 2020-2021

Mountain Brook Schools
32 Vine Street
Mountain Brook, AL 35213

HEALTH EDUCATION CURRICULUM FRAMEWORK

Mountain Brook Schools Board of Education

Nicky Barnes, President
Tommy Luckie, Vice President
Brad Sklar
Jeffrey Brewer
Jenifer Kimbrough

Dr. Richard Barlow
Superintendent

Dr. Missy Brooks
Director of Instruction

Preface

Health is a dynamic, ever-changing field continually influenced by ongoing research on the teaching of health and by emerging threats to personal and community well-being. The *Health Curriculum Framework* draws on the most current knowledge for the health education program in Mountain Brook Schools. It lists the knowledge and skills that should be mastered at each grade level, with the goal of producing health-literate students who are equipped to experience a healthy lifestyle for the rest of their lives.

Research indicates that health risk behaviors or factors with the most damaging long-term effects on students are obesity, poor nutrition, physical inactivity, abuse of drugs, risky sexual activity, negligent parenting, poverty, and emotional issues that may lead to the consideration of suicide. Therefore, the *Code of Alabama* (1975) laws and Alabama State Board of Education resolutions and regulations relative to these and other destructive behaviors are included in this document. The Alabama State Board of Education strongly encourages the embodiment of these laws and regulations in all age- and content- appropriate contexts throughout the Alabama Health Course of Study.

In the *2019 Alabama Course of Study: Health Education*, Anchor Standards, content standards, and sub-standards are minimum and required (*Code of Alabama*, 1975 § 16-35-4). While these are fundamental and specific skills that students should master, it is not an exhaustive list. Through the efforts of [All In Mountain Brook](#), the Mountain Brook Schools and community have identified four areas of focus: substance abuse, underage drinking, emotional and behavioral problems, and preventable accidents.

Health Curriculum Framework Committee

BWF K – Tanishia Sims
1 – Claire Thomas
2 – Ashley Scott
3 – Kelly Stout
4 – Lane Walker
5 – John Woolard
6 – Jessica Meriwether
Parent – Maretta Ashford
Counselor – Ashley Elliott
PE Teacher – Sally White
PE Teacher – Jay Gilliland
Asst. Principal – Ashley Crossno

CB K – Caroline Holley
1 – Meredith Lusco
2 – Emily Griner
3 – Danean Davis
4 – Shelley Hunt
5 – Karan Bush
6 – Alexandra Andrews
Parent – Caroline Woods
Counselor – Laura Witcher
PE Teacher – Hunter Mullins
PE Teacher – Miriam Sokol
Asst. Principal – Blair Inabinet

CES K – Phyllis Farrar
1 – Debbie Holder
2 – Beth McKinley
3 – Becca Pigg
4 – Caroline Ferrarone
5 – Amanda Johnson
6 – Amanda Malachowski
Parent – Georganne Perrine
Counselor – Liz Fry
Counselor – Leah Treadwell
PE Teacher – Kelby O’Neil
PE Teacher – Page Tatarek
PE Teacher – Brittany Thomas
Asst. Principal – Catherine Waters
Asst. Principal – Josh Watkins

MBE K – Katie Potts
1 – Connie Liddle
2 – Julie Tuck
3 – Judy Dyess
4 – Jennifer Wilson
5 – Suzanne Andrews
6 – Bethany Tompkins
Parent – Chad Simmons
Counselor – Anna Carlisle
PE Teacher – Matt Cain
PE Teacher – Karly Bergeron
Asst. Principal – Brannon Aaron

JH 7th Grade Science – Susan Haggard
7th Grade Science – Bruce Henricks
7th Grade Science – Vicki Webb
Parent – Britt Redden
Counselor – Casey Lancaster
Counselor – Jana Lee
Counselor – Sharon Lyerly
PE Teacher – Tyler Davis
PE Teacher – Kristie Harris
PE Teacher – Derek Jones
PE Teacher – Sean Moran
PE Teacher – Jane Mosakowski
PE Teacher – John Phillips
PE Teacher – Randy Stephens
Asst. Principal – Brook Gibbons

HS PE/Health – David Good
Health – John Pledger
Health – Melissa Tuck
Parent – Beverly Ward
Counselor – Ellanor Dukes
Counselor – Rebecca Goodson
Counselor – Elizabeth Tiley
Asst. Principal – Carrie Busby

BOE Missy Brooks – Director of Instruction and Curriculum
Amanda Hood – Director of Student Services
Lanie Kent – Asst. Director of Instruction and Curriculum
Holly Martin – Staff Development Specialist
Tricia Neura – Director of Child Nutrition

