



Health Curriculum Review

West St. Paul - Mendota Heights - Eagan Area Schools
School District 197

Prepared by:

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Date:

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Background

All school districts in Minnesota are required to identify standards, benchmarks, curriculum and assessments in health education. All students must receive instruction in health education K-8, or by district-determined grade bands. High school students must receive instruction in health education at least once. The amount of credit and graduation requirement is determined at the district level.

The Minnesota Department of Education recommends that districts utilize the [National Health Education Standards](#) (NHES). These standards establish, promote and support health-enhancing behaviors for students in all grade levels, K-12. They provide a framework for teachers, administrators and policymakers in designing and selecting curriculum and instructional resources, as well as assessing student achievement. The NHES are behavior based, with health education content integrated across each standard.

<https://education.mn.gov/MDE/dse/stds/hpe/>

Summary

A review team (Appendix A) was put together including a representative K-8 group of teachers, and building and district administrators to evaluate the Health curriculum. Typically in year one, review teams develop Core Beliefs and Outcomes that Matter to All. Because this work had already been done during our Physical Education/High School Health Review, we began the process by grounding ourselves in these already created documents. These documents can be found in Appendix B and C of this report.

A key component of the review process is taking a look at Strengths and Weaknesses of our program. Through this analysis the team felt they needed to cast a wider net in terms of information about what teachers at all levels do for Health Education in Kindergarten through Grade 6. Surveys for staff were developed and administered to get a better sense of what health topics are currently being taught and where they may be addressed in each grade level. An elementary survey and a middle school survey were developed and sent out to all staff at those levels. The results are summarized later in this report.

The committee identified ten overarching themes that have been used to develop a scope and sequence for K-8 health. Specifics of this work are summarized later in this report.

Health Education Strengths and Weaknesses

Strengths	Weaknesses
<p><u>Elementary (Grades K-4)</u></p> <ul style="list-style-type: none"> ● School counselors are a real asset ● Regular physical activities ● There are related committees doing similar work ● While there is a need for consistency, teachers are teaching health education concepts and topics ● Our approach to healthy nutrition has improved in recent years 	<p><u>Elementary (Grades K-4)</u></p> <ul style="list-style-type: none"> ● Need to define what is ‘tight’, and what is ‘loose’, for health education in School District 197 ● There are inconsistencies across and within each school and grade ● There are holes in our curriculum ● A need to understand policies related to gender and diversity, and being ready to integrate those policies into practice ● Alignment with state and national standards in health education ● Lack of goal setting in curriculum ● Weak home and school connections for health education ● Weak support for health education as it relates to technology and media
<p><u>Secondary (Grades 5-8)</u></p> <ul style="list-style-type: none"> ● School counselors are a real asset ● Having staff available to teach Life Skills classes are another asset ● Having formalized health classes in grades 7 and 8 ● Sexual health education is comprehensive and up to date (for grades 7-10) ● Health education programming outside the school day 	<p><u>Secondary (Grades 5-8)</u></p> <ul style="list-style-type: none"> ● Lack of awareness and application for helpful data similar to the MN Student Survey ● There are inconsistencies across schools, grades and/or courses ● There are holes in our curriculum (particularly Grades 5 and 6) ● A need to understand policies related to gender and diversity, and being ready to integrate those policies into practice ● There is no elementary to middle school scope and sequence ● Scheduling- Some students don’t have health courses due to other programming needs ● The dress code in our schools need to be revisited so that we are not creating disadvantages based on gender ● There are time constraints in the schedule that make it difficult to teach health education ● A lack of overall professional development related to health trends which impact our students/schools

Data Analysis

We reviewed the 2016 Minnesota Student Survey (MSS) results for School District 197. The MSS was administered in the first half of 2016 to students in grades 5, 8, 9 and 11 statewide. The survey was voluntary at all levels. District, schools, parents and students could all choose to opt out. Most public school districts (over 80%) chose to participate. The MSS has been the most consistent source of data about the health and well-being of Minnesota's students for the past 30 years.

This voluntary survey asks students about their activities, opinions, behaviors and experiences. Students respond to questions on school climate, bullying, out-of-school activities, health and nutrition, emotional and mental health, relationships, substance use and more. Questions about sexual behaviors are asked only of 9th- and 11th-grade students. All responses are anonymous.

Each group shared 3-6 important takeaways from the data.

