Lost In Translation: The Challenges of Changing a Health Education Methods Course to an Online "Hybrid" Course for Pre-Service Elementary Teachers

Ku`ulei Serna, PhD & Rebecca Meeder, MEd

Both authors are affiliated with the Institute of Teacher Education at University of Hawaii at Manoa. **Contact author**: Ku`ulei Serna, University of Hawaii at Manoa , Institute for Teacher Education, 1776 University Ave., Everly Hall, 223, Honolulu, HI 96822; Phone: 808 956 4412; Fax: 808 956 7191; Email: **kserna@hawaii.edu**

Abstract

The University of Hawaii at Manoa, College of Education, on the island of Oahu developed a distance education program for a statewide cohort of elementary pre-service teachers. This program became available to populations residing on islands other than Oahu in order to meet the high demands to produce qualified teachers for all islands across the state. Faculty members in the Elementary Education Department assisted by members from the Distance Education and Technology Department, developed hybrid online courses for all required elementary education methods courses. The "Personal and Social K-6 Health Skills" course was a health education methods course that needed to be translated into a hybrid online course. This article discusses the process of designing a hybrid online health education course, implementation of the course, course evaluation, and implications for future course design.

Key words: *Health education, hybrid online course, teacher preparation*

Introduction

Online course enrollment at higher education institutions nationwide is on the rise and has increased from 1.98 million in 2003 to 2.35 million in 2004.[1] The interest for online learning also continues to expand. Universities have used internet-based distance education courses to accommodate clients who are challenged by time and location to attend regularly scheduled face-to-face courses. Universities have also provided variations of internet-based distance education, such as "hybrid" online courses. These "hybrid" courses combine face-to-face time with the instructor in person and time online.

Although "hybrid" online courses allow instructors to meet with their students in person several times, the support from existing faculty to design and teach these courses continue to be a challenge for university programs. Faculty members are challenged to balance teaching, research, and service agendas for tenure and promotion.[2] The task for developing online courses may be seen as something that is too time-consuming. Faculty members, in general, lack the technological skills to design and provide optimal online learning opportunities.[2] They are also challenged to change their style of teaching and discourse of interaction to an online environment. The need to be learner-focused and to engage in community building online is essential no matter what discipline is being taught .[3] Key characteristics that enable an instructor to be successful are the willingness to learn from students and others, to give up control, to collaborate, and to change from the traditional faculty role, as well as demonstrate flexibility.[3]

There are demands in this 21st century for universities to develop innovative means for providing education across all disciplines. It is inevitable that distance education becomes an integral part of teacher education in order to increase the number of qualified teachers. Thus the University of Hawaii at Manoa, Institute for Teacher Education, Elementary and Early Childhood Program began to expand educational opportunities to island communities via "hybrid" online methods courses required for all elementary majors. The "Personal and Social Skills K-6 Health Education" methods course, a required methods course, was translated to a "hybrid" online course in summer 2005.

Background

Distance Learning and Teacher Preparation

Online programs officially started in Fall 2003 [4] at the University of Hawaii at Manoa on Oahu, College of Education, specifically in the area of teacher preparation. It is the largest teacher preparation institution in the state. The geographical separation of six major islands across the state made distance learning a vital asset in preparing teachers from all islands, thus increasing the accessibility of teacher education to more candidates. Currently, there are three "statewide" teacher preparation programs. These are a post-baccalaureate certificate program in secondary education, a Master of Education in special education program, and an elementary education statewide program. There is a designated department called the Distance Education and Technology (DET) Department within the College of Education that facilitates distance education for specific programs of study in education. The DET has encouraged the application of innovative strategies of distance learning pedagogy to maximize online learning for students, as well as aiding faculty members in course development.

The Statewide Bachelor of Education in Elementary Education Program

The University of Hawaii at Manoa statewide Bachelors of Education in Elementary Education program is a full time program of study over a span of two years, including summers. Students are from islands other than Oahu (the main island) and placed in cohorts that are together through the entirety of the program. Students are expected to participate in "hybrid" courses that are taught online in addition to face-to-face condensed weekend sessions, approximately four per semester. Hybrid courses require that the students travel on weekends, including Friday evenings, Saturdays, and Sundays. Air travel and overnight accommodations are provided to students who must travel inter-island. Participants are required to complete the same course work as those who attend classes on site at the university. This also includes field experience in a local elementary classroom twice a week until the final semester of student teaching where students are in a classroom for the entire semester.

