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To cite this article: Holly L. Alperin & Kandice Porter (2024) The 2024 National Health Education Standards: Moving Toward Health and Well-Being, Journal of Physical Education, Recreation & Dance, 95:9, 7-13, DOI: [10.1080/07303084.2024.2400005](https://doi.org/10.1080/07303084.2024.2400005)

To link to this article: <https://doi.org/10.1080/07303084.2024.2400005>



Published online: 19 Nov 2024.



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The 2024 National Health Education Standards:

Moving Toward Health and Well-Being

HOLLY L. ALPERIN AND KANDICE PORTER

Originally launched in 1993, the National Health Education Standards have long served as a roadmap and guide for educators seeking to improve the health and well-being of young people, primarily in pre-K–12 settings. The process that was used to arrive at the current 2024 National Health Education Standards began in 2020 when SHAPE America – Society of Health and Physical Educators obtained the copyright to the National Health Education Standards from its longtime partner, the American Cancer Society. In spring 2021, through a call for task force members, a seasoned group of health education professionals emerged with a variety of backgrounds, including teaching, school and district administration, higher education teacher education programs, community organizations, and state and federal agencies. Collectively, this group provided a diverse and deep knowledge of health education and how to teach students in

pre-K–12 settings. [Table 1](#) provides a list of 2024 National Health Education Standards Revision Task Force members.

Over a two-year period, the task force took intentional and deliberate action to ensure a thorough review of the current standards, best practice, and evidence in the field, and to get feedback from members of both the health education profession and the wider community. Feedback and input were directly solicited through town hall events, focus groups at in-person events, surveys to the wider community, and direct outreach to other health and education organizations. With two rounds of public comment feedback on the draft standards and revisions before the time of production, the 2024 SHAPE America National Health Education Standards (SHAPE America, 2024) provide the groundwork for teaching young people in ways that support their ability to be healthy and well.



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Table 1.
2024 National Health Education Task Force
Members

Nadine Marchessault (co-chair), MEd, NBCT Hawai'i Department of Education	Jamie Hurley, PhD, Med Colorado Department of Education
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Angela Glymph, PhD Peer Health Exchange	Leigh Szucs, PhD, CHES Centers for Disease Control and Prevention

Guiding Principles and Foundational Tenets

During the revision process, the task force coalesced around some basic and foundational tenets for the updated standards, namely, the emphasis on improving health and well-being of self and others outside of the classroom environment, approaching health and well-being through a salutogenic approach, and elevating understanding and education around the social and structural factors that impact health and well-being. With these principles in mind, the language used in the revised standards and subsequent performance indicators encourages health educators to teach in ways that allow students to examine and apply their learning to relevant and meaningful situations and contexts within their own lives.

Salutogenic Approach and Health Literacy

A salutogenic approach to health and well-being asserts that health and well-being are on a continuum, with one end being well-being/ease and the other being unwell/dis-ease (Antonovsky, 1979). We are all on a health journey, and being healthy and well is an

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ongoing process that is more than an outcome to be reached and also not just the by-product of avoiding illness or reducing risk factors (Bhattacharya et al., 2020). In emphasizing health and well-being, a salutogenic approach also directly connects to the foundational concept of health literacy (Nash et al., 2021). The World Health Organization (WHO, 2021) defines health literacy as

the personal knowledge and competencies that accumulate through daily activities, social interactions and across generations. Personal knowledge and competencies are mediated by the organizational structures and availability of resources that enable people to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being for themselves and those around them. (p. 6)

Moving to a salutogenic-based health model allows students to apply the skills and information taught in health education to their own lives, to positively affect those around them, and to do so in ways that are directly connected to skill development for the purpose of living healthy and well lives (Aplerin, 2024). Though this may require teachers to rethink the design of their curriculum and the content taught in health class (e.g., less information for the purpose of knowing versus teaching information for the purpose of application), the outcomes are aligned. This benefits students because when an individual is taught how to achieve good health they are better able to move along the continuum toward being healthy and well and away from dis-ease and illness (Bhattacharya et al., 2020), thus reducing the likelihood of engaging in behaviors that can cause long-term illness, injury, or disease. It is for this reason that the standards are designed to teach students the skills and information that can be transferred to their lives outside the classroom. They are designed to encourage students to be active participants in their own health and to elevate health and well-being as an achievable outcome for us all collectively.

