

Health Promotion Curriculum Checklist (HPCC)



Name of curriculum:	
Date of completion:	
Person completing checklist:	

PREVENTION AND PROMOTION OF NEW SKILLS

What **skills** does the curriculum address? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Promoting healthy eating | <input type="checkbox"/> Promoting physical activity | <input type="checkbox"/> Preventing obesity |
| <input type="checkbox"/> Promoting mental and emotional health | <input type="checkbox"/> Promoting sexual health | <input type="checkbox"/> Preventing violence |
| <input type="checkbox"/> Promoting a tobacco-free lifestyle | <input type="checkbox"/> Promoting safety | <input type="checkbox"/> Other |
| <input type="checkbox"/> Promoting a drug-free lifestyle | <input type="checkbox"/> Promoting an alcohol-free lifestyle | |

Does the curriculum include components that **proactively teach healthy behaviors**? YES NO

Does the curriculum include **interactive instruction** and/or **peer-to-peer activities that support health-promoting values and behaviors** (e.g., peer discussions, group problem solving, and peer modeling and teaching)? YES NO

Does the curriculum provide **opportunities or activities for learners to practice the skills** needed to meet the standards/goals/objectives of the curriculum? YES NO

INCLUSIVE

Who are the intended learners of this curriculum? Check all that apply.

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Ages 0-2 | <input type="checkbox"/> Individual with disabilities | <input type="checkbox"/> Low SES | <input type="checkbox"/> Minority group |
| <input type="checkbox"/> Ages 3-5 | <input type="checkbox"/> Urban learners | <input type="checkbox"/> Rural learners | <input type="checkbox"/> At risk learners |
| <input type="checkbox"/> Ages 6-10 | <input type="checkbox"/> Females | <input type="checkbox"/> Males | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ages 11-19 | <input type="checkbox"/> Adults | | |

Are the **text, pictures, graphics, and other materials appropriate** for the intended learners? YES NO

Are the **instructional strategies, materials, and learning experiences appropriate** for the intended learners? YES NO

Do the text, pictures, graphics, and other materials **avoid biased or stereotypical perceptions** of individuals or groups on the basis of personal characteristics such as race, ethnicity, gender, religion, culture, age, or sexual orientation? YES NO

Do the instructional strategies, materials, and learning experiences **address different learning needs**, including those with learning difficulties, physical limitations, and/or special health care needs? YES NO

LONGEVITY

How many lessons/sessions are in the curriculum? _____

How long is each lesson/session? (e.g., 90 min. per lesson) _____

Does the curriculum include components to help **maintain** healthy values and behaviors? YES NO

COLLABORATION

Does the curriculum include components that encourage **family involvement** in promoting healthy values and behaviors? YES NO

Are strategies and/or activities provided to **expand learning opportunities outside of the instructional setting** (e.g., investigative assignments, home activities, field trips, visits to community sites, etc.)? YES NO

TRAINING

If **professional development** or **training** are required to use or purchase the curriculum, what is the length and cost of training? Length Cost

If the curriculum needs to be implemented by qualified individuals (e.g., certain degrees, certifications, etc.), what are the qualifications? Qualifications

Does the curriculum provide **guidance to help instructors handle sensitive or controversial content**? YES NO

Are **precise, step-by-step procedures provided** to help instructors implement the curriculum? YES NO

PROGRESS MONITORING/EVALUATION OF PROGRAM

Does the curriculum provide **opportunities for learners to assess their own progress** (e.g., personal checklists or self monitoring forms)? YES NO

Are there **assessments/evaluations included** (e.g., assessments, rubrics, checklists) to determine if the curriculum was effective in changing health related behaviors? YES NO

Are the assessments/evaluations designed to be **administered prior to, during, and after implementing the curriculum**? YES NO

RESEARCH EVIDENCE

Is the content of the curriculum **research based**? YES NO

Did the researchers use **valid measurement tools**? YES NO

Did the researchers use **reliable measurement tools**? YES NO

Has the curriculum been **pilot tested**? YES NO

Was the curriculum **tested in an environment with children or youth who are similar to the intended learners**? YES NO

TOTAL SCORE =

(Number of items marked as YES)