Synopsis of Laws, Regulations, and Resolutions Relating to Health Education

Reference Information	Program Foundation
<p>The <i>Code of Alabama</i> contains laws passed by the state legislature. A reference to the <i>Code of Alabama</i> has three parts: Title, Chapter, and Paragraph. Laws related to education are located in (Title) § 16. The Chapters are numbered and organized by topic. Paragraphs may be located within the referenced Chapter. For example, the law requiring cardiopulmonary resuscitation (CPR) instruction is (Title) §16- (Chapter) 40-(Paragraph) 8.</p>	<p>The <i>2020 Health Education Curriculum Framework</i> provides the legal foundation for the minimum content of a locally developed health education curriculum. Using this document, school superintendents direct the development and implementation of the curriculum for schools in their system. Local boards of education approve and make this curriculum available to each teacher and interested citizen. Textbooks are classroom resources selected to complement this document. The state textbook adoption process begins after the Alabama State Board of Education adopts the 2019 <i>Alabama Course of Study: Health Education (Code of Alabama, 1975: §16-8-28, §16-9-21, §16-12-8, §16-12-9)</i>.</p>
<p>The <i>Alabama Administrative Code (AAC)</i> contains policies and regulations adopted by the State Board of Education. For example, the Alabama High School Graduation Requirements (AAC r. 290-3-1-.02 (8)(a-b)) are found on pages 66-67.</p>	<p>Program Implementation Health education is required in Grades K-8, and one-half credit of health education is required for high school graduation. Instruction in health education must be provided by certified teachers. Additional health education courses may be prescribed by local boards of education (<i>Code of Alabama, 1975: §16-1-16, §16-23-1, §16-35-5, §16-6B-2(d), §16-6B-2(f); Alabama Administrative Code (AAC) r. 290-3-1-.02 (8.2)(e-2)</i>).</p>
<p>The <i>Alabama Course of Study: Health Education</i> contains minimum required content standards for health education.</p>	<p>Program Requirements Research indicates that the health risk behaviors or factors with the most damaging long-term effects on students are obesity, poor nutrition, physical inactivity, abuse of drugs, risky sexual activity, negligent parenting, poverty, and emotional issues that may lead to the consideration of suicide. Teachers who teach health education should incorporate concepts embodied in the laws, regulations, and resolutions that follow in age- and content-appropriate contexts throughout this document.</p>
<p>State Board of Education resolutions or directives from the State Superintendent of Education provide additional guidance for health education.</p>	<p>Acquired Immune Deficiency Syndrome (AIDS) Education Students in Grades 5-12 receive instruction about AIDS through the health education program (Alabama State Board of Education Resolution, August 27, 1987, and October 22, 1987, meetings).</p> <p>Cardiopulmonary Resuscitation (CPR) Education In the required, one-half-credit high school course, students are to receive instruction in CPR from instructors certified by the American Heart Association or the American Red Cross (<i>Code of Alabama, 1975, §16-40-8</i>).</p>

Character Education

The character education program focuses upon the development of courage, patriotism, citizenship, honesty, fairness, respect for others, kindness, cooperation, self-respect, self-control, courtesy, compassion, tolerance, diligence, generosity, punctuality, cleanliness, cheerfulness, school pride, respect for the environment, patience, creativity, sportsmanship, loyalty, and perseverance. These character education traits complement the goals of the *Alabama Course of Study: Health Education (Code of Alabama, 1975, §16-6B-2(h); Alabama State Board of Education Resolution, May 25, 1995, meeting)*.

Drug Abuse Prevention Education

Drug abuse prevention education is provided to all students as part of a comprehensive drug abuse education program. Funding is used from federal, state, local, or private resources. The program is age-appropriate and contains resistance skills and information pertaining to all aspects of illicit drug use, including legal, social, and health consequences. Students may be exempt without penalty from the drug education program if a parent or legal guardian presents to the school principal a signed statement indicating that the teaching of disease, its symptoms, its development and treatment, and the use of instructional aids and materials conflict with the religious preferences of the family (*Code of Alabama, 1975, §16-41*).

Parenting Education

Through existing required courses, students in Grades 7-12 receive instruction in parental responsibilities (*Code of Alabama, 1975, §16-40-1.1*).

Sex Education

The *Code of Alabama* states:

- (a) Any program or curriculum in the public schools in Alabama that includes sex education or the human reproductive process shall, as a minimum, include and emphasize the following:
 - (1) Abstinence from sexual activity is the only completely effective protection against unwanted pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually.
 - (2) Abstinence from sexual activity outside of lawful marriage is the expected social standard for unmarried school-age persons.