Social Determinants of Health and Socioecological Model

The inclusion and specific emphasis on the social and structural factors that have a direct impact on the health and well-being of individuals and communities in the National Health Education Standards recognizes that health and well-being are about more than an individual's will to "be healthy" or to make the "right" health choice. According to the Centers for Disease Control and Prevention (CDC, 2024b), social determinants of health are nonmedical factors that influence health outcomes. These include the environments where individuals are born, grow up, work, live, and age. Various forces and systems, such as economic policies and systems, development agendas, social norms, social policies, and political systems, play a significant role in shaping daily life and health outcomes. With this in mind, the National Standards are intentionally designed to encourage learning about various factors that can impact health and well-being along with an examination and the development of an ability to use strategies that directly address and dismantle factors that can have a negative effect on health and well-being.

Similar to how social determinants of health highlight factors that can have a direct and indirect impact on health and well-being, so too can the contexts or environments (e.g., individual, interpersonal, community, society, policy) in which these factors occur. The socioecological model (Bronfenbrenner, 1977) is evident in the standards by encouraging the application of performance indicators in a variety of settings or contexts (SHAPE America, 2024). To do this, students must be able to see that their own actions impact others and are impacted by others around them, in a variety of settings.



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Transfer of Learning

When teachers recognize that there are multiple factors (e.g., developmental, social-emotional skills, feelings, life circumstances) affecting a student's ability to learn and then design learning experiences that allow students to apply learning in authentic and meaningful ways, there is a greater opportunity for students to connect with the learning experiences and thus transfer them outside of the classroom learning environment (Darling-Hammond et al., 2019). Additionally, when students are able to use what they have learned in health class in meaningful ways, their learning occurs at a deeper level. Because of this, throughout the standards is an ever-present idea that learning experiences are an opportunity to help students achieve health and well-being for self and others through authentic and relevant learning experiences. None of the standards operate in isolation, and the more we, as educators, are able to help students see the interconnected nature of the skills and content, the more likely they are to internalize the information, make connections, and transfer it outside of the classroom into their home and community.

Introducing the New Standards

With this historical context and the foundational tenets in mind, this section presents the National Health Education Standards and provides a summary of the substantive revisions made. Collectively, significant similarities exist between the 2007 and 2024 versions of the National Health Education Standards. Both sets have eight standards, with the first standard addressing foundational health and wellness concepts and seven standards focused on health skills vital to the development of health literacy. The 2024 National Health Education Standards performance indicators include the steps/process for health skill acquisition, as well as guidance on determining essential concepts in a variety of health education content areas. [Table 2](#) provides a list of 2024 National Health Education Standards, together with the rationale for each.

The task force recognized that many organizations and agencies will use the standards to guide curriculum development at the local level. As a result, the standards do not specify health content areas. Instead, they offer a structure for building curricula, making it possible to include health concepts based on student data that fits local needs. Although the skill standards (Standards 2–8) are not necessarily organized hierarchically, some of the health skills, such as analyzing influences and accessing valid and reliable resources, provide foundational skills that are necessary for students to successfully perform other health skills included in the standards (e.g., interpersonal communication, practicing healthy behaviors, advocacy). There is no one way to organize a curriculum using these standards. The flexible nature of the standards allows health education teachers to develop curricula that align with the standards in ways that scaffolds learning to meet the diverse needs of their students.

Each of the standards provides an updated rationale that offers K–12 practitioners further clarity on the intent of the standard and performance indicators. The updated standards include fewer lists in the performance indicators. For example, in the latest version there is an examination of a variety of dimensions, situations, interpersonal contexts, perspectives, options, practices, and behaviors to allow K–12 health education teachers greater flexibility and individualization. Clarifying information is now contained in the rationale statement rather than as individual performance indicators. This is one of the many reasons that the rationale statements are much more relevant in the updated National Health Education Standards for students, teachers, administrators, and community stakeholders.

To enhance transfer of learning, the task force created the standards to have an increased expectation of higher-order thinking and demonstration of skill acquisition. In the latest version, the standards start with verbs and require students to “use” health skills to emphasize the importance of skill practice. Performance indicators require more critical thinking and completion of complex tasks in earlier grade spans than in previous versions. Performance indicators have