Mental Health of Students	<p>Themes in the survey indicated that students main mental health concerns are:</p> <ul style="list-style-type: none"> ● Care for self ● Care for others ● Care for future ● Trends in our data suggest that 9th and 11th graders self-report high incidents of at-risk thoughts and behaviors including self-harm and harm to others.
Bullying	<p>Themes in the survey indicated that:</p> <ul style="list-style-type: none"> ● Females had higher report rates for bullying at all grade levels than males ● Grades 5-8 reported higher rates of bullying than other grade levels ● Physical appearance was the highest reported area for bullying ● Females reported higher rates for feeling excluded than males
Alcohol and other drug use	<p>Themes in the survey indicated that:</p> <ul style="list-style-type: none"> ● Alcohol use starts between 13-15 years ● Marijuana use starts between 14-15 years ● By 11th grade, almost 50% of females have tried marijuana ● Little reports on other illegal drug usage
Health and Safety	<p>Themes in the survey indicated that:</p> <ul style="list-style-type: none"> ● 5th & 6th grades are two of the most influential years of learning about health and safety ● At the high school level, students' actual choices are not always in line with the most favorable health choices to make ● 23% of 8th grade female students and 39% of 11th grade female students report having experienced behavioral or emotional problems for at least the last six months within the past year
Sexual Behaviors	<p>Themes in the survey data showed:</p> <ul style="list-style-type: none"> ● Note: Only 9th and 12th grade students questioned on this topic. 8th graders were added in the 2018 survey ● Jump in sexual behavior from 9th to 11th grade is 30% ● Sexually Transmitted Disease discussions with partner are less than 50%

	<ul style="list-style-type: none"> ● Number 1 pregnancy prevention method used is condoms ● 50% of sexually active students report using condoms ● Most students report not being under the influence of alcohol or drugs when having sex
Tobacco and Other Drugs	<p>Themes in the survey indicated that:</p> <ul style="list-style-type: none"> ● E-cigarettes are a growing concern at all levels ● Approximately 14% of 5th grade students are exposed to some type of second hand smoke ● The reported rate, and amount of, alcohol consumption increased 30% between grades 8 and 11. ● Females had a slightly higher rate of alcohol consumption than male students ● On average, male students had a younger age of first use of alcohol than female students. ● Between the ages of 15 and 16 there was a large increase in alcohol consumption for female students.

Survey Data

At the elementary level, the committee included the following questions on the staff survey:

- How comfortable are teachers working with the Health Education standards?
- How often is the school district communicating health topics with families at the elementary level?
- What health topics are being covered at each grade level?
- What outside resources do teachers bring in to help teach health topics?
- What books/online tools are teachers using to teach health topics?

Themes in the survey data from staff at the elementary schools indicate that:

- Less than half of our elementary teachers feel like they have adequate resources to teach health.
- There is a desire to designate where and by whom, health topics will be taught. (classroom teacher, counselor, Phy. Ed. teacher).
- Many health topics are taught repeatedly at various grade levels while others are not taught at all.
- Resources for teaching health are not consistent across buildings.

At the middle school level, the committee included the following questions on the staff survey:

- In your classroom, which health concepts do you address from this list (alcohol and other drugs, community and environmental health, family life and sexuality, injury prevention, mental health, nutrition, personal and consumer health, physical activity, tobacco use).
- What specifically do you do to address or cover the health concepts listed above throughout the year in your curriculum?
- What are some issues you are hearing about in your classes related to the health concepts listed in the question above?
- In what ways (if any) are you addressing gender identification in your classroom?
- In your professional opinion, are there gaps in what we offer in School District 197 for Health Education?

Themes in the survey data from staff at the middle schools indicate that:

- Generally speaking, there is uncertainty in what health topics are taught.
- While there is still a great demand for providing mental health education and support, there is a noticeable investment from the school district to address needs in this area.
- Some concepts, like community and environmental health and injury prevention, are addressed, while some concepts are addressed minimally, if at all, such as gender identity, family life, and sexuality.
- There will need to be support for staff in developing a necessary level of comfort for discussing topics with students which are traditionally difficult for staff to talk about.
- Assuming that there will be a collective commitment from a variety of teachers in various content areas, there will be a need to ensure that the intended curriculum, that is developed, will be implemented as designed, with ways in which to monitor the level of implementation regularly.

Scope and Sequence

Through a review of our national health education standards, our elementary and middle level teams developed summary statements associated with where we aligned with, overlapped with, or had gaps between what we do in School District 197, and what our national standards outline. Once this information was summarized, the review team identified ten overarching topics that would be addressed each year, these topics are listed below:

- | | | |
|--------------------------------|-------------------------|-------------------|
| • Mental Health | • Bullying | • Nutrition |
| • Social Emotional | • Health and Safety | • Decision-Making |
| • Human Growth and Development | • Self-Image & Identity | |
| • Substance Abuse | • Digital Citizenship | |

The K-8 Health Curriculum Review team then developed a first draft of our K-8 Health Scope and Sequence. Having identified these ten overarching topics and the intended outcomes for each one, the review team moved on to preliminarily identifying where, how and with what resources, each of these topics would be addressed. As result, this first draft version of the K-8 Health Education scope and sequence includes lesson contributions from a variety of experiences, including but not limited to; activities led by classroom teachers and school counselors, as well as course work in physical education, health, science, social studies, life skills and digital citizenship.