The *Code of Alabama* states further that materials and instruction selected and used at the local level shall be age-appropriate; shall emphasize abstinence, refusal skills, ethical conduct, and applicable laws (child support, sexual abuse, and homosexual conduct); and shall include information indicating the reliability and unreliability of contraceptives (*Code of Alabama, 1975, §16-40A-2*).

Suicide Prevention Education

An awareness program for suicide prevention must be implemented by each school system and must include mental and emotional health education in the one-half-credit health education course required for high school graduation (Alabama State Board of Education Resolution, June 12, 1986, meeting).

The Jason Flatt Act

The Jason Flatt Act requires public school personnel to receive annual training in suicide awareness and prevention. Local school systems will adopt policies on student suicide prevention that include consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts. These policies shall address procedures relating to suicide prevention, intervention, and postvention. [SB11]

Erin's Law

The Alabama Governor's Erin's Law Task Force established guidelines for the child sexual abuse prevention instructional program for students in kindergarten through Grade 12, in accordance with the Alabama Legislature. Public and private K-12 employees, teachers, and school officials are required to report any suspected abuse or neglect of a child. [*Code of Alabama* § 26-14-3]

Mandatory Reporting

Current law requires that the person who has direct knowledge or suspicion of abuse or neglect **must** be the one to make an immediate report orally, either by telephone or direct communication, followed by a written report, to the Department of Human Resources (DHR), law enforcement, or the District Attorney. Failure to make a required report is a misdemeanor punishable by six months in jail or a \$500 fine (or both); additional civil liabilities may be pursued. Abuse is defined as harm or threatened harm to a child's health and welfare. Neglect is defined as negligent or maltreatment of a child. Teachers are legally obligated to report incidents of obvious or suspected abuse or neglect, or observation of any child being subjected to conditions or circumstances that would reasonably result in abuse. They must report any such incidents to personnel who can take action. [*Code of Alabama* § 26-14-1]

Sexting

Sexting typically refers to using a cell phone to send or receive sexually explicit images. The images may be of the sender or someone else, either in the nude or engaged in sexual activity. In Alabama a person sending sexually explicit images of a teen may be charged with violating the state's child pornography law. A teen who is legally an adult (a 19-year-old) may face a lengthy prison sentence if convicted of a child pornography offense. Under Alabama juvenile law, a child is someone under 18 years old; or someone under 21 years old if accused of committing a crime before the child's 18th birthday. [*Code of Alabama* § 12-15-102].

Human Trafficking

Human trafficking in the first degree. (a) A person commits the crime of human trafficking in the first degree if:

- (1) He or she knowingly subjects another person to labor servitude or sexual servitude through use of coercion or deception.
- (2) He or she knowingly obtains, recruits, entices, solicits, induces, threatens, isolates, harbors, holds, restrains, transports, provides, or maintains any minor for the purpose of causing a minor to engage in sexual servitude.
- (3) For purposes of this section, it is not required that the defendant have knowledge of a minor victim's age, nor is reasonable mistake of age a defense to liability under this section.
- (4) A corporation, or any other legal entity other than an individual, may be prosecuted for human trafficking in the first degree for an act or omission only if an agent of the corporation or entity performs the conduct which is an element of the crime while acting within the scope of his or her office or employment and on behalf of the corporation or entity, and the commission of the crime was either authorized, requested,

commanded, performed, or within the scope of the person's employment on behalf of the corporation or entity or constituted a pattern of conduct that an agent of the corporation or entity knew or should have known was occurring.

(5) Any person who obstructs, or attempts to obstruct, or in any way interferes with or prevents the enforcement of this section shall be guilty of a Class C felony.

(b) Human trafficking in the first degree is a Class A felony.

(Act 2010-705, p. 1708, §3.) [*Code of Alabama* § 13A-6-152 (2012) Section 13A-6-152]

Jamari Terrell Williams Student Bullying Prevention Act

Renames and updates the “Student Harassment Prevention Act” as the “Jamari Terrell Williams Act”; changes the reference from harassment to bullying; incorporates cyberbullying into the act and specifically addresses conduct that occurs on or off school property, online or electronically, that substantially disrupts or interferes with the orderly operation of the school; requires a complaint form be prominently posted online, available at school and included in the student handbook; and requires each school programmatically address the issue with students and staff annually. Effective on June 1, 2018. (Act 2018-472 H.366)