Table 2.
2024 National Health Education Standards

Standard 1	Use functional health information to support health and well-being of self and others.	Rationale: The acquisition and application of functional health information provide a foundation for promoting health and well-being. This standard includes essential concepts based on established theories and models of health behavior and health promotion. It focuses not only on risk factors but also on protective factors that can support health and wellness. Concepts reflected in this standard include health literacy, health promotion, health equity, social determinants of health, well-being, and health outcomes within individual, interpersonal, community, societal, and environmental contexts. Functional information can be applied to health-related skills, such as analyzing influences, accessing resources, interpersonal communication, decision making, goal setting, engaging in health practices and behaviors, and advocacy.
Standard 2	Analyze influences that affect health and well-being of self and others.	Rationale: Health and well-being are affected by many diverse influences within individual, interpersonal, community, societal, and environmental contexts. This standard focuses on identifying and evaluating internal and external factors influencing health practices and behaviors. Influences on health and well-being may include but are not limited to personal values and beliefs, perceived and social norms, family, peers, schools, communities, culture, media and technology, policies, and the environment. This standard recognizes that the factors affecting health behaviors and outcomes, such as social determinants of health, are complex and impact people and communities differently. It also supports the individual's ability to identify and use skills to recognize the types of influences, analyze the role of influences across a variety of wellness dimensions, and manage influences on health and well-being in digital and in-person settings. This skill contributes to a better understanding of the connections between individual health, community health, and health equity, which can strengthen use of other health skills, such as accessing information and advocacy.
Standard 3	Access valid and reliable resources to support health and well-being of self and others.	Rationale: Access to valid and reliable health information, products, services, and other resources is essential to promoting health and well-being and preventing, detecting, managing, and treating health issues and conditions. Access to valid and reliable information, products, services, and other resources promotes health and well-being in individual, interpersonal, community, societal, and environmental contexts. This standard focuses on identifying, accessing, and evaluating valid and reliable resources, including managing misinformation and disinformation, within digital and in-person settings. Media and technology play a significant and increasing role in the way individuals learn about and connect with themselves, others, and the world. This standard engages students in critical thinking around media messages and resources, including how they are accessed, evaluated, and used to support health and well-being.
Standard 4	Use interpersonal communication skills to support health and well-being of self and others.	Rationale: Effective communication promotes health and well-being in individual, interpersonal, community, societal, and environmental contexts. This standard focuses on expressive and receptive communication in digital and in-person settings. Combined with perspective-taking, communication skills help to recognize and strengthen interpersonal interactions, create and maintain relationships, express and interpret messages, and manage conflict. Developing communication skills helps individuals to see how they communicate and the ways in which their communication affects those around them.
Standard 5	Use a decision-making process to support health and well-being of self and others.	Rationale: Effective decision making is needed to identify, adopt, and maintain health-promoting behaviors. This standard includes skills and steps integral to the process of effective decision making to support health and well-being. The decision-making process enables collaboration to improve quality of life within individual, interpersonal, community, societal, and environmental contexts.
Standard 6	Use a goal-setting process to support health and well-being of self and others.	Rationale: Goal setting is a process to support short- and long-term health and well-being goals. In addition to achieving a goal, a goal-setting process includes using practices, habits, and routines in daily life. This standard includes the processes needed to plan, reach, and reflect on health goals. Setting goals is a flexible process and considers personal and social factors affecting health and well-being. Goal setting supports aspirations and future planning for health and well-being within individual, interpersonal, community, societal, and environmental contexts.

(Continued)

Table 2. Continued.

Standard 7	Demonstrate practices and behaviors to support health and well-being of self and others.	Rationale: Developing health practices and behaviors can promote health and well-being over the life span and reduce risk to self and others. Practicing health behaviors is critical to incorporating health-promoting habits and routines into all dimensions of wellness. Due to the increasing influence of technology, it is crucial to develop and apply practices and behaviors that support media balance and digital wellness. This standard promotes individual and collective responsibility by encouraging the exploration and practice of skills and processes that support health and well-being in individual, interpersonal, community, societal, and environmental contexts.
Standard 8	Advocate to promote health and well-being of self and others.	Rationale: Advocacy skills are critical for promoting health and well-being within individual, interpersonal, community, societal, and environmental contexts. This standard helps learners develop and apply skills and strategies to increase agency and advocacy for self and others. Practicing advocacy helps students be informed, civic-minded members of their community who are inclusive of individual, cultural, historical, and other differences.

also been added to several standards to emphasize the skill development process over a specific outcome, such as a health decision or health goal. Self-reflection and evaluation were also added to performance indicators to align with common skill models and to reflect best practice in skill development. These changes reflect the need for students to use these skills throughout their lives, and therefore they should be able to analyze outcomes based on priorities and circumstances at each stage in their development.

Collectively, these changes resulted in a slight increase in the number of performance indicators between the two sets of standards (172 versus 144; 20% increase). Yet, the task force received consistent feedback that these changes reflected current trends in public education and latest effective practices in school-based health education (CDC, 2019).