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Affordability Table



What is the initial cost of the curriculum materials?			
Items	Unit Cost	# of Units needed	Total Cost (Unit Cost x # of Units)
Core Curriculum	\$		\$
Necessary instructional materials that are not included as part of the core curriculum (e.g., teacher's guides, videos, CD's, master transparencies)	\$		\$
Required consumable student materials	\$		\$
Other	\$		\$
Total Minimum Curriculum Purchase Costs	\$		\$
Optional supplemental materials, including suggested, but not required, consumable materials	\$		\$
Total Initial Curriculum Material Costs	\$		\$

What are the additional costs related to curriculum implementation?		
	Initial Cost:	Annual Cost:
Staff	\$	\$
Professional Development Costs and Training Fees	\$	\$
Other	\$	\$
Total Additional Costs	\$	\$

What funds are available to purchase and implement the curriculum?		
	Available Immediately	Available Annually
	\$	\$
	\$	\$
	\$	\$
Total Available	\$	\$

Notes:

Materials Checklist



What materials are included in the curriculum?

- Lesson plans
- Textbooks for learners
- Teaching aids, such as posters or transparency masters
- Storyboards or bulletin board sets
- Sets or individual copies of learner worksheets
- Simulation activities
- Learner assessment tools
- Homework assignments
- Learning materials for parents or caregivers to use
- Ideas for community service experiences
- Ideas for field trips
- Other

What types of technology are used in the curriculum?

- Visuals, such as slides and transparencies
- Audio cassette(s)
- Videotape(s)/DVD(s)
- CD-ROM(s)
- Internet
- Fitness/health assessment devices, such as heart rate monitors, pedometers and/or spirometers
- Cameras
- Other

What additional supports and services are provided as part of the curriculum purchase?

- Curriculum updates for teachers on a website or through newsletters
- Free professional development
- Professional development available through website
- Activities and resources for parents and families available through website
- Web page templates to help agencies create their own health education web page
- Other



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MANUAL



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Evidence-based Health Promotion Initiative

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HPCC is a tool designed primarily to help agencies and users assess the quality of health promotion curricula. The authors do not take responsibility for improper use of the HPCC.

SUGGESTED CITATION

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OVERVIEW

Evidence-based health promotion has become increasingly important and visible. There are numerous health promotion programs and curricula disseminated in schools and communities across the U.S, but their quality and effectiveness vary drastically. In the context of evidence-based health promotion, programs with research-based components and that have been empirically validated have the greatest potential for benefitting children and youth.

Arizona's Office of Children with Special Health Care Needs (OCSHN) conducted a systematic review of health promotion curricula with an emphasis on nutrition and physical activity. The goal of this review was to identify effective, empirically supported health promotion curricula so that professionals and families can make curriculum choices informed by the best available evidence. The results of this review of research are reported in the Arizona Health Brief, *A Review of Health Promotion Curricula for Children and Youth with Special Health Care Needs* www.azdhs.gov/phs/owch/ocshcn. Forty-two programs were rated according to the quality of the study in which they were examined, the strength of the intervention effect, and the relevance of the curriculum for children and youth with special health care needs.

The Health Promotion Curriculum Checklist (HPCC) was developed based on the findings of the systematic review to extend the examination of effective health promotion curricula for individual users and organizations. **Its purpose is to guide the appraisal of current or future health promotion curricula for quality and research-based components.** The review primarily investigated the strength of the evidence for each program, whereas the HPCC offers a more in-depth examination of a program and its components. Health promotion curricula that include the seven essential characteristics described below are more likely to benefit children and youth with special health care needs than curricula that do not.

- 1. Research Evidence.** The content in the curriculum needs to be research based. In other words, the curriculum needs to have been examined through carefully designed, high quality experimental studies and shown to be effective. Assessment instruments used to document the outcomes should be valid (instruments measure what they are intended to measure) and reliable (the same measurement process yields the same results).
- 2. Prevention and Promotion of New Skills.** Health promotion programs should proactively and positively target the function and context of behaviors rather than focusing on strategies that are reactive or punishing. Effective programs explicitly teach and expect healthy behaviors from the onset of the program and extend these behaviors into daily routines to help form healthy habits.
- 3. Inclusion.** Inclusiveness is a critical component of an effective curriculum. Health promotion programming must be universally available and accessible to all children, youth, and families, regardless of their ethnicity, family structure, income, neighborhood, education, environment, and abilities. Effective health promotion programs value cultural diversity and respect individual worth and community.



