

EMERGING, PROMISING AND BEST PRACTICES DEFINITIONS

For each of the health priority risk behaviors and health issues described in this guide, there will be information on emerging, promising and best practices to provide you with potential resources to assist in improving the school health environment. To better understand emerging, promising and best practices – these will be defined below.

“Best” practice is a continuum of practices/programs ranging from emerging, to promising to best practice. The Association of Maternal Child Health Program’s (AMCHP) Best Practices program uses the term “Best Practice” as a broad category that includes emerging and promising practices, which are defined below²⁶.

Emerging Practice

An emerging practice:

- Incorporates the philosophy, values, characteristics, and indicators of other positive/effective public health interventions.
- Is based on guidelines, protocols, standards, or preferred practice patterns that have been proven to lead to effective public health outcomes.
- Incorporates a process of continual quality improvement that:



- Accumulates and applies knowledge about what is working and not working in different situations and contexts;
- Continually incorporates lessons learned, feedback, and analysis to lead toward improvement or positive outcomes.
- Has an evaluation plan in place to measure program outcomes, but it does not yet have evaluation data available to demonstrate the effectiveness of positive outcomes.

Promising Practice

A promising practice, in addition to fulfilling the criteria above, has been, or is being evaluated and:

- Has strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes.

Best Practice

A best practice results from a rigorous process of peer review and evaluation that indicates effectiveness in improving public health outcomes for a target population. A best practice:

- Has been reviewed and substantiated by experts in the public health and/or education field according to predetermined standards of empirical research;
- Is replicable, and produces desirable results in a variety of settings.
- Clearly links positive effects to the program/practice being evaluated and not to other external factors.

Are there Best Practices in Policy?

Yes! Policies that incorporate values and characteristics that meet the criteria of a promising practice above can be considered “best practice” in policy. In addition, the impact of policies on programs and public health outcomes can be tracked and evaluated just as programmatic efforts can and should be to ensure continual assessment and improvement.

When choosing a curriculum, the question of evidence based often arises. Typically, if a curriculum is considered evidence based, it has been rigorously evaluated to determine impact by using an experimental or quasi-experimental design with an adequate sample size. Many people used terms such as “evidence-based” or “research-based” when referring to curricula. Other terms may be “effective programs.” For example, Advocates for Youth uses the term “programs that work” to describe “programs proven effective by rigorous evaluation.” In order to be included in their publication *Science and Success*, the program’s evaluations: were published in peer-reviewed journals; used an experimental or quasi-experimental design; and included at least 100 youth in the treatment and control groups. For more information, please visit <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccesses.pdf>.

In 2007, *Emerging Answers* published a review of research results. In order to be included in this review, the study had to examine impact, use an experimental or quasi-experimental research design, have a sample size of at least 100 teens, measure behavior for a sufficient length of time, and use appropriate statistical analysis. For the executive summary, please visit http://www.thenationalcampaign.org/EA2007/EA2007_sum.pdf. In this publication, table 10-1 provides information on “programs with strong evidence of positive impact.” [http://www.acptp.org/uploadedFiles/Effective%20Programs%20\(at%20\).pdf](http://www.acptp.org/uploadedFiles/Effective%20Programs%20(at%20).pdf)

ETR Associates (www.etr.org) is a resource for “evidence based” curriculum. For example, Reducing the Risk is a curriculum that builds skills to reduce teen pregnancy, STDs, and HIV. This curriculum has been evaluated in three studies. To see a review of the evidence, please visit <http://www.etr.org/tppi/products/reducingTheRisk-evidenceSummary.html>. ETR also has evidence based resources for tobacco, drugs, and alcohol.



Health Education Curriculum Analysis Tool (HECAT)

One resource for selecting a curriculum is the Health Education Curriculum Analysis Tool (HECAT). This resource is available from the CDC Healthy Youth website: <http://www.cdc.gov/healthyyouth/hecat/index.htm>. The HECAT can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the [National Health Education Standards](#) and CDC's [Characteristics of Effective Health Education Curricula](#). The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

The following HECAT health topic modules are currently available:

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

Physical Education Curriculum Analysis Tool (PECAT)

A companion curriculum resource is the Physical Education Curriculum Analysis Tool (PECAT). This resource is also available from the CDC Healthy Youth website: <http://www.cdc.gov/healthyyouth/pecat/index.htm>. The PECAT provides a school district with a clear, complete and consistent analysis of written physical education curricula based on national physical education standards. The PECAT is customizable to include local standards. The results from the PECAT analysis can help school districts enhance, develop, or select appropriate and effective physical education curricula for the delivery of quality physical education. This in turn will improve the ability of schools to positively influence motor skills and physical activity behaviors among school-age youth. The PECAT is designed to be used primarily by a school district team that may consist of school-based physical education coordinators, physical education teachers, curriculum specialists, or curriculum committee members.

The PECAT can be used to:

- Ensure that your current physical education curriculum development or selection process is systematic, consistent, and thorough.
- Clarify what gaps exist in your current physical education curriculum.
- Assess how closely written curricula align with national standards.
- Identify instructional strategies that improve teaching and student learning.
- Inform selection of a high-quality curriculum that is affordable and feasible to implement in your schools.
- Identify where revisions might be needed in a locally developed curriculum.
- Provide additional perspectives that can help strengthen your curriculum development or selection processes.
- Provide sound and defensible justification for curriculum decisions to parents, school board members, and others interested in physical education in your community or state.