Positive, health-enhancing, and strength-based language is used throughout the 2024 National Health Education Standards, the rationales, and the performance indicators to reflect the salutogenic approach. Terms focused on negative health outcomes and deficit thinking, such as *risk behaviors, injuries, illness, disease, disability, and death*, have been replaced with more health-promoting terminology such as *health and well-being, health literacy, managing chronic conditions, and building on strengths and assets*. In addition, to ensure the standards were inclusive and meaningful for all students, the task force focused on including language that specifically addressed health equity. The CDC indicates that health equity is achieved when everyone has a fair and just opportunity to live their healthiest life (CDC, 2024a). The latest version of the National Health Education Standards acknowledges that “healthy” is different for each person and supports health literacy for all.

To promote a greater understanding of the social determinants of health, the National Health Education Standards move beyond individual behavior change to promoting collective health and well-being. This allows students to examine health and well-being from the perspective of the individual, interpersonal relationships, community, society, and environment. This change also requires students to reflect on many interactions between individuals, groups, communities, and environments that can all influence the dynamic nature of health. For today’s students there exist a variety of factors affecting their health behaviors, and the outcomes are complex, often impacting people and communities differently.

How to Use the Standards

As with previous versions, the 2024 National Health Education Standards delineate the knowledge and skills students should be able

to demonstrate as a result of a quality pre-K–12 health education program. The task force made every effort to revise the standards in ways that promoted flexibility in curriculum development and opportunities to personalize student learning at the classroom level. Health educators are encouraged to use the new version of the standards and performance indicators as a guiding framework as they design instructional resources based on local school district and community needs. To enhance effectiveness, this will necessitate a systematic, thoughtful process with multiple stakeholders to ensure alignment of standards, pedagogical practices, and assessments (Wiggins & McTighe, 2012).

Health educators face many challenges, such as limited instructional time, large class sizes, and a wide variety of health topics to cover. It is crucial to construct learning opportunities that not only interest and engage students but also have relevance and applicability beyond the classroom. If we want our students to be health literate, teachers must do more than just teach health concepts. Today’s health educator needs an updated “toolkit” to help develop students’ belief in their ability to perform skills vital to living healthy, fulfilling lives.

In today’s educational landscape, prioritizing student learning and building curricula based on recognized characteristics of effective health education instruction (CDC, 2019) is more crucial than ever. Consequently, the National Health Education Standards advocate for the adoption of skills-based methodologies (Benes & Alperin, 2022; Connolly, 2019). For health educators embarking on this journey toward skills-based pedagogy, it is important to recognize that small, gradual modifications can yield significant results. Though overhauling an entire curriculum may require substantial time and effort, initiating changes within a single unit and progressively making changes to increase the time students spend authentically practicing health skills will benefit both the students and teacher, because active student participation in learning enhances engagement and motivation.

The example in Table 3 shows how health educators can pair functional health information (Standard 1) in one or more content areas selected based on local data and student needs with one of the skill standards (Standards 2–8). A middle school health teacher recognizes that students have a variety of influences affecting them and these influences can impact their mental health. As such, the teacher decides to focus on analyzing influences (Standard 2) and mental and emotional health (Standard 1). Using the performance indicators to plan learning experiences allows for both personalization and authentic experiences for students. In this example, Standard 1 performance indicators highlight opportunities to build upon assets, analyze practices and behaviors that support good mental health,

Table 3.
Sample Standard 1 and Standard 2 Middle School Unit Plan

Unit Title: Let's Look! Analyzing Influences on Mental and Emotional Health

Performance Indicators:

- 1.8.1 Analyze ways to build upon strengths and assets to support individual and collective health and well-being.
- 1.8.2 Analyze how practices and behaviors support a variety of dimensions of wellness.
- 1.8.6 Analyze how individual, interpersonal, community, and environmental factors impact health and well-being.
- 2.8.1 Analyze the interrelationships between various influences on health and well-being.
- 2.8.2 Analyze individual, interpersonal, community, societal, and environmental factors that influence health behaviors, health outcomes, and health equity.
- 2.8.3 Analyze how various influences affect the health and well-being of people and communities in different ways.
- 2.8.4 Apply strategies and resources to manage influences that impact health and well-being.