There are also several technological requirements that statewide students need to meet. They are required to have a laptop computer meeting college specifications in order to maximize compatibility to distance learning environments. Students are also

required to attend a technology and distance learning orientation that introduces them to basic navigation and features of WebCT, the learning management system selected by the university. Students are also introduced to an online assessment system, TK20, and are able to practice online conferencing software.[4] This preparation is completed before the start of course work. This orientation is vital to the success of student online learning and serves as the catalyst to creating an online community of learners.

Purpose of Study

This article will discuss the mistakes, challenges, and processes of designing a "hybrid" online health education methods course, its implementation, course evaluation, and implications for future course design.

Methods

The "Personal and Social K-6 Health Skills" Methods Course

The "Personal and Social K-6 Health Skills" course is the formal title of the health education methods course for elementary pre-service teachers. Face-to-face on campus classes run over a sixteen week semester, meeting for two and a half hours once a week, totaling approximately 40 hours. The goal of this course is to assist elementary pre-service teachers in learning to plan, teach, assess, and reflect on personal and social skills for health through integration of health content across the K-6 curriculum. The content of the course focuses on the integration of the eight National Health Education Standards with eight health content areas (see Figure 1).[5]

Course objectives are that pre-service teachers will know and understand the major concepts in the subject matter of health and use this knowledge to create opportunities for K-6 students' development and practice of skills that contribute to good health.[6] This course is traditionally engaging, having a highly interactive discourse when it is taught face-to-face. Therefore, this course is taught in a demonstrative format allowing teacher candidates to experience lessons and activities that exhibit theory into practice. It provides opportunities for pre-service teachers to practice and improve their own health skills. Each assignment is carefully designed to be practical and meaningful, allowing teacher candidates to utilize in their current field experience or future classroom. The health skills course is also designated as an Oral

Communication intensive course, because of its interactive discourse. All elementary pre-service teachers are required to complete designated Oral Communication Focus ("O" Focus) courses.

The Development of a Hybrid Online Health Education Methods Course

The successful completion of a health methods course is a graduation requirement for all elementary pre-service teachers. Therefore, it became inevitable that this course would enter the market of distance education at the University of Hawaii, Manoa, College of Education, Elementary Education Program.

The first online health education methods course in the elementary program was scheduled for summer 2005. A faculty member was assigned a year in advance to develop and teach it. To think that cyberspace would be the classroom and with minimal face-to-face hours, it seemed that the quality of the course would be compromised. However, it had to be developed. The questions posed were: How could a highly interactive face-to-face course with approximately forty hours of face-to-face time translate into a hybrid online course? Would the quality of this course be compromised as an online course? What was the most efficient means to plan and implement the hybrid course with an inexperienced online instructor having a limited amount of time to design? The following sections will highlight key elements of the hybrid online course design and development process, implementation, and course evaluation.

One-To-One Technical Assistance Provided

The instructor (faculty member) was selected to teach the health education methods course a year in advance. The Distance Education and Technology (DET) Department worked with the Elementary Education Department faculty member to prepare for the development and implementation of the online version of the health education methods course. The instructor was given a "course release" the semester prior to teaching the online course. This "course release" was provided by the department director with approval from the dean of the college to utilize specifically for course development.

The DET department assigned a graduate assistance (GA) from the DET department to mentor and train the instructor to develop the course and learn how to use WebCT, the learning management system that enables instructors to create and manage web-based

learning activities and course materials.   The GA met with the instructor once a week and provided articles and background information about online teaching. The GA also provided an online tour of other instructors' courses in the college to help the instructor generate ideas for organizing the content of the course. The GA demonstrated the basic functions of WebCT, such as the mail, discussion board, chat, grade management tool, interactive calendar, document and text organization. The faculty member was able to practice using WebCT with assistance from the GA. The GA was readily accessible and available to address any concerns or questions via face-to-face meetings, phone, and email.

