K-12 HEALTH EDUCATION
CURRICULUM ADOPTION PROPOSAL (CAP) REPORT

History of Health Education Programming in BHM Schools

BHM students currently receive health education instruction in grades K-7 and in Grade 10. For a number of years, health instruction was included in grades K-6, Grade 8, and Grade 10. Approximately eight years ago, the Grade 8 health was switched to Grade 7 for scheduling reasons. There is some concern currently about the gap in health instruction between Grade 7 and Grade 10. The middle school health programming should continue to be examined within the BCMS course offerings to determine the most effective schedules and course offerings. At the high school, ½ credit of health is required for graduation. Other health courses are offered as elective options.

At the elementary grades, The Great Body Shop instructional resources have been the main tool for teachers since 2006. In general, teachers have found this resource to be repetitive in nature from grade level to grade level, and not very engaging for students. A more recent concern is the outdated health information and material presented in that resource, as much information in the health-related field has changed since 2006. At the middle school and high school levels, a variety of health instructional resources have been used--many of those have been teacher-created.

Health Education Standards

There are no state health standards, however, there is a requirement for each school district to develop and adopt local standards. These standards are required to be delivered to all students and the standards are also required to be assessed.

The K-12 Health Curriculum Team reviewed the National Health Education Standards, then revised them slightly for BHM to adopt as local standards. The revisions reduced the number of standards from eight to six by combining the ideas from Standards 4, 5, and 6 of the national standards. Some phrases or wording was also revised to reflect a more understandable document.

The National Health Education Standards

The NHES are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education.

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
Standard 3	Students will demonstrate the ability to access valid information, products, and services to enhance health.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
Standard 6	Students will demonstrate the ability to use goal-setting skills to enhance health.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.

BHM Standards

1. Students will comprehend concepts related to health promotion and disease prevention.
2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Students will demonstrate the ability to access valid information, products and services.
4. Students will demonstrate the ability to use skills in communication, decision-making and goal setting to enhance health.
5. Students will demonstrate the ability to practice healthy behaviors and avoid health risks.
6. Students will demonstrate the ability to advocate for personal, family, and community health.

Summary of Continuous Improvement Process for Review of Programming and Instructional Resources

Upon developing the local health standards to recommend for adoption, the team engaged in a review of the district's current instructional materials as well as a review of publishers' instructional resources available for purchase. The team examined the options available. Sample notes from that discussion are included below.

OPTIONS FOR INSTRUCTIONAL RESOURCES:

OPTION #1: DO NOTHING AND KEEP USING WHAT WE CURRENTLY HAVE

Advantages: cost, kind of aligned to national standards, teacher comfort, not much training needed, current resources allow for a guaranteed and viable curriculum, we have found how to plug gaps -- some gaps

Disadvantages: inconsistency, outdated instructional resources, won't be able to last for ten years, grade appropriate topics are not where they need to be, accessibility, doesn't incorporate technology, lacks in mental health resources, ethical question of how our district uses some of the current instructional resources

OPTION #2: PURCHASE A PUBLISHED RESOURCE
Advantages: it's all there -- or might be all there, there's a scope & sequence to start with, updated information and materials, fresh and new ideas for teachers, activities are laid out for teachers

Disadvantages: cost, we're stuck for nine years (at least), could become or already is outdated, unengaging, too many teacher materials for the amount of time dedicated to health education, may include some poor instructional practices, waste of resources

OPTION #3: BUILD OUR OWN -- GOOGLE SITE OR COURSEWEB OR ...
Advantages: the resources can be dynamic and changing, accessibility, cost, more engaging, would align to our curriculum scope & sequence, easy to share, training to get everyone on the same page, doable (as compared to math)

Disadvantages: limitations of technology, time to develop and write the curriculum and link the resources, training, consistency across grade levels if there are multiple authors, commitment of BHM staff to dedicate to the project

OPTION #4: HYBRID -- COMBO OF PURCHASED & BUILD YOUR OWN
Advantages: topic content, variety, can be updated, you'd be filling gaps instead of building the entire course

Disadvantages: challenges for substitute teachers knowing where the resources are, cost

After further reflection and examination, the team made the decision to develop the district's own curriculum and instructional resources, based mainly on digital resources, along with some books as teaching resources at the primary level. It was felt we were more likely to reach the level of positive health education experiences better with a locally-developed curriculum rather than to purchase one that is already packaged. A writing team of approximately twenty teachers worked throughout the summer to create a curriculum and set of instructional resources for kindergarten through high school health courses. Two project coordinators were provided a stipend to serve as the overall organizers, content experts, and curriculum developers.

A main resource for the curriculum development was the Health Education Curriculum Analysis Tool (HECAT), developed by the Centers for Disease Control & Prevention (CDC). This tool, aligned with the national and local standards, provided a scope and sequence to work from as teachers developed each grade level's content. Teachers across grade levels also