Annalyn’s Law

Requires that notification provided to a school of a low-risk sex offender be expanded to include notification of the local superintendent of education with jurisdiction over the school. The State Board of Education is required to develop and local boards of education are to adopt a model policy (to be implemented beginning with the 2020-2021 school year) for monitoring juvenile sex offenders in school. The bill also requires that upon notification, the principal, as appropriate, shall follow the procedures and intervention actions detailed in the safety plan created pursuant to the act. (Act 2018-399)

Texting While Driving

(a) For purposes of this article, the following words have the following meanings:

(1) WIRELESS TELECOMMUNICATION DEVICE. A handheld cellular telephone, a text-messaging device, a personal digital assistant, a stand-alone computer, or any other similar wireless device that is readily removable from a vehicle and is used to write, send, or read text or data through manual input. The term "wireless telecommunication device" does not include a device which is voice-operated and which allows the user to send or receive a text-based communication without the use of either hand except to activate or deactivate a feature or function.

(2) WRITE, SEND, OR READ A TEXT-BASED COMMUNICATION. Using a wireless telecommunication device to manually communicate with any person using text-based communication, including, but not limited to, communications referred to as a text message, instant message, or electronic mail. The term does not include reading, selecting, or entering a telephone number or name in a cell or wireless telephone or communication device for the purpose of making a telephone call.

(b) A person may not operate a motor vehicle on a public road, street, or highway in Alabama while using a wireless telecommunication device to write, send, or read a text-based communication. [Act 2012-291, p. 585, §1.]

Health Education Curriculum Framework

General Introduction

Health education is an essential component of the school curriculum for every child from kindergarten through grade 12. Literacy, behaviors, and skills addressed in this framework are fundamental to understanding and developing optimal health for life. Health education contributes directly to the successful practice of behaviors that protect and promote a healthy population and avoid or reduce health risks to this population. A health-literate citizen obtains, interprets, and understands basic health information and services and is able to competently use health information and services in ways that enhance health.

The *2019 Mountain Brook Health Education Curriculum Framework* describes the minimum required content for a curriculum that focuses on the development of health-literate citizens. This framework reflects current evidence-based health information regarding disease prevention and health. The prior course of study was primarily topic-based, while the new course of study is skill-based with topics integrated within the standards. The instructional foundation for Alabama's K-12 health education program provides guidance on the essential skills and knowledge that students should have at each grade level. The health education program incorporates national health education standards, the six dimensions of health, and the priority health-risk behaviors and experiences that most influence adolescent health, as identified by the Centers for Disease Control and Prevention. The sequence of content across grade levels provides for increasing degrees of complexity appropriate for students' developmental levels from early childhood through adolescence.

Standards define what students should know and be able to do at the conclusion of a course or grade. Each content standard completes the stem "*Students can...*" Standards do not dictate curriculum or teaching methods. Content standards in this document contain minimum required content. The order in which standards are listed within a course or grade is not intended to convey a sequence for instruction. For example, one topic may appear before a second in the standards for a given grade, but this does not necessarily mean that the first must be taught before the second. A teacher might prefer to teach the second topic before the first topic or might choose to highlight connections by teaching both topics at the same time. In addition, a teacher might prefer to teach a topic of his or her own choosing that leads to students mastering the standards for both topics.

With the advancement of technology, social media, and current social issues, today's youth face new pressures and challenges. By achieving the goal of optimal health and receiving the support of parents, schools, and communities, students will be prepared to face these challenges as productive, healthy citizens.

Directions for Interpreting the Standards

		Anchor Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.					
		Kindergarten	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Anchor Standard	Self-Management						
	Monitor Progress	K.7.1 Show healthy behaviors that improve personal health and wellness. Examples: demonstrating correct technique for hand washing, showing basic first aid procedures for bandaging a cut	1.7.1 Identify healthy practices and behaviors to maintain and improve personal health.	2.7.1 Predict how healthy behaviors can reduce health risks. Example: predicting how a healthy sleep routine promotes academic success	3.7.1 Develop a plan for responsible personal health behavior. Examples: keeping an activity log, planning activities that reduce stress	4.7.1 Demonstrate a variety of healthy practices and behaviors to maintain and improve personal health. Example: planning a daily menu based on the USDA food guidelines	5.7.1 Implement a variety of healthy practices and behaviors that avoid or reduce health risks. Example: executing a plan to manage academic, extracurricular, and family responsibilities.

