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The National Health Education Standards (NHES) were developed to establish, promote, and support health-enhancing behaviors for students in all grade levels—from pre-Kindergarten through grade 12. The [NHES](https://www.cdc.gov/healthyschools/sher/standards/index.htm) are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health.

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](http://www.cancer.org/), the Joint Committee on National Health Education Standards was formed to develop the standards. Committee members included:

* [American Public Health Association](http://www.apha.org/)
* [American School Health Association](http://www.ashaweb.org/)
* The Society of State Leaders of Health and Physical Education
* [American](https://www.shapeamerica.org/) Association for Health Education - an Association of the American Alliance for Health, Physical Education, Recreation, and Dance (now 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.

The focus on healthy behaviors as the outcome of students’ learning is a paradigm shift from the 1995 NHES which was to promote health literacy. This paradigm shift acknowledges that although the capacity to obtain, interpret and understand basic health information and services, and the

competence to use such information and services in ways which enhance health is essential to adopting and maintaining healthy behaviors, research has shown that students also need healthy beliefs, values and norms to engage in healthy behaviors. This emphasis on health-related knowledge, skills, and healthy beliefs, and values and norms better reflects the results of current health education curriculum evaluation and research and is consistent with the focus on specific behavioral outcomes as identified

in United States Centers for Disease Control and Prevention’s Characteristics of Effective Health Education Curricula.