The GA analyzed the face-to-face course syllabus, outlining the course description, objectives, expectations, and assignments and gave advice on how face-to-face assignments and activities would best translate into an online discourse. The GA taught the instructor to use software and mechanisms necessary to create online postings of syllabus, assignment instructions, rubrics, digital video clips, quizzes, resource links, and the organization of the WebCT site. The instructor was able to practice use of the software to design, post, and organize the course web page.

In the face-to-face health course, most assignments were orally presented and demonstrated using a variety of cooperative and interactive learning strategies for teaching health skills. However, hybridizing this interactive course posed a challenge to design appropriate assignments and require interactive demonstration of assignments since face-to-face time was limited. Therefore, the GA's advice and the ideas elicited from current distance learning practices were important. For example, the GA suggested that students could reflect on each other's work on a discussion board. This would replace an in-person feedback system found. Also assignments that were shared in a small group format during a face-to-face session could be shared by groups or in pairs on a discussion board. A pre-recorded video would suffice the instructor's need to for establishing some type of personable impact.

Another role of the GA or another student assistant from the DET department was to provide technical assistance to the instructor and students throughout the duration of the course. The instructor posted a section in the discussion board allowing for students to ask for technical assistance. The instructor was never encumbered with the burden of providing technical support and could always depend on the DET department to handle such requests.

Translation to Online Hybrid Course: the process for design

The hybrid online course in summer 2005 comprised of two eight-hour face-to-face sessions at the beginning and end of the summer session (June through early August) totaling sixteen face-to-face hours in comparison to approximately forty hours for a regular face-to-face course. What was taught over the course of sixteen weeks, which included sixteen two and a half hour face-to-face sessions, needed to be condensed in approximately eight weeks of distance learning, including two eight-hour face-to-face sessions.

Time constraints due to the initiation of the pilot statewide program and the instructors' inexperience and naivety of designing an online course limited the possibility of creating a completely new course syllabus. Utilizing the GA's insight and emulating what other faculty members had done as common practice, it was decided that the existing course syllabus, with minor modifications to assignments, be used to design the new online health education methods course. The main revisions to the syllabus for the hybrid course were changes to requirements of assignments and the weekly pace of the course. The existing face-to-face course syllabus was modified and directly posted on WebCT. There was limited face-to-face time. Therefore, it was imperative to rethink the use of face-to-face time in order to provide meaningful learning opportunities for pre-service teachers in an interactive environment.   It was critical that online course activities would not compromise the quality and objectives of the course.

Assignments

Course assignments usually required for the face-to-face health education methods course were incorporated into the hybrid course. Most health methods course assignments were created to emulate lesson ideas or projects that pre-service teachers could assign their students. Assignment descriptions were thorough and easy to understand. A rubric was attached to each assignment, clearly stating the criteria necessary to meet standards.[7] Table 1 exhibits the comparison of assignments for face-to-face course versus the hybrid course.

The face-to-face sessions for the hybrid course were very limited. The greatest challenge for the hybrid online course was abandoning "oral presentation" type assignments used to meet the Oral Communication ("O") Focus requirement. An

example of an "oral presentation" assignment, called "Ask the Experts," presented as a CNN news report, was adapted to require the writing of a newspaper article to be posted online instead. It was evident in the posted student work that the translation of this assignment was effective in meeting the course objectives. However, the instructor decided to keep one "oral presentation" assignment that most aligned course content objectives. Students orally presented the content of an assigned chapter covering important health content. Students presented chapters in groups. They had to plan and prepare the presentation during the non face-to-face time. Each presentation was about forty-five minutes to an hour and presented in the final face-to-face session.

All Assignments were required to be posted on the discussion board. This allowed the entire class to access and read each other's work. Students were also required to provide feedback to classmates' postings. This learner-focused instructional technique was proven effective in facilitating many online learning communities.[3] The GA suggested that postings and feedback be required for all assignments. This was an effective strategy to maximize online learning.[3,7]

Pacing the Course Online

Another important element to designing the online course was to place stringent due dates on assignments and clear expectations of time demands for students,[3] insuring that they would pace themselves and not be overwhelmed through the duration of the course. The "week" due date for posting assignments and responding to others' assignments was visible and always located next to the assignment icon on the course webpage. The students were always aware of the timelines at a glance.

