

Incorporates Learning Strategies, Teaching Methods, and Materials That Are Culturally Responsive and Inclusive

Description: Effective curricula have materials that are free of culturally biased, oppressive, and discriminatory information, scenarios, examples, images, graphics, and audiovisuals. All curricula contents (e.g., information, student-learning activities, and assessments) depict and are inclusive of diverse student demographics, identities, cultures, health behaviors, and lived experiences. This includes but is not limited to the variety of sexes, gender identities and expressions, races, ethnicities, classes, religions, ages, geographic regions, physical and mental abilities, appearances, sexual identities and orientations, and family or caregiving structures identified and experienced by students. Strategies that promote values, attitudes, and behaviors that acknowledge and affirm the cultural diversity of each student; optimize relevance to students from multiple cultures in the school community; strengthen students' skills necessary to engage in intercultural interactions; and build on the cultural assets and resources of families and communities are necessary in health education curricula and instruction.¹

According to the Centers for Disease Control and Prevention's Health Education Curriculum Analysis Tool (HECAT), characteristics of culturally responsive and inclusive health education curricula should include the following elements:²

1. Health content and skills tailored to specific student demographics (e.g., race, ethnicity, sex, age, and grade), identities, health behaviors, and lived experiences
2. Consistent incorporation of diverse identities, cultures, narratives, and beliefs throughout curriculum lessons, activities, and assessments



3. Consideration of the social determinants of individual and community health from diverse social, cultural, political, and historical contexts across health topic areas
4. Opportunities for students to think critically about individual (e.g., implicit bias) and systemic (e.g., institutionalized racism) factors that perpetuate health disparities and serve as barriers to health equity
5. Incorporated strategies to help students navigate or combat stressors (e.g., discrimination, harassment, or stereotypes) and systems of oppression that negatively impact health³
6. Data, scenarios, and examples that communicate a positive framing of health and human development and that represent people of diverse races, ethnicities, classes, sexes, genders, abilities, and sexual orientations through strengths, achievements, and assets rather than perceived deficits

¹ Centers for Disease Control and Prevention, *Health Education Curriculum Analysis Tool* (Atlanta, GA: CDC, 2021).

² Centers for Disease Control and Prevention, "Chapter 5: Curriculum Fundamentals" in *Health Education Curriculum Analysis Tool*; Jahque Bryan-Gooden, Megan Hester, & Leah Q. Peoples, *Culturally Responsive Curriculum Scorecard*, (New York: Metropolitan Center for Research on Equity and the Transformation of Schools, New York University, 2019)..

³ Any system designed to hinder a group of individuals (usually a minority group) from accessing resources and privileges available to another

Directions: Click on the grade-level icon below for examples of how to support this characteristic in a lesson.



Grades K–2 Examples

Example 1

For this teaching example, the lesson being taught is that we are all unique and special, and the Healthy Behavior Outcomes (HBOs) for this lesson are *MEH-7: Show acceptance of difference in others* and *MEH-8: Establish and maintain healthy relationships* ([HECAT Appendix 3](#)).

1. The teacher starts the lesson by showing and posting a series of pictures that depict a variety of children who are different in many ways, including but not limited to age; hair, eye, or skin color; height; body type; ability and disability; religion; culture; and facial expression (e.g., happy or sad).
2. The teacher explains to the students that the children in the pictures may be the same as or different from them in many ways.
 - a. The teacher asks the children to raise their hands if they see a child in the picture who is the same as them in some way. The teacher calls on several students to share answers.
 - b. The teacher also asks the children to raise their hands if they see a child in the picture who is different from them in some way. The teacher calls on several students to share answers.
3. The teacher explains that although there are some ways in which each student is the same as or similar to their classmates, there are also many ways that they are different.
4. The teacher explains that the differences between the students and other children are what makes them special and unique.
5. The teacher then asks each student to tell one thing about themselves that makes them special or unique.
6. The teacher explains to the students that it is always important to be kind to other children who are different from them. Kindness is thinking about the feelings of others and doing things to help others feel good.
7. The teacher then asks the students to share ways in which they can be kind to other children who are different than them. Examples of ways that children can be kind to others include
 - a. remembering that the feelings of others are important,
 - b. including others by asking them to play with you on the playground or to sit by you during lunch or circle time,
 - c. talking with and listening to others,
 - d. saying nice things to others, such as “You are a good friend,” or “I like your haircut,” and
 - e. helping them, especially when they are hurt or upset.
8. The teacher reminds the students that being kind to others who are different than them is a great way to make new friends and have healthy relationships with one another.



