How Bad is That?
Rebecca A. Brey and Susan E. Clark

Abstract

This teaching technique asks students to evaluate the “badness” of 5-7 health-related behavioral statements of a specific health topic. Following the presentation of each statement, each student selects one of five choices: “Really Bad”, “No Big Deal”, “It Depends”, “Go for It”, or “Pass”. Processing/discussion questions led by the teacher help students recognize and identify reasons that may shift the perception of the acceptability of the health-related behavior. Reasons may include 1) who is involved and 2) to what degree each student believes the behavior has an impact on self or others. To assess the technique, students will compose a one-page reflection paper addressing the influences of personal perceptions on health-related decision-making.

Introduction

According to Seward (2015), values give meaning to our lives and attitudes are beliefs based on our values. He further states that values influence our attitudes and our actions often result from our attitudes (Seward, 2015). Our attitude regarding the acceptability of a health-related behavior may be influenced by 1) who is impacted by the behavior and 2) to what degree the individual believes the behavior impacts self and others. The National Health Education Standards (Centers for Disease Control and Prevention, 2007) recognize that students need to analyze the influence of various factors on behavior choices related to health. Telljohann, Symons, Pateman, and Seabert (2012) describe the foundation of mental or intellectual health as our ability to interpret, analyze, and act on information. Asking students to make personal judgments about health behavior choices helps to foster personal responsibility, ethical decision-making, and community awareness. Decision-making involves both the learning and application of age-appropriate strategies for making positive health-related decisions (Telljohann, Symons, Pateman, & Seabert, 2012). School health educators, via the National Health Education Standards, are asked to provide opportunities that allow students to demonstrate decision-making skills that enhance health. Effective decision making challenges students to think about their choices and consider the impact of their behavior on themselves and others. This teaching technique provides a fun, interactive opportunity for teachers to address two NHES Performance Indicators in their classroom.

NHES Performance Indicators

2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
5. Students will demonstrate the ability to use decision-making skills to enhance health.

Grade Level

This technique may be used for grades 9 through 12 and also may be adapted for adult learners.

Objectives

After completing the lesson, the student will be able to:
1. Describe the influence of personal perception on decision-making.
2. Identify whether a decision impacts themselves, others, and/or the larger community.
3. Compose a one-page reflection summary of the activity.

Materials and Resources

• 5 signs with large font print clearly visible throughout the classroom
• List of statements describing various health-related behaviors
• Paper and writing utensils

Activities and Strategies

Teacher Preparation

Prepare and post one of these signs in each corner of the classroom and place a PASS sign in the center of the classroom.
1. Really Bad
2. No Big Deal
3. It Depends
4. Go for it!

Prepare or select statements. This technique works best when statements address one health content area per class period. Other health content areas may be discussed at a later date. Tailor the presented statements to the personality, comfort level, and assessed health needs of your students. In addition, teachers may opt to use fewer or more than 3-5 statements as time permits.

Beginning the Lesson

To begin the lesson, the teacher explains the activity. The
teacher will read 3-5 statements related to a health content area. After each statement is read, each individual student moves to the sign most representative of her/his personal opinion of the statement. Encourage students to select the option that most closely describes their reaction, rather than what they think their friends might say. If teachers want student responses to be anonymous, or if students have a tendency to flock together as a group, consider writing the responses to questions on cards, collect, shuffle, and hand out to others who then go stand near the designated sign.

Initiating/Completing the Activity

After the teacher reads each statement, direct students to move to one of the following areas of the classroom:

1. Really Bad – for example, go to jail, be expelled from school, lose your friends, be grounded for life
2. No Big Deal – for example, chill out, as long as it doesn’t happen again, think the impact was minimal
3. It Depends – for example, need more information, things change, we don’t know the whole story
4. Yes – for example, go for it, that’s the bomb, no problem
5. Pass – for example, I don’t want to get involved, I’m staying out of this one, or I’m too invested and can’t make a good judgment. (Move to middle of the room.)

The instructor reads a statement and asks students to move toward the sign that best describes their reaction. Sample statements addressing Violence; Alcohol, Tobacco, and Other Drugs; and Dietary Patterns are provided below. Since this technique may be used for any health-related topic, teachers may develop their own statements addressing other health content areas.

Violence:

1. I would use cutting as a way to express my dissatisfaction with myself and the world.
2. Joe hit Jeff because he thought Jeff had it coming to him.
3. My friends often tease and taunt other classmates.
4. John forced Mary to have nonconsensual sex after he thought she was leading him on.
5. Dejuan and Courtney, two of my classmates, bully others to show they are strong.
6. My Dad uses swear words to release negative energy.