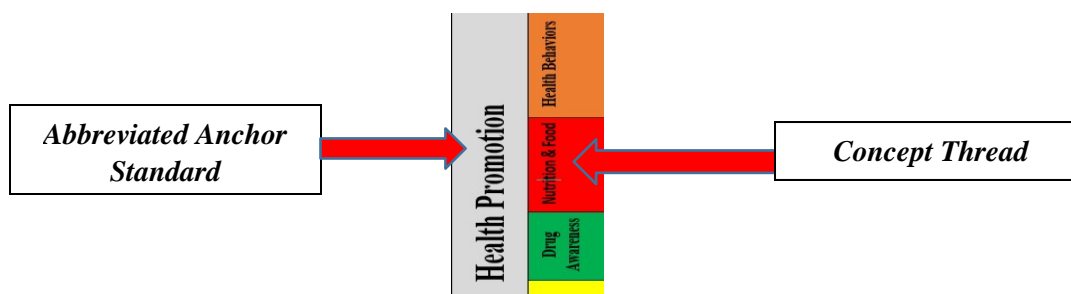
Anchor Standards are overarching guidelines based upon eight skills-based health education standards. These numbered standards appear in bold print at the top of each table.

Content Standards are statements that define what students should know and be able to do at the conclusion of a course or grade. Content standards are required to be taught. Each content standard completes the sentence stem “Students can...”

Content Sub-standards, indicated with *a, b, c, d*, are extensions of the content standard and are also required.

Examples are provided to clarify standards. Examples are not required to be taught.

Numbering of Content Standards – The grade level is listed first, followed by the anchor standard number and content standard. For example, 5.1.3 indicates grade 5, anchor standard 1, content standard 3. In high school courses, an abbreviation for the course title replaces the grade level.



Abbreviated Anchor Standards appear vertically in the far left column.

Concept Threads (K-5) organize content standards with common themes across elementary grade levels. The threads are indicated vertically at the left of each table. The 19 separate threads are lightly shaded to make them more readable. The number of threads varies from standard to standard.

Position Statements

Research has shown a direct link between health and academic success. While children are young, they are able to establish healthy behaviors that are effective throughout life. Schools play a significant role in establishing these lifelong healthy behaviors. Schools and families working together have the greatest impact on the health, safety, and well-being of the student.

The Role of Health Education in the Classroom

Current research indicates a positive correlation between health education, health outcomes, academic performance, student attendance, and student behavior. Given this undeniable connection, health education instruction is imperative for all K-12 Alabama students. High school health education must be taught by a certified health education teacher.

Alabama Champions for Healthy Active Schools

The Alabama Champions for Healthy Active Schools (ACHAS) statewide initiative is a collaborative effort involving key partners that share a vested interest in improving the health of Alabama students and school personnel. ACHAS helps local educational agencies (LEAs) and schools to develop successful wellness-promotion policies and to become champion schools. A champion LEA or school is driven by a working wellness policy that promotes nutritious meals, nutrition education, and physical activity before, during, and after school inclusive of students of all abilities, staff, and community involvement, in accordance with the United States Department of Agriculture (USDA) requirements, local educational agencies (LEAs) must develop and implement a local school wellness plan by June 30, 2017. The school wellness plan includes official statements that address the needs of a school system, school, or classroom. The Child Nutrition and WIC Reauthorization Act (Sec. 204 of Public Law 108-265) requires that these plans be developed and implemented by a wellness committee made up of parents, teachers, students, administrators, school food service personnel, school boards, and community members.

Cardiopulmonary Resuscitation (CPR) Education Clarification

- All students must receive instruction in CPR but are not required to become certified.
- CPR must be taught to all students enrolled in health classes in Alabama public high schools.
- CPR education does not need to cover all victim sizes (adult/child/infant) and **does not** require that a hands-on component be included in training.
- Only those standards prescribed by the American Heart Association or the American Red Cross shall be utilized in the instruction of CPR.
- The person providing certification does not have to be an employee of the school system. Certified American Heart Association or American Red Cross trainers may be utilized for student certification purposes.
- Students will be offered the opportunity to gain certification.

Technology

Technology in health education is growing and ever-changing. Technology skills can greatly enhance learning for students and teachers. The use of technology as a support tool enriches the quality of health education by delivering content through multiple methods. Utilization of appropriate technology must be included as an integral tool for planning and delivering the K-12 health education curriculum.

The Internet and other technology resources provide a wealth of reliable health materials. Sites for reliable and valid health information include government, non-profit organizations, and educational sites (.gov, .org, .edu) as opposed to commercial sites (.com). Students should be instructed on wise and appropriate use of technology and the consequences of the misuse and abuse of technology.