4. **Longevity.** Health promotion is best conceptualized as a set of life-long skills that are learned early and practiced every day. Effective programs should not only teach that healthy behaviors must occur on a daily basis throughout life, but programs should also be in effect long enough to observe progress. Physical changes (e.g., weight loss, reduction in BMI, lowered blood pressure, etc.) take a significant amount of time to see improvements, and effective programs allow enough time for progress to be made.
5. **Collaboration.** Collaboration and connections to family and other community entities must be present for health promotion programs to achieve their ultimate purpose. Effective health promotion programs can be implemented in a variety of settings, but communication among families, schools, and other community partners is essential. Health and wellness activities make up an overall healthy lifestyle. To make health behaviors routinely a part of their lives, children and youth must learn to take the skills they learn and translate them across contexts. Communication and collaboration are critical to this process.
6. **Training.** Effective programs include a training component or professional development opportunities for individuals responsible for implementing the program. At a minimum, programs should have a manual with lesson guides. Programs are only effective if they are implemented in the manner in which they were designed. Training is necessary to ensure implementers can deliver the program properly.
7. **Progress Monitoring/Evaluation of Program.** A mechanism to measure progress of learners is an essential component to effective health promotion curricula. Effective programs include an assessment tool to help document whether the intended outcomes of the program are achieved and whether individuals are engaging in health promotion behaviors.

USING THE HPCC

What type of programs does the HPCC appraise?

The HPCC can be used to appraise a variety of health promotion curricula that address a wide range of topics and content related to physical, mental, and emotional health and wellness. These may include the following: promoting healthy eating; physical activity; mental and emotional health; sexual health; safety; a tobacco, drug, and alcohol free lifestyle; and preventing obesity and violence. The checklist was designed to examine comprehensive, published curricula, but may be useful for other types of related programs.



Who can use HPCC?

HPCC can be used by anyone interested in appraising the quality and research-based components of a health promotion curriculum. It may be particularly useful to health care providers, policy makers, administrators, and educators. To become a qualified HPCC user, read this manual carefully and refer back to it for scoring and interpretation questions. It is recommended that two users independently score every curriculum to be appraised. While this is not required, having more completed checklists on the same program will increase the reliability of the appraisal and the decisions made from it.

How do I use HPCC?

Before using the HPCC, users should first carefully examine all curriculum materials. This means looking through and reading everything contained in the program, including overviews, lesson plans, implementation guides, training or professional developmental materials, activities, homework assignments, website links, worksheets, handouts, assessments, etc. Every effort should be made by the user to locate and systematically examine all of the available materials related to the curriculum; however, the user is not required to locate information or materials that are not provided with the curriculum. For example, if information related to reliability and/or validity of assessment instruments is not provided in the curriculum itself, the user is not required to search through additional research documents to find this information. Users may need to access website(s) to determine curriculum information for the HPCC, but these should be referenced in the curriculum materials.

HPCC contains seven major sections and a total of 26 items. The sections align with the seven essential elements of effective health promotion curricula described above.

Three types of items are included in HPCC

- **Check all that apply items.** For these items, users check small boxes to indicate what is applicable. This means that more than one box can be checked.
- **Open-ended questions.** These questions provide a space in which the user can write the answer to the question.
- **Yes/no questions.** Yes/no questions require the user to circle either the “yes” or “no” provided in the space next to the question.

An affordability analysis and a materials checklist are included with HPCC as “supplemental materials.” The materials checklist is in the “check all that apply” format. This requires the user to check a box for all the materials that are included in the curriculum. The affordability analysis is in the “open-ended” format, and requires the user to fill in blanks related to the cost of purchasing and implementing the program. The supplemental materials are especially helpful when the HPCC is used to guide the selection of a new health promotion curriculum within an organization. In this case, users should complete the HPCC for all the potential curricula first and complete the supplemental materials with only those with sufficiently high HPCC scores.



SCORING

Definitions and Examples

This section provides specific information about what is meant by each item in the HPCC. The descriptions should clarify each item and help users determine when a “yes” or a “no” should be marked for the yes/no questions.