Alcohol, Tobacco, and Other Drugs:

1. My best friend drinks alcohol because he says it makes him feel good.
2. Maria drank so much that she passed out last weekend.
3. Jordan uses illegal drugs (alcohol, marijuana, cocaine) every couple of weeks.
5. Jose smokes cigarettes whenever we have a party.
6. I tried one cigarette a couple of times.

Dietary Patterns:

1. I skip breakfast every day that I am scheduled for an early lunch.
2. R.J. eats junk food regularly but also eats healthy meals.
3. Athletes, especially wrestlers, throw up to maintain their weight during the season.
4. Enrique is overweight because he has a genetic predisposition to gain weight.
5. Julia never exercises and is in the obese category of the BMI scale.
6. I am under 18, so I don’t worry about exercising and eating healthy.

Processing the Activity/Closure

Sample processing questions may include:

- How does this behavior impact you? In what ways may this action impact other people or the community? Why is it important to recognize that our actions and words not only affect ourselves, but may also affect others?
- What is the potential level of harm of this behavior? Who can it impact? (the individual, others, or the community?) Does it have a large or small impact? If the action has a large impact, are we even more responsible for our decisions? Why?
- How does our perception influence our responses? (Perceptions are based on background, experience, knowledge, prejudice, stereotyping, etc.) How does peer pressure influence our responses? (Fitting in with the crowd, being the only person not participating, what the “perceived leaders” do, personal values, religious conflicts, etc.) In addition, some decision-making by adolescents may be influenced by “mob mentality” or what “everybody else is doing”. Are these also peer influences? If so, reorder the sentences above to include these influences and make a separate statement about whether personal values, religion, culture, etc. may impact choice/decisions.

Assessments

To assess the activity, each student will write a one-page reflection. Within the reflection, the student will need to discuss three influences personal perception may have on decision-making. In addition, each student will state whether/how the decision-making statements discussed in class have the potential to impact themselves, others, and/or the community at large. Students may also justify their opinions in their reflection paper.

Conclusion

Student perception and understanding of the impact of personal health behavior choices varies. Providing an overview of external versus internal locus of control (Rotter, 1966), may help students participating in this activity identify the reasons for and the impact of personal health choices. While some researchers (Wallston, 1994) concluded that locus of control may be an insufficient explanation of health-related behavior, knowing the locus of control orientation of students can provide the teacher with helpful information when processing
this activity (McKenzie, Neiger, & Thackeray, 2013). Some students make health-related decisions based on an external locus of control including the likelihood of “getting caught”, peer influences, or the impact on their family or group of friends. Other students have an internal locus of control and believe they have responsibility for their own health-related choices. Still others believe that their actions do not impact those around them or the larger community, so their personal behavior choices are unimportant for others.

Please note that problems may arise if the teacher is strongly directed toward one answer or another and does not discuss/process the validity of all responses. The values and ethics of the teacher can get in the way of the processing especially if her/his experiences and background are markedly different than those of the students. It is also important to remind students that not everyone will agree with the choices everyone else might make or the impact they believe the action may have on others.

This technique can be used as a means of identifying student choices and to expand reflection and dialogue about the impact of a particular decision. It may also be adapted for most health content areas. The structure of the technique has the potential to engage all students, especially the “silent majority”. In addition, the teacher can collect and synthesize the student assessment of the activity and provide a general summary for the class regarding the topic.

The Exam

The Master Certified Health Education Specialist (MCHES) exam is a competency based test that measures the possession, application and interpretation related to the Seven Areas of Responsibility; a comprehensive set of Competencies and Sub-competencies defining the role of an advanced-level health education specialist. These Responsibilities were verified through a role delineation and job analysis process. The MCHES exam consists of 165 multiple choice questions (150 scored, 15 pilot tested) some of which are scenario based, and is administered in a paper-and-pencil format.

### Seven Areas of Responsibility

Area I: Assess Needs, Assets and Capacity for Health Education
Area II: Plan Health Education
Area III: Implement Health Education
Area IV: Conduct Evaluation and Research Related to Health Education
Area V: Administer and Manage Health Education
Area VI: Serve as a Health Education Resource Person
Area VII: Communicate and Advocate for Health and Health Education

### MCHES Exam Schedule and Fees

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### References


### Abstract

Seven Areas of Responsibility

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