Lesson title	Focus areas	Instructional activities
#1: Influences, Influences All Around	Skill introduction and steps of skill	<ul style="list-style-type: none"> Influences Snowball Impact of Influences (2.8.1) Reduce the Risk
#2: Web of Influences	Modeling and skill practice and feedback	<ul style="list-style-type: none"> Web of Influences
#3: Being Mentally and Emotionally Healthy	Functional health information Skill practice and feedback	<ul style="list-style-type: none"> Being Emotionally Healthy (1.8.2) Assessing Influences on Mental and Emotional Health (1.8.6)
#4: Perceptions, Norms, Behaviors	Skill practice and feedback	<ul style="list-style-type: none"> Perceptions vs. Reality (2.8.3)
#5: Media and Technology's Influence on Mental and Emotional Health	Functional health information Skill practice and feedback	<ul style="list-style-type: none"> Analyzing Media & Media Literacy (2.8.3) Media as a Positive Influence
#6: Family and Friends' Influence on Mental and Emotional Health	Functional health information Skill practice and feedback	<ul style="list-style-type: none"> Analyzing Family & Friends (2.8.3) Building a Support Network (1.8.1)
#7: What Can I Do to Be More Mentally and Emotionally Healthy?	Functional health information Skill practice and feedback	<ul style="list-style-type: none"> Web of Influence Revisited (2.8.2) Create Mental and Emotional Health Action Plan
#8: Let's Thrive! Analyzing Influences on Mental and Emotional Health	Assessment and transfer	<ul style="list-style-type: none"> Mental and Emotional Health Action Plan Presentation (2.8.4)

and analyze how various factors impact mental health and well-being. In Standard 2, the emphasis is on interrelationships between influences related to mental health, connections to health outcomes and health equity (both individually and collectively across the community), and the application of strategies and resources to manage the influences in ways that support or promote good mental health. Each of these factors may be different depending on the student's lens and how they navigate the world. It will be important for the health teacher to be explicit during instruction to design learning experiences in ways that support all students, including those from marginalized populations (e.g., disability, gender, mental health, trauma, sexual orientation, English learners).

The instructional unit may begin with a lesson on the importance and relevance of analyzing influences, such as personal values and beliefs, perceived and social norms, family, peers, schools, communities, culture, media and technology, policies, and the environment, on the health and well-being of students in the school. A second lesson would introduce the steps or process of analyzing influences as outlined in the performance indicators. During this or subsequent lessons, depending on time allocations and student learning, the teacher will want to model the skill for students by providing multiple examples of how to effectively analyze influences. Woven throughout these introductory lessons will be opportunities to present mental and emotional health content that enhances students' abilities to perform the skill. For example, a health teacher may want to share the latest research on the influence of social media on adolescent mental health, while also discussing how school and family policies, as well as accurate social norms and supportive peers, can



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mitigate the potential negative impact. As the teacher plans the unit, it is crucial to ensure ample opportunities for students to practice the skill and receive feedback to enhance skill development. The final lesson might incorporate a performance assessment that not only gauges students' abilities to apply their learning but also measures their level of skill performance in a realistic and relevant context.

Conclusion

The revised 2024 National Health Education Standards strive to move individuals and communities closer to overall health and well-being. To do this, classroom learning experiences must intentionally allow for the development of the skills and knowledge that connect to improved and sustained health. Teachers have an opportunity to personalize lessons, meet the needs of students, and allow for deeper learning through authentic experiences.

To support implementation of this updated set of standards, check out the newly released SHAPE America resources, including introductory and deep-dive webinars, on-site learning opportunities, and reviewed materials (visit www.shapeamerica.org/prodev). Our collective journey to improve the health and lives of young people is renewed and strengthened with these new standards.

Disclosure Statement

No potential conflict of interest was reported by the authors.

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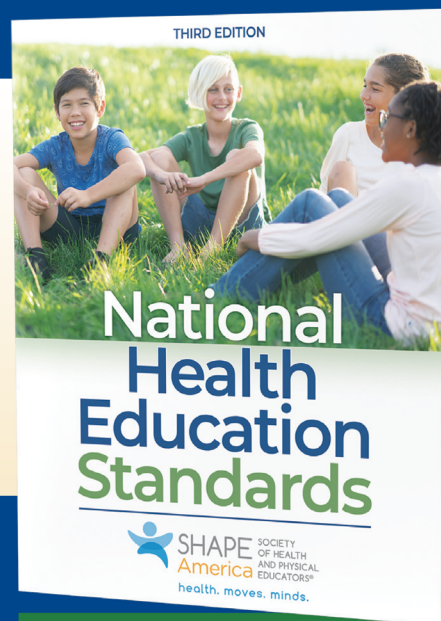
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