Prevention and Promotion of New Skills

- **What skills does the curriculum address?** Check all that apply. There are 11 options of categories or checkboxes to mark in this section. These are broad categories that encompass the vast majority of content that health promotion curricula address. Users should place a check mark next to the box or boxes that describe what topics the curriculum covers. If the topic is not listed on the HPCC, mark “other,” and provide a brief description of the topic(s).

Example: For the curriculum, “Media-Smart Youth: Eat, Think, and be Active,” the user would check the following: promoting healthy eating, promoting physical activity, and preventing obesity, because those are explicitly addressed in the program.

- **Does the curriculum include components that proactively teach healthy behaviors?** This question addresses factors related to teaching and expecting healthy behaviors from the beginning of the program (e.g., teaching the difference between healthy and unhealthy food choices) rather than focusing on reactive or punishing (e.g., dieting or lap runs for weight gain). Proactively teaching healthy behaviors involves explicitly teaching strategies and skills to children and youth so they can make healthy choices on their own. Some examples of what might be taught include the food groups and nutritional value of potential food choices, how media and technology affect food choices, appropriate ways to express and deal with emotions, how alcohol and/or drug use can influence the likelihood of engaging in other unhealthy behaviors, and the short and long term consequences of unhealthy choices such as sexually transmitted diseases.
- **Does the curriculum include interactive, peer-to-peer activities that support health promoting values and behaviors?** Empirically supported methods include directly teaching healthy and unhealthy behaviors, ensuring many opportunities for learners to actively respond during the lessons, and extending practice of healthy behaviors beyond the lessons through home and families activities. Group projects, peer discussions, peer modeling, and peer-to-peer teaching are examples of interactive methods that are supported by research. Lectures, independent study materials, and individual worksheets that do not involve interaction are less effective teaching strategies.
- **Does the curriculum provide opportunities or activities for learners to practice the skills needed to meet the standards/goals/objectives of the curriculum?** Sufficient opportunities and/or activities to practice skills must be provided so learners meet the standards, goals, and/or objectives of the curriculum. Examples of this may include take home activities, collaborative worksheets, games, physical activity breaks, recipe searches, cooking demonstrations, etc.



Inclusion

- **Who are the intended learners of this curriculum? Check all that apply.** This section includes 14 boxes, which include age ranges, gender, socioeconomic status, and minority groups. The user must look through the curriculum to determine for whom the curriculum is intended and mark all the boxes that apply. If the curriculum does not specifically state this, the user should make a note.

Example: *For the curriculum entitled, “Media Smart Youth: Eat, Think, and Be Active,” the user would mark the following boxes: ages 11-19, males, and females. The curriculum does not specify any other groups for whom the curriculum is specifically intended.*

- **Are the text, pictures, graphics, and other materials appropriate for the intended learners?** This requires that the user look through all the materials provided with the curriculum to ensure that it is appropriate for the intended learners. For example, if a curriculum were intended for young children, ages 3-5, the pictures and graphics would need to be appropriate for this age group (e.g., colorful, drawn appropriately, etc.). If a curriculum were intended for children with physical disabilities, the activities would need to accommodate for a variety of physical abilities (e.g., provide adapted materials or supply suggestions for adapting materials). If the curriculum were designed for a certain minority group, cultural values and beliefs would need to be taken into consideration (e.g., ensuring that graphics accurately represent that particular minority group and there are translated materials for families).
- **Are the instructional strategies and learning experiences appropriate for intended learners?** This requires that the user look at the instructional strategies and learning experiences to ensure they are appropriate for the intended learners. For example, if the curriculum were for young children, ages 3-5, the instructional strategies would need to be appropriate for this age group (e.g., activities should be brief to hold a young child’s interest, age appropriate). If the curriculum were for children with physical disabilities, the activities would need to allow for flexibility (e.g., include activities that can be completed by people of all abilities). If the curriculum were designed for adolescents, the teaching strategies should be interesting and engaging for this group of learners (e.g., using media, collaborative assignments, and thought provoking discussions).
- **Do the text, pictures, graphics, and other materials avoid biased or stereotypical perceptions of individuals or groups on the basis of personal characteristics such as race, ethnicity, gender, religion, culture, age, or sexual orientation?** The user must look through all the materials in the curriculum to ensure there is nothing in the curriculum that is biased or portrays stereotypical perceptions of individuals or groups. Additionally, the user should ensure that cultural beliefs about food, health, and tradition are respected. A “yes” should be marked if most or all of the curriculum materials avoid biased or stereotypical perceptions. A “no” should be marked if there are multiple instances in which biased or stereotypical perceptions are portrayed. Some possible examples of bias or stereotypical perceptions are if a curriculum states that learners from Mexican ethnic groups should not participate in healthy eating, because it is tradition in their culture to eat certain food at their festivities, or girls should participate in healthy eating and physical activities more than boys, or children are too young to make healthy choices.