Videotaped Health Tip of the Week and Resources

The instructor did not use synchronous communication tools like video conferencing or chat mechanisms with students. Therefore, in order to add animation and personal interaction to the online learning experience, the instructor pre-recorded public service announcements promoting health messages. These messages were accessible to students weekly throughout the duration of the course. A section for handouts and resources were available for the students to download and print. This was an effective means to have online resource files established for students.

Face-to-Face Sessions

The regular face-to-face health course always incorporated the practice of community building activities, classroom discussions about methodology of instructional strategies used to teach health skills after instructor demonstration, and on-going use of cooperative learning strategies. According to face-to-face health course evaluations, students felt that these practices were valuable and helpful to their teaching. In the hybrid course, face-to-face sessions were limited. However, it was important to use sessions for course elements that were proven effective in the face-to-face course that could not be easily translated to online learning, such as teaching demonstrations for teaching health standards (skills).

The instructor felt that every teaching strategy demonstrated in a regular face-to-face class needed to be demonstrated in the hybrid course. It was a challenge for the instructor to prioritize activities that were to be completed in the face-to-face sessions. The instructor decided to replicate activities from the face-to-face course and demonstrate them in consecutive order in the first eight-hour face-to-face session. The session was full of interactive strategies such as inclusion activities, demonstrations on how to teach health skills, and creative teaching strategies that support differentiated instruction. Important health content information was also taught in a "hands-on" experiential style. Teaching resources and handouts were also distributed at this session.

The second eight-hour face-to-face session was utilized for group presentations to share information from textbook chapters about health content areas. It was also used to finish demonstrating strategies for teaching health skills that could not be covered in the first face-to-face session. Chapter presentations were forty-five minutes each. However, time ran out and groups had to present their information in thirty minutes. The final face-to-face was a challenge, because the instructor simply took several regular face-to-face course activities and condensed it to fit into the hybrid face-to-face sessions. There wasn't enough time, and the session activities were rushed. The instructor was unable complete what was planned for the second face-to-face session.

Results

Course Evaluation

The course evaluation comment section provided valuable feedback from students about the course and

instructor. The comment section was a section where students were able to reflect and free write general comments. The comments were anonymously written after the last face-to-face session. Twenty-one of twenty-six students provided written feedback. Instructor reflections were also provided to supplement student commentaries.

Students' Comments on Face-to-Face Sessions

There were several recurring themes that were extracted from written students' comments. One theme was that students enjoyed the face-to-face sessions, because the activities experienced were meaningful and applicable to their teaching. Many expressed their gratitude for learning these teaching strategies and their desire to use strategies in their classroom. Strategies gave students practical teaching ideas on how to integrate health curriculum. Another theme was that students felt that they gained much knowledge about health standards and how to teach it. Students also commented that the face-to-face sessions were engaging, highly interactive, and enjoyable.

Students expressed that they would have liked the course to have been designed to incorporate more face-to-face sessions with less hours per session versus two eight-hour sessions. They were bothered by the lack of air conditioning, which cause them to sit in a hot room for over six hours. Some students expressed that the course should've been scheduled over an entire semester instead of a shortened summer program. They expressed wanting more interaction with the instructor and to learn more content in depth. Some felt that group presentations were a waste of time and felt it was unfair that they were rushed to complete presentation, because of the lack of time in the final face-to-face session.

Students' Comments on Instructor

Most students agreed that the instructor was enthusiastic, energetic, passionate, motivated, organized, an excellent teacher, and knowledgeable about health. These comments kept recurring throughout the comments. However, they did not feel that this same passion and consistency was demonstrated in the online portion of the course. Students wished for increased online interaction. Most felt that the instructor gave very little feedback and wanted more timely feedback. It's as if they felt abandoned in cyberspace. Several students felt that it could have been a self-taught course. One student felt that the lack of synchronous communication may have contributed to this lack of online interaction.

Although pre-service teachers liked the instructor and had confidence in her competence and excellence as a face-to-face instructor, the instructor's inexperience of online teaching was evident. The instructor was naïve and unaware of the impact that minimum feedback and cyberspace interaction had on the students.

