



WHOLE CHILD

Fueling Development for Learning and Life



January 2026

HEALTH EDUCATION: Evidence-Informed Practice Brief

This brief is part of our series of evidence-informed practices supporting the whole child. We organize the series using the ten domains of the [Whole School, Whole Community, Whole Child \(WSCC\)](#) model. In this brief, we introduce the **Health Education** domain.

WHAT DO WE MEAN?

Health Education refers to planned learning opportunities during which students acquire health literacy knowledge and skills to engage in health-informed decision making and adopt lasting healthy behaviors.¹ Health education curricula should be based on assessment of student and community health needs, planned in collaboration with the community, and include skills-based instruction on topics that address relevant health needs. Instruction should be offered for students in grades pre-kindergarten through 12 and provided by certified and trained teachers.¹ In addition to classroom lessons or activities, students may obtain health information during visits to the school nurse or related providers, through posters or public service announcements, and through general conversations with teachers, peers, and family.

As health education topics are wide-ranging, it is essential that qualified professionals establish and deliver curricula that effectively and efficiently guide student learning. In addition, health education teachers are encouraged to participate in relevant and continued professional learning.¹ Effective curricula focus on well-defined health goals and outcomes using a research-based and theory-driven approach.¹ Health education instruction must be age-appropriate and incorporate developmentally appropriate materials, learning strategies, and teaching methods. More specifically, an appropriate school-based health education program will address the *National Health Education Standards* (NHES).² These standards can support school personnel in promoting healthy behaviors and health-based decision-making through curriculum development, teaching strategies, and student assessment. Further, NHES promotes a shared understanding of what comprises health education across students, families, and communities. The standards support these key groups in fostering student understanding of health promotion and disease prevention, analyzing the effect of social influences on health behaviors, and accessing reliable health-promoting information and services.² Students should also be taught health literacy skills to apply health-promoting knowledge in their interpersonal communication, decision-making, and goal-setting.² Together, this work can contribute to improving students' long-term health.



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WHY IS IT RELEVANT TO CHILD OUTCOMES?

Physical Health Outcomes

School-based health education positively impacts students' physical health, extending beyond physical activity in physical education classes. For instance, skill building around nutrition and healthy eating habits is associated with increased student fruit and vegetable consumption,^{3,4} reduced fat consumption,⁴ and increased physical activity.⁵ Further, health education seeks to promote prevention of chronic diseases such as cardiovascular disease and cancer through education on topics such as healthy eating.⁵ In addition, sexual health education has been found to reduce the likelihood of teen pregnancy and successfully prevent sexually transmitted infections.^{6,7} Several review studies suggest that substance use education can reduce and delay use of substances such as alcohol, marijuana, and other drugs.^{8,9,10} However, schools should consider appropriate developmental timing and packaging of this content as the effectiveness of programs can vary depending on student age.¹¹ Specific education about medication (e.g., medication adherence, side effects) can improve student knowledge, confidence, and appropriate use of medication.¹² Overall, effective health education can promote healthy behaviors and prevent and reduce the negative, long-lasting, and sometimes life-threatening physical effects associated with unhealthy behaviors.

Social, Emotional, and Behavioral Outcomes

Health education is associated with positive social, emotional, and behavioral outcomes. For example, prevention and health promotion programs surrounding alcohol and substance use can reduce symptoms of depression, anxiety, and antisocial behavior.¹³ Additionally, students have reported feeling less inclined to engage in substance use and unsafe sexual activity as a result of health education programs.^{14,15,16} Programs targeting healthy eating behavior have also been effective in improving students' attitudes toward healthy foods and preferences, which can lead to healthy food choices.³ However, it is important to tailor health education to address the unique contexts and needs of the student population. Not only does health education have the capacity to influence student behavior and physical health, it also plays a role in building students' social and emotional competencies.

Academic Outcomes

Research demonstrates a strong connection between healthy behaviors and academic achievement, including improved grades, standardized test scores, graduation rates, and attendance.^{17,18,19} For example, healthy nutrition, physical activity, and adequate sleep are associated with academic success.^{11,20,21,22} Additionally, academically successful students are less likely to smoke cigarettes, use vaping products, or drink alcohol before the age of 13.^{19,23,24} Since unhealthy behaviors such as poor eating habits, physical inactivity, and substance use are commonly associated with lower academic achievement,¹⁹ teaching and practicing healthy lifestyle behaviors is a component of effective health education curricula that promotes positive academic outcomes. Overall, health education is a critical means for promoting student success and intervening on any negative effects such behavior may have on student success.