- **Do instructional strategies, materials, and learning experiences address different learning needs?** This question addresses the inclusiveness of the instructional strategies, materials and learning experiences. This includes determining if the curriculum can be taught to a variety of individuals with diverse learning needs. The curriculum should be effective with all learners, including individuals with learning disabilities, a range of physical abilities, and/or special health care needs. A “yes” should be marked if most or all of the instructional strategies, materials, and learning experiences address different learning needs. A “no” should be marked if very few or none of the instructional strategies, materials, and/or learning experiences address different learning needs.

Longevity

- **How many lessons/sessions are in the curriculum?** The user should write the total number of lessons or sessions in the curriculum on the space provided. If the curriculum does not specifically state how many sessions are included in the introduction or somewhere else, the user may need to look through the program to determine how many lessons are included. If, after looking more in depth at the curriculum, there are no specific lessons included, the user should make note of that.

Example: For the curriculum, “Media Smart Youth: Eat, Think, and Be Active,” the curriculum states there are “10 structured lessons,” so the user would write 10 lessons on the space provided.

- **How long is each lesson/session?** The user should write how long it takes to complete each lesson in the space provided. If the curriculum does not specifically state the amount of time needed to complete a session or lesson in the introduction or somewhere else, the user should make note of that.

Example: For the curriculum, “Media Smart Youth: Eat, Think, and Be Active,” the curriculum states there are “10 structured lessons that require 90 minutes to complete,” so the user would write, “90 minutes” in the space provided.

- **Does the curriculum include components to help maintain healthy values and behaviors?** This question is related to maintenance of the skills learned. Physical changes (e.g., weight loss, reduction in BMI, lowered blood pressure, etc.) take a significant amount of time to see improvements, so ample time should be allowed for progress to be made. Examples of components that can help maintain new skills include providing exercise and/or meal plans that can be used over time, teaching the importance of engaging in healthy behaviors as a life skill, and regular weight checks, etc.

Collaboration

- **Does the curriculum include components that encourage family involvement in promoting healthy values and behaviors?** This item addresses family involvement in the curriculum. Examples of family involvement include: parents/families attending sessions with their child, having parents/families implement portions of lessons at home (e.g., cooking, finding recipes, daily exercise, homework assignments to be completed with parents/families, holding activities or events specifically for parents/families, etc.).



- **Are strategies and/or activities provided to expand learning opportunities outside of the instructional setting?** This item addresses learning opportunities provided outside the learning environment. Examples include field trips, community site visits, activities at home, research assignments, etc.

Training

- **If professional development or training is required by the developer to use or purchase the curriculum, what is the required length and cost of training?**
For this item, the user needs to determine whether specific training is necessary to implement and/or purchase the curriculum. Examples of training include attending a conference or seminar to receive instruction on how to deliver the lessons, passing a test or some other form of verification that the individual presenting the curriculum is knowledgeable about the content, or registering for an online course related to the curriculum, etc. The user should write the required length of the training and the cost of the training in the space provided. If there is no professional development or training required by the developer to use or purchase the curriculum, the user should make note of that.
- **If the curriculum needs to be implemented by qualified individual(s), what are the qualifications?** Some curricula specify that only people with specific credentials can use it (e.g., MD, nurse, psychologists, etc.). Others may specify that the individual delivering the program needs to have certain qualifications. For this item, the user should read the manual that accompanies the curriculum to determine what those qualifications are. If so, the user should write the specific qualifications necessary in the space provided. If the curriculum does not require specific qualifications for individuals using or delivering the curriculum, the user should make note of that.
- **Does the curriculum provide guidance to help instructors handle sensitive or controversial content?** This question addresses whether there is any sort of guidance to help instructors deal with sensitive or controversial issues. Examples include templates of permission letters to send home to parents, specific training on how to talk about sensitive topics, providing resources or additional information on where to seek help for sensitive issues, etc. Sensitive or controversial content may include sex education, eating disorders, mental or emotional disorders, abuse, etc.
- **Are precise, step-by-step procedures provided to help instructors implement the curriculum?** This question is a very important one. For this item, users should look for prepared lessons with clear objectives and step-by-step implementation guidelines. Examples include written lesson materials, on line resources, video and/or audio demonstrations, etc.