Students' Comments on Elements of the Online Discourse

Students appreciated the clear descriptions and expectations for assignments. They felt that the assignments were posted in one place combined with rubrics and descriptions. The posting of assignments in advance with weekly indicators of due dates were appreciated by students. It helped them to pace themselves and manage time efficiently.

There were also comments made about the online assignments. In a regular face-to-face course, assignments are relevant practical assignments that align with their field experiences, such as the implementation standards-based health lessons and the oral presentations that allow students to practice health skills. However, during this online course, several students did not see how online assignments helped them to practice health skills. One student suggested that there should have been opportunities to discuss issues, case studies, articles, etc. in lieu of group presentations. There were several comments that indicated that most students wanted more synchronous communication, real time communication.

Instructor Self-Reflection

The instructor appreciated and valued the mentorship provided by the graduate assistance (GA) from the Distance Education and Technology department (DET). The GA made the instructor feel comfortable and was readily available to address the instructors concerns. The instructor was also grateful that the department gave the instructor a "course release" to develop the hybrid online course. This professional support was invaluable for an instructor who was inexperienced with distance learning.

Initially, the instructor's main priority was to become familiar with the technology used for online course development and to be proficient using WebCT. The instructor originally thought that the translation of en existing face-to-face course syllabus to an online discourse was simple in concept. However, despite the success of the face-to-face sessions and the health skills learned by students, the online assignments and

asynchronous format of the online teaching did not meet the needs of the students. The mere posting of assignments and feedback provided via discussion boards did not suffice the students' needs for ongoing contact with each other and the instructor. The instructor felt that the feedback that was provided was enough, but students thought differently. The instructor was surprised by the students' responses. Receiving the advice of others, the instructor truly believed that utilizing synchronous communication was not necessary for the onset of this new online course.

The instructor was unaware that online learners had different expectations versus face-to-face learners, especially having the need to have the instructor give feedback everyday if necessary. The instructor realized that one managing postings in a timely manner was overwhelming at times. The instructor soon realized that the hybrid course was intensely time consuming.

The instructor's reflections about the face-to-face sessions were the same as the students. The instructor felt that it was necessary to have shorter more frequent face-to-face sessions. The instructor was aware and quite frustrated by the classroom conditions that made it unbearable for teaching and learning. This was certainly a distraction for students. The instructor also felt that the last face-to-face session was rushed and felt bad for students having to condense their presentation. One challenge that the instructor mentioned was that is was difficult to give an "O" Focus course credit because oral presentations were minimal due to the lack of face-to-face time. The instructor realized that group presentations may have been accomplished through the use of synchronous communication, like Skype or video conferencing as well.[7]

The instructor's reflection also indicated that much of the course content concerning the demonstration of instructional strategies was compromised due to the lack of face-to-face time. The activities were rushed and the instructor could not spend the time necessary to debrief in depth about the applications of such activities as desired. The quality of class discussions were also compromised, because there was not enough time to spend addressing students' questions about health issues and teaching concerns in depth. The instructor also felt that adapting the assignments to an online format took away from the instructional purpose, which was to have students practice the demonstration of health skills while learning teaching methods.

Discussion

Implications and Applications for Future Online Course

Student comments paired with instructor reflections suggest that there should be definite adjustments to the health education methods hybrid course. First, there should be more face-to-face time given to the instructor in a regular semester, not summer session. The face-to-face session will not include a group presentation to the entire class one at a time. Instead, there can be small group discussions for part of the time. Then the instructor will be able to teach and share expertise with the students the majority of the sessions.

Second, there is a need to increase engaging online learning experiences using more synchronous communication programs such as Skype and Elluminate and various online inclusion activities.[7] These programs allow students to meet online and chat in groups, enabling the instructor to converse in real time with various groups during specified time periods. The "O" Focus criteria can be met, because students would be able conduct presentations online in real time and small group discussions during face-to-face sessions.