HEALTH EDUCATION: EVIDENCE IN ACTION

The strategies provided here summarize a review of available evidence and best practice recommendations in this domain.* Strategies are grouped by anticipated resource demand (e.g., funding, time, space, training, materials).

Level 1 Strategies: Low resource demand

Use the Health Education Curriculum Analysis Tool (HECAT)

- HECAT can help schools select and/or develop appropriate and effective health education curricula, as well as improve the delivery of health education for student and community needs.²⁵
- Schools can use this tool to review curriculum, score the accuracy, acceptability, and feasibility of curriculum content, and track scores over time.²⁵

Align health education curricula with community needs and student interests

- Health education focused on community fit and the integration of multiple community systems is associated with improved outcomes^{16,26}— that is, two different school districts may need education surrounding the same health topic, but the information may be delivered in different ways.¹⁶
- Schools should deliver up-to-date and relevant health education curriculum in a developmentally tailored and community-focused manner that prioritizes student interests.^{8,16}

Level 2 Strategies: Moderate resource demand

Promote family involvement in health education

- Family involvement can play a pivotal role in delaying the onset and use of alcohol and other drugs among children and can improve healthy student behaviors (e.g., consumption of fruits and vegetables).^{4,26,27}
- Health education can promote family involvement by providing families with newsletters and information sheets, including family-student homework assignments, and offering family-student and family information sessions as part of the health education curriculum.⁴

Use multiple active-learning components in teaching health education

- Instructional programs that provide opportunities for active engagement are associated with reduced risk-taking behaviors, including decreased drunk driving and delayed initiation of sexual activity.^{16,28}
- Health education lessons should include active-learning components,⁴ such as role-playing, opportunities to practice healthy lifestyle skills, practice interpreting nutrition and medication labels, and meal planning and preparation.^{3,8,12,29}

Level 3 Strategies: High resource demand

Incorporate social learning and social cognitive approaches into health education activities

- Approaches that use social learning theory – the idea that people learn by observing others' behavior and attitudes as well as the outcomes of those behaviors – are associated with positive impacts on student attitudes and reductions in risk-taking behavior.^{3,4,8,16}
- Prevention curricula should incorporate aspects of social learning and social cognitive theory into lessons, such as through opportunities to practice unpacking positive and negative media messages and identifying ways in which media can impact their actions (e.g., healthy or unhealthy behaviors), and impact their environment.^{8,11,16}

Integrate health education across grade levels and subject areas

- Comprehensive and inclusive health education is recommended across pre-K through 12th grade. To best promote positive outcomes, health education should cover multiple years³⁰ (thus increasing student access), be developmentally appropriate, and be tailored to meet the specific needs of the community.^{8,16,31} For example, the effectiveness of substance use prevention programs has shown to vary depending on developmental timing; this should be considered when selecting appropriate health education curricula.^{11,31}
- Health education should also be integrated into other academic subjects.^{3,4,32,33} For example, teachers can work with health educators to assign and discuss age-appropriate books that discuss health-related topics during language arts or have students interpret nutrition labels as part of a science exercise.

*For more information about the systematic review process we used to identify evidence-based practices, please refer to our [overview brief](#).



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ADDITIONAL RESOURCES

Note: The [WellSAT WSCC](#) allows users to evaluate district policy alignment with ‘best practices’ in policy associated with Health Education and other WSCC model domains.

Action for Healthy Kids

Why Schools Need Comprehensive Health Education

This statement outlines why health education is important in schools, with links to resources.

Alliance for a Healthier Generation

Health Education

This webpage includes health education assessment tools for evaluating health education in your school, suggestions for improvement, and resources covering essential topics such as healthy eating, physical activity, and more.

Resources

This webpage offers a list of links to tools and resources to help schools take action in health education.

CDC

Characteristics of an Effective Health Education Curriculum

This website provides a detailed list and description of important health education curriculum characteristics developed by experts in the field.

National Consensus for School Health Education

National Health Education Standards 3rd edition

These standards provide a framework for what students should know and be able to do by grade levels.

Society of Health and Physical Educators (SHAPE)

Appropriate Practices in School-Based Health Education

This guide of best practices was created to assist teachers and administrators in developing and delivering health education that meets local, state, and national standards.

National Health Education Standards

These standards provide a framework for educators to deliver high-quality instruction and outline what students should know.

Society of Public Health Education

School Health

These resources provide e-learning experiences in school health education.

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