Progress Monitoring/Evaluation of Program

- **Does the curriculum provide opportunities for learners to assess their own progress?**
This question addresses whether the curriculum provides progress-monitoring opportunities for learners to observe their own health behaviors and assess their progress. Examples include checklists, self monitoring forms, recording food intake, recording daily physical activity, tracking screen time, etc.



- **Are assessment/evaluation instruments included to determine if the curriculum was effective in changing health related behaviors?** For this item, the user needs to search the materials for the presence of an evaluation tool that the individual implementing the program can use to determine if the goals of the curriculum are being met. This could include any sort of assessment tool, test, observation form, rubric, or checklist that measures health related behaviors.
- **Are assessment/evaluation instruments designed to be administered prior to, during, and after implementing the curriculum?** Evaluation tools that measure progress before, during, and after the implementation of the program adequately measure the impact of the program. This type of progress monitoring provides information regarding what the learner's skills are before the curriculum is implemented, how learning is progressing while the curriculum is being implemented, and how much the learner has progressed once the curriculum is finished being implemented. The same assessment/evaluation instruments should be used at all three points in time.

Research Evidence

- **Is the content of the curriculum research based?** This question addresses whether the content of the curriculum was included because previous research indicated that it was important. This information is typically found in an introduction section of a manual. The curriculum developers should describe the empirical basis for including the content they did. The HPCC user is not required to seek out additional information beyond what is provided in the curriculum itself regarding research evidence.
- **Has the curriculum been pilot tested?** Pilot testing refers to the curriculum being "piloted" or tried out before it was finished. A pilot study may include a small-scale preliminary study to help determine strengths and weaknesses and where changes need to be made or include a stronger experimental research design that investigates the effects of the program. The user is not required to seek out additional information beyond what is provided in the curriculum itself regarding pilot testing.
- **Was the curriculum tested in an environment with children and youth who are similar to the intended learners?** This question is related to whether the curriculum was tested (either in a pilot test or experimental study) in a similar environment and with individuals similar to the intended learners. For example, in the curriculum, "Media-Smart Youth: Eat, Think, and Be Active," the curriculum states that it was tested on individuals ages 11-13, in an after school setting.
- **Did the researchers use valid measurement tools?** This question addresses the validity of assessment/evaluation instruments used when the researchers were conducting pilot studies. In other words, were the measurement instruments used in initial research studies valid? Validity refers to how well an assessment or evaluation measures what it is supposed to measure. For example, if an assessment is designed to measure BMI, an instrument is considered valid, if in fact that assessment truly measures BMI. Research procedures are used to determine validity of an assessment. The user is not required to seek out additional information beyond what is provided in the curriculum itself regarding validity.



- **Did the researchers use reliable measurement tools?** This question addresses the reliability of assessment/evaluation instruments used when the researchers were conducting pilot studies. In other words, were the measurement instruments used in the initial research studies reliable? Reliability relates to how well the measurement process yields the same results every time it is used, or in other words, how well the assessment/evaluation instruments produce the same results if they are implemented over and over again. The user is not required to seek out additional information beyond what is provided in the curriculum itself regarding reliability.

Supplemental Materials

The Materials Checklist and Affordability Table are provided as supplemental materials to the HPCC. Users are not required to complete these to determine an overall curriculum score. However, the information they provide can be used to make decisions about the adoption of a new health promotion curriculum.