Third, the instructor needs to increase feedback as students deem necessary.[3] There should be course guidelines that specify timelines for feedback via the discussion board. It is important for the instructor to be consistent and diligent to these guidelines. It is important for the instructor to manage time efficiently that online learners will feel that the instructor is readily available and accessible. Fourth, the relevance of course assignments should be critically analyzed and adapted. The assignments align with the teaching of health skills. Communication to students about the purpose of the assignments should be explicit, so that they will understand its relevance. There may need to be an initial discussion with students to have them give input about assignments. The strategy to involve students in the decision-making process is effective.[3]

Fifth, the end of course evaluation indicated that the students were concerned about feedback during the hybrid course. Therefore, a mechanism to conduct formative assessment throughout the duration of the course is vital. It is important for the instructor to allow students to express their needs throughout the duration of the course. This may help the instructor

adjust course to provide quality learner focused online instruction.[3] The application of these suggested changes would insure a better quality hybrid online health education methods course.

Conclusion

The process of designing and teaching a hybrid online health education methods course was definitely a challenge for an inexperienced online instructor. The principles for effective teaching face-to-face must be applied to the online version of any course.[8] Online learners may have different expectations than face-to-face students. The ages of the students ranged from the youngest at twenty four years to the oldest at fifty eight years, unlike the average age of twenty one for face-to-face course students.   Students varied in curricula expertise and professions ranging from long-term substitute teacher, educational assistant, to female certified welder, scuba diver, photographer, special education coach, and masseur.[9] These online learners were married and parents. Only four students were single, unlike most face-to-face students who were single twenty to twenty two year old college juniors. Therefore, this group of students was more mature and had more life experiences than the average face-to-face students. These students had busier lives and were more intent on maximizing their learning given minimum contact with the instructor. The students needed to be empowered to build upon their own knowledge, make connections for application to their work, and become independent learners using advanced technology to assist in the learning process.[8]

Classroom-based activities may be redesigned to put online. However, activities need to be carefully considered to insure that they align with learning objectives of the online course.[7] If an activity does not contribute to learning, students will be confused and dissatisfied. [7]They emphasized the need for timely and constant online feedback from the instructor to feel a sense of connection.[3] Online learners wanted to know that what they have contributed online has meaning and is accurate. The statewide cohort of elementary pre-service teachers at the University of Hawaii at Manoa, College of Education, needed meaningful online experiences preferring synchronous types of communication to maximize learning experiences.

Overall, the pre-service teachers appreciated the practical applications of this health course and stated that they will apply strategies in their own teaching experiences. They also deemed the course content

very important to teach K-6 students and learned about health content and standards. It was also a worthwhile and gratifying experience for the instructor to have developed the initial health education methods hybrid online course. The course has served as a foundation for the improvement of distance learning for health education.

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Table 1. Comparison of Assignments for Health Education Methods Course

Face-to-Face Course Assignments	Hybrid Online Course Assignments
Children's Literature and Media Review (oral presentation)	Children's Literature and Media Review (written for online posting)
"Ask the Experts" a CNN News Report (oral presentation)	Newspaper article for the Times (written for online posting)
Personal and Classroom Lokahi Wheels (oral presentation with illustration)	Personal and Classroom Lokahi Wheel (PowerPoint format or illustration for online posting
Two Standards-based health lesson plans and implementation (written and oral presentation)	Two Standards-based health lesson plans, no implementation (written for online posting)
NONE	Website Critique (online posting for discussion)
Reading Circles (oral discussion to assess course reading)	Ten-item Chapter Quiz (taken online)
"Professor for the Day" (oral group presentations on health content using health skills and interactive strategies)	"Professor for the Day" (oral group presentations on health content using health skills and interactive strategies)

Figure 1. 8 x 8 Curriculum Focus for Health Education [5]

Build Knowledge and Skills

Through Teaching

Eight Health Education Standards

1. Core Concepts
2. Analyze Influences
3. Access Information, Products, & Services
4. Interpersonal Communication
5. Decision Making
6. Goal Setting
7. Self-management
8. Advocacy

X

Help Students Adopt and Maintain Healthy Behaviors In The Context of Eight Priority Content Areas

1. Promote Mental and Emotional Health
2. Promote Healthy Eating and Physical Activity
3. Promote Personal Health and Wellness
4. Promote Safety and Prevent Unintentional Injury
5. Prevent Violence
6. Promote a Tobacco-Free Lifestyle
7. Promote an Alcohol and Other Drug-Free Lifestyle
8. Promote Sexual Health and Responsibility