Example 2

For this teaching example, the lesson being taught is that our families are unique and special, and the HBO for this lesson is *MEH-7: Show acceptance of difference in others* ([HECAT Appendix 3](#)).

Note: The HECAT (<https://www.cdc.gov/healthyyouth/hecat/index.htm>) lists sexual health knowledge expectations for students in grades Pre-K–2 that are aligned with the HBOs for this lesson, including but not limited to the following:

- **Recognize the range of different family and peer relationships (e.g., nuclear, single parent, blended, intergenerational, cohabiting, adoptive, foster, and same sex or gender).**
 - **Explain why it is wrong to tease or bully others based on personal characteristics (e.g., sex, race, ethnicity, culture, sexual orientation, appearance, abilities, mannerisms, or the way one dresses or acts).**
1. The teacher starts the lesson by showing and posting a series of pictures that depict a variety of families who are different in many ways, including but not limited to nuclear, single parent, blended, intergenerational, cohabiting, adoptive, foster, same sex or gender (e.g., one picture shows one parent; one picture shows grandparents living at home with the child; one picture shows two dads).
 2. The teacher explains to the students that the families in the pictures may be the same as or different from their families in many ways.
 - a. The teacher asks the children to raise their hands if they see a picture of a family who is similar to their family.
 - b. The teacher then asks the children to raise their hands if they see a family who is different from their family in the pictures.



3. The teacher explains that although there are some ways in which families are the same as or similar to classmates, there are also many ways that families may be different from the families of their classmates (e.g., some families have a mom and a dad, some families have parents who are divorced, and some families have two moms or two dads).
4. The teacher explains that the differences between their families and the families of other children are what make each family special and unique.
5. The teacher then asks each student to draw a picture of their family.
6. The teacher explains to the students that it is always important to be kind to other children who have families who are different than their families. Kindness is thinking about the feelings of others and doing things to help others feel good.
7. The teacher then asks the students to tell them ways in which they can be kind to other children who have families who are different from, or not the same as, their families. Examples of ways that children can be kind to others include
 - a. remembering that the feelings of others are important,
 - b. including them when you are playing or having lunch,
 - c. not hurting their feelings by saying or doing mean things,
 - d. talking with and listening to them,
 - e. saying nice things to them, like “It is fun to play with you,” and
 - f. helping them, especially when they are hurt or upset.
8. The teacher reminds the students that showing acceptance and being kind to others who are different from them is a great way to make new friends and have healthy relationships with one another.



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Grades 3–5 Examples

Example 1

For this teaching example, the lesson being taught is influences on food choices, and the HBO for this lesson is *FN-11: Choose and enjoy nutrient-dense foods and beverages that reflect personal preferences, culture, and budget* (HECAT Appendix 3).

1. The teacher reviewed the food and nutrition knowledge expectations listed in the HECAT (<https://www.cdc.gov/healthyyouth/hecat/index.htm>) for students in grades 3–5 that are aligned with the HBO for this lesson and selected the following knowledge expectation for this lesson: explain the importance of trying new foods.
2. The teacher also reviewed the HECAT (<https://www.cdc.gov/healthyyouth/hecat/index.htm>) and elected to use the first six of the eight food and nutrition skill expectations that are aligned with the health-related skill of analyzing influences for students in grades 3–5.
 - a. Identify how culture influences food choices and other eating practices and behaviors.
 - b. Identify how peers influence food choices and other eating practices and behaviors.
 - c. Identify how community influences food choices and other eating practices and behaviors.
 - d. Identify how family and culture influence food choices and other eating practices and behaviors.
 - e. Identify how school and community settings influence food choices and other eating practices and behaviors.
 - f. Identify how media and technology influence food choices and other eating practices and behaviors.
3. The teacher starts the lesson by telling students that in this lesson they will be analyzing influences on food choices and other eating practices.
4. Students participate in a think-pair-share to define the word “influence.” The teacher and students compare and discuss definitions of “influence.” The teacher explains that the word “influence” means having power to affect how someone thinks or behaves.
5. Students participate in another think-pair-share to define the word “counter.” The teacher and students compare and discuss definitions of “counter.” The teacher tells students that the word “counter” means responses go against or oppose an influence on how someone thinks or behaves.