Next Steps

The review team will convene one more time this year to begin the work related to curating materials, creating lessons, and designing assessments. A product of the review will also include grade level outcomes for health education that can be communicated to families. Stretching into and throughout next year, the review team's main priority will be to develop an implementation plan that will officially launch in the 2020-2021 school year.

Appendix A: Health Education Review Team

Team Member		Site
Anna Thul	First Grade Teacher	Mendota Elementary
April Elmer	Physical Education Teacher	Garlough Environmental Magnet Elementary School
Faith Garibay	Kindergarten Teacher	Pilot Knob STEM Magnet Elementary School
Jessalin Karsnia	Counselor	Somerset Elementary
Tracy Westman	Physical Education Teacher	Somerset Elementary
Kaitlin Gardner	Third Grade Teacher	Somerset Elementary
Steve Goldade	Principal	Mendota Elementary
Perry Tinjum	Counselor	Heritage E-STEM Middle School
Bryan Herzan	PE/Health Teacher	Heritage E-STEM Middle School
Caryn Stremmer-Birr	PE/Health Teacher	Friendly Hills Middle School
Mary Popelka	Life Skills Teacher	Heritage E-STEM and Friendly Hills Middle Schools
Gregory Westendorf	Science Teacher	Heritage E-STEM Middle School
Ryan Meulemans	Dean of Students	Heritage E-STEM Middle School
Ann Lindberg	Chemical Health	Henry Sibley High School
Stacie O'Leary	Nurse Lead	School District 197
Kate Skappel	Elementary Curriculum Coordinator	School District 197
Miles Lawson	Secondary Curriculum & Gifted & Talented Coordinator	School District 197

Appendix B: Physical Education & Health Outcomes That Matter To All

Mission (Our Core Purpose) School District 197 provides a challenging educational environment that instills in each student a lifelong passion for learning, empowers all students to achieve their personal goals and academic potential, and prepares them to be responsible citizens in an interconnected world.

When our work aligns with our Core Purpose, we will produce Outcomes That Matter To All:

Physical Education:

In order to be a physically literate individual students will:

- Demonstrate competency in a variety of motor skills.
- Apply knowledge of concepts, principles, strategies and tactics related to movement and performance.
- Demonstrate the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.
- Exhibit responsible personal and social behavior that respects self and others.
- Recognize the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.

Health Education:

In order to be a health literate person, students will be able to:

- Comprehend concepts related to health promotion and disease prevention to enhance health.
- Analyze the influences of family, peers, culture, media, technology and other factors on health behaviors.
- Demonstrate the ability to access valid information, products and services to enhance health.
- Demonstrate the ability to use interpersonal communication skills, decision-making skills, and goal-setting skills to enhance health and reduce health risks.
- Demonstrate the ability to practice health-enhancing behaviors and avoid health risks.
- Demonstrate the ability to advocate for personal, family and community health.

Appendix C: Physical Education & Health Core Beliefs

The team reviewed the previously created (est. 2015) Core Beliefs for Physical Education and Health in School District 197.

The team did not add, delete, or modify any of the existing Core Beliefs, however they did identify several areas where we could consider expanding our programming to address concepts including, but not limited to;

- shared definitions of what health education includes
- how we support mental and behavioral health
- and developing a more diverse understanding of gender to go beyond binary definitions.

Elements of these considerations can be found in the review team's recommendations for what concepts should be included in the preliminary scope and sequences that were developed.

The School District 197 core beliefs for Physical and Health Education program:

1. We believe an effective K-12 Physical Education and Health program aligns with state and/or national standards.
2. We believe an effective K-4 Health program teaches health concepts within Physical Education and the general education classroom.
3. We believe an effective K-12 Physical Education program provides multiple opportunities for students to work on fundamental motor skills.
4. We believe effective K-12 Physical Education and Health instruction employs a wide array of instructional strategies and tools that address the individual learning styles of our students.
5. We believe effective K-12 Physical Education and Health instruction incorporates a variety of technologies that enhance and promote personalization to improve all modes of learning.
6. We believe effective K-12 Physical Education and Health program incorporates goal-setting and decision-making skills leads to a healthy lifestyle.
7. We believe an effective K-12 Physical Education and Health program utilizes a variety of assessments to measure physical and cognitive learning.
8. We believe an effective K-12 Physical Education and Health program emphasizes the importance of face-to-face interaction in order to promote interpersonal communication and social skills.
9. We believe an effective K-12 Physical Education and Health program emphasizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.