- **Materials Checklist.** A checklist is provided with boxes that users should mark for the materials included in the curriculum. This checklist helps the user know what is included in the curriculum, and what materials may be missing. This form is in the “check all that apply” format, so users may mark more than one box. If there are additional materials not listed on the checklist, the user should make a note of the additional materials.
- **Affordability Table.** This table helps users determine the initial cost of the curriculum and additional costs related to implementation. Spaces are provided for the user to write the unit cost of the curriculum and the number of units needed. A column is provided to help users determine the total initial cost of the curriculum (which is the unit cost x the number of units needed). For costs related to implementation, users fill in costs for staff, professional development and training fees, and other possible costs. Spaces are provided to write in initial costs, as well as annual costs. Overall, this form is useful to determine if it would be feasible for agencies or organizations to purchase and implement the curriculum.

INTERPRETING SCORES

Yes/no questions are the only questions that count toward the final score on the HPCC.

Although there are 26 total items, there are only 20 yes/no questions. When the checklist is complete count the total number of items marked as “yes” and write the number in the box provided at the bottom of the form. The total number of items marked as “yes” determines the curriculum’s overall score. Twenty is the highest score possible. The higher a curriculum scores on the HPCC, the more promise the curriculum has for benefitting children and youth with special health care needs. The total scores can be used in a comparative analysis to select a curriculum from a set of possible programs. For example, appraisals are completed for three different curricula related to healthy eating and physical activity. The programs receive the following scores: 14, 18, and 7. The one with the score of 18 would be the best choice because it has the highest total score and is likely to include a sufficient number of essential elements to be beneficial for children and youth with special health care needs.

If a curriculum receives a low overall score, this would indicate that the curriculum is missing many or most of the important components that make health promotion curricula effective. If other curricula options are available on the same topic, it is best to select the one with the highest score that is a good match for the intended learners.



Modifications and Adaptations

If a curriculum scores particularly low in a given area, but scores high on all other elements, it is possible for the curriculum to be used, but with modifications or adaptations. This section provides examples of how to modify or adapt curriculum components related to the seven essential elements.

- **Prevention and Promotion of New Skills** If this section is scored with 3 or more “no’s,” the following modifications can be made: add components that proactively teach healthy behaviors and disregard the components that are reactive or punishing, add peer-to-peer activities, (e.g., peer discussions, group problem solving activities, peer modeling and teaching, etc.), and/or create activities for the learners to practice the skills they have learned (e.g., homework assignments, guided practice activities, independent practice activities, etc.)
- **Inclusion** If this section is scored with 3 or more “no’s,” the following modifications can be made: disregard the inappropriate materials and instructional strategies and replace them with appropriate text, pictures, graphics, and instructional strategies. If the curriculum does not address different learning needs, this issue can be addressed by determining which specific needs must be addressed for the intended learners and modify accordingly. For example, if the activities are not appropriate for children and youth with a range of physical abilities, they could be replaced with some that are more inclusive.
- **Longevity** If this section is scored with 1 “no,” the following modifications can be made: add activities that help maintain healthy behaviors and values, such as providing 6 month or yearly checks on progress, or providing “take home” materials that can be incorporated at home after the curriculum is finished being implemented, etc.
- **Collaboration** If this section is scored with 1 or more “no’s,” the following modifications can be made: create parent and family sessions or activities, community outings, homework assignments to be completed as a family, etc.
- **Training** If there are no training components included in the curriculum, it is best not to select that curriculum for use. If the last question in the “Training” section is marked with a “no,” this indicates there are not instructions or procedures for the user to follow when implementing the program. Training to implement the curriculum is a necessary component to it being effectively implemented. Avoid programs without sufficient guidance for implementers or step-by-step procedures to help instructors deliver the curriculum.
- **Progress Monitoring** If no progress monitoring components (assessment/evaluation instruments, rubrics, checklists, etc.) are included in a program, the curriculum is not recommended. Progress monitoring tools to determine the impact of the curriculum on health related behaviors are necessary. It is best to avoid programs that do not include a progress-monitoring component.
- **Research Evidence** If this section is scored with 3 or more “no’s,” this may indicate that very little research has been conducted on that particular curriculum. If all other sections score high, it may still be acceptable to use the curriculum because the other 6 essential characteristics of effective health promotion curricula are present. Users can be confident that the development of a program with all but the last element was informed by research. However, a program with all 7 essential elements would be a better choice, if it were available.