6. The teacher asks the students to complete a worksheet which includes a table with the following text:

| Influences on Food Choices and Other Eating Practices and Behaviors | | | |
|--|--|---|--|
| Directions: For each Source of Influence (Column 1), write one Healthy Influence (Column 2) and one Less Healthy Influence (Column 3). In Column 4, write down one way to go against or counter the less healthy influence you listed. | | | |
| Source of Influence | Healthy Influence | Less Healthy Influence | Strategy to Counter Negative Influence |
| 1. Peers | Example: My friend shares apple slices with me at lunch. | Example: My friend encourages me to drink soda rather than water. | |
| 2. Community | | | |
| 3. Family and Culture | | | |
| 4. School and Community | | | |
| 5. Media and Technology | | | |

7. The teacher provides an example of a healthy influence on eating behaviors and practices: “My friend shares apple slices with me at lunch.” The teacher also provides an example of a less healthy influence on eating behaviors and practices: “My friend encourages me to drink soda rather than water.”
8. The teacher has the students complete the worksheet independently. Once the students have finished completing the worksheet, they compare and discuss responses with a partner.



9. The teacher then has each set of partners join another set of partners to create groups of four students. The groups then compare and discuss the strategies they identified to counter the less healthy influences on food choices and other eating practices and behaviors.
10. While the students are comparing responses, the teacher writes the following sources of influences on the whiteboard:
 - a. Peers
 - b. Community
 - c. Family and Culture
 - d. School
 - e. Community
 - f. Media and Technology
11. Once the students have completed their work, they write the strategies they identified to counter the less healthy influences for each source of influence on the whiteboard.
12. The teacher and the students discuss the strategies they identified to counter less healthy influences on food choices and other eating practices and behaviors.
13. The teacher asks the students to use their fingers (1 is low, and 5 is high) to rate confidence in their abilities to
 - a. identify healthy influences on food choices and other eating practices and behaviors,
 - b. identify less healthy influences on food choices and other eating practices and behaviors, and
 - c. counter less healthy influences on food choices and other eating practices and behaviors.



Example 2

For this teaching example, the lesson being taught is expressing empathy and compassion, and the HBO for this lesson is *SH-3: Treat all people with dignity and respect regarding gender identity and sexual orientation* ([HECAT Appendix 3](#)).

1. The teacher reviewed the 10 sexual health knowledge expectations listed in the HECAT (<https://www.cdc.gov/healthyyouth/hecat/index.htm>) that are aligned with the HBOs for this lesson for students in grades 3–5. Prior learning for this lesson included the following knowledge expectations:
 - a. Define gender identity and expression.
 - b. Explain the difference between sex assigned at birth and gender identity and expression.
 - c. Define sexual orientation (i.e., patterns of emotional, romantic, or sexual attractions to men, women, or all sexes), including sense of identity, attractions, and related behaviors (e.g., heterosexual, gay/lesbian, or bisexual).
 - d. Describe personal characteristics related to sexual identity, orientation, and gender that make people different from one another.

This is the knowledge expectation for this lesson:

- a. Summarize why it is wrong to tease or bully others based on gender identity, sexual orientation, or other personal characteristics (e.g., sex, race, ethnicity, culture, appearance, abilities, mannerisms, or the way one dresses or acts).
2. The teacher also reviewed the HECAT (<https://www.cdc.gov/healthyyouth/hecat/index.htm>) and selected to use the following sexual health skill expectation that is aligned with the health-related skill of interpersonal communication for students in grades 3–5:
 - a. Explain how to be empathetic and compassionate toward others who have a different gender identity and expression or sexual orientation from oneself.
3. The teacher uses the identified knowledge and skill expectation to create the lesson on expressing empathy and compassion.
4. The teachers starts the lesson by explaining the terms “empathy” and “compassion.” Empathy is the ability to understand and share the feelings of another person. Compassion is when we care about others, treat them with kindness, and feel a need to help people.
5. The teacher asks the students to identify situations when they have shown empathy and compassion to others. Examples of these situations may include
 - a. telling a friend who has a gender identity of female that you like the color of their fingernail polish, and
 - b. continuing to be friends with a classmate after they reveal that their sexual orientation is different from your sexual orientation.
6. The teacher uses the following steps to help students develop skills for expressing empathy and compassion:
 - a. The teacher and the students discuss the importance of expressing empathy and compassion.
 - b. The teacher presents examples of verbal messages to express empathy and compassion as well as body language to support the verbal message:
 - i. The verbal message conveys understanding and respect for feelings of a classmate.
 - ii. The verbal message conveys care and kindness to a classmate.
 - iii. The verbal message includes an offer of support or help to a classmate.
 - iv. Body language including tone of voice supports the student’s verbal message.
 - c. The teacher demonstrates how to express empathy and compassion.
 - d. Students practice and rehearse expressing empathy and compassion using real-life scenarios with a partner.



- e. The teacher uses the following checklist to assess and provide the students with reinforcement and feedback regarding their expressions of empathy and compassion:
 - i. The verbal message conveys understanding and respect for feelings of a classmate.
 - ii. The verbal message conveys care and kindness to a classmate.
 - iii. The verbal message includes an offer of support or help to a classmate.
 - iv. The body language including tone of voice supports the student's verbal message.
- 7. The teacher concludes the lesson by asking the students to identify situations when it is important to express empathy and compassion to others. The teacher also asks the students to use their fingers (1 is low, and 5 is high) to rate confidence in their ability to express empathy and compassion to others.

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Grades 6–8 Examples

Example 1

The health education teacher strives to make the classroom safe, welcoming, and culturally inclusive for each student. The student population is diverse, including differences in sex, age, ethnicity, race, ability, languages spoken, gender identities, sexual orientations, and family structures. Educators should recognize that the physical setup of the classroom and the instructional materials teachers use must reflect the identities and lived experiences of the students. Classroom environments should include strategies to promote

cultural responsiveness, inclusion, and accessibility so that students feel safe, welcome, and as if they belong. These strategies include the following actions:

1. Displaying posters and health messages that reflect the student population (i.e., race, ethnicity, identity, orientation, and family)
2. Including informational health brochures and reading materials in multiple languages
3. Arranging the desks in various formations throughout the year, including small groups (groups of two to four) and semicircles to promote group work and encourage interpersonal communication and discussions on health-promoting behaviors
4. Utilizing diverse educational materials such as articles, books, and YouTube clips reflecting family structures (e.g., single parent, two parent, same-sex parents, biracial, guardian, adopted, and foster)
5. Staying informed of school and local community events, factual and trusted information sources, and current events that may affect the health and well-being of the students, families, school, and community



The health education teacher regularly discusses health-related current events or news and school and community resources tailored for all student groups. In addition, the teacher encourages students to share resources and materials relating to the specific health content and skills being taught.

Example 2

For this teaching example, the units being taught are Mental and Emotional Health and Sexual Health, and the HBOs for the lesson are *MEH-3: Show acceptance of difference in others* and *SH-3: Treat all people with dignity and respect with regard to their gender identity and sexual orientation* ([HECAT Appendix 3](#)).

The 8th grade students in the Gay Straight Alliance (GSA) approach the physical education teacher (who teaches health education) and request that the teacher include specific information for students who identify as LGBTQ+. The teacher just completed a unit on healthy and unhealthy relationships where students learned

how to identify strategies to resolve conflict and effectively communicate feelings between partners. During this unit, the only couples discussed were male-female dating partners. The students are upset and feel that health education unit wasn't relevant and that their needs were ignored in class.

As a result, in collaboration with a GSA advisor, the students researched various sexual health education curricula and found that for a curriculum to be effective, it must be skill based, culturally inclusive, and affordable while aligning with standards. During their search, only one curriculum met all the required criteria. Anticipating a pushback from the physical education teacher, the students listed several reasons why it is important to include specific information for students who identify as LGBTQ+:

- It promotes an understanding of gender identity and sexual orientation.
- It promotes respect and credibility for all students.
- It promotes a safe and welcoming classroom environment.
- It protects students from pregnancy and disease.
- It provides a nurturing environment for students who might otherwise feel ostracized and may not have another place to seek accurate information.

Upon hearing the student's concerns, the physical education teacher realizes the instructional materials used in the health education unit were not inclusive for students who identify as LGBTQ+. The physical education teacher agrees to adopt several lessons from the identified sexual health education curriculum. Incorporating relevant sexual health content and skills for students is a necessary step to ensure health education programs are culturally responsive and inclusive for all students, including those who identify as LGBTQ+.



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Grades 9–12 Examples

Example 1

1. The health education curriculum committee (composed of health teachers, parents, community health experts, curriculum coordinators, administrators, and school board members) is in the process of selecting a health education curriculum. They use the HECAT to help with the selection process. To make sure they select a curriculum that is culturally inclusive, they answer the Acceptability Analysis questions in Chapter 4 in the HECAT ([HECAT Acceptability Analysis—pg. 4](#)). Questions that relate to being culturally inclusive include these:
 - a. Does the curriculum affirm all students, including groups of students that historically have been marginalized (e.g., LGBTQ+ students; students with histories of trauma, abuse, or neglect; students of color; runaway or unhoused students; students involved with the criminal justice or foster system; students with disabilities or functional needs; students who are young parents and caregivers), and address unique experiences, learning, and developmental needs?
 - b. Does the curriculum include language that's relevant and appropriate for the students and the community?
 - c. Does the curriculum consistently feature individuals with diverse characteristics (e.g., different ethnicities, nationalities, and body types)?
 - d. Does the curriculum reflect the diversity of races, cultures, sexes, genders, identities, abilities, perspectives, and beliefs found in families, the school, or the community?
 - e. Does the curriculum include information and learning experiences, such as student-family activities that reflect the diversity of races, cultures, sexes, genders, identities, abilities, perspectives, and beliefs of students and families?
 - f. Does the curriculum use images, stories, information, or learning experiences that avoid stereotyping people based on race, ethnicity, gender, religion, culture, country of origin, sex, age, sexual orientation, or ability?
 - g. Does the curriculum avoid perpetuating negative stereotypes and beliefs about identities that historically have been marginalized (e.g., assumptions about communities of color to have low educational attainment and/or income) through images, information, stories, or learning experiences?
2. The curriculum committee uses the answers from the HECAT Acceptability Analysis as part of the selection criteria to make recommendations on a health education curriculum.



Example 2

For this teaching example, the unit being taught is Violence Prevention, and the HBO for the lesson is V-3: *Avoid bullying or being a bystander to bullying* ([HECAT Appendix 3](#)).

1. The teacher starts the class by asking students to complete the following bell ringer questions.
 - a. What does the word “stereotype” mean to you?
 - b. What does the word “prejudice” mean to you?
2. After a few minutes, the teacher calls on a few student volunteers to share their definition of the word “stereotype.” After students have shared responses, the teacher explains that the word “stereotype” means that there is often an untrue belief that many people have about all people or things with a particular characteristic. Stereotypes are harmful and involve making judgments and having potentially untrue or inaccurate biases about others. An example of a stereotype is that boys are better at math and science compared to girls.
3. The teacher asks different students to share definitions of the word “prejudice.” After a few students have shared responses, the teacher explains that prejudice is an unfair and unreasonable opinion or feeling, especially when formed without enough thought or knowledge.
4. The teacher places students into groups of four and asks them to discuss how stereotyping and prejudice can lead to bullying. The teacher allows several minutes for students to brainstorm answers and then calls on groups to share their responses.
5. The teacher summarizes the students’ responses:
 - a. Bullying can be based on stereotypes and fears students have toward people who are different from them.
 - b. Bullying can happen because of a learned belief that certain groups of people deserve to be treated differently or with less respect.
 - c. When bullying happens because of prejudice or stereotyping, people are targeting others who are different from them and singling them out. This type of bullying is severe and can open the door to hate crimes.
 - i. Hate crimes are violent acts committed against people because they are from a different group (e.g., race, religion, ethnicity, disability, or sexual orientation).
 - ii. Hate crimes are serious offenses and can carry significant negative consequences.



The teacher places students back into groups of four and asks them to create a top 10 list of how to stop or reduce prejudice and stereotyping in their school. The teacher then has students share and post the lists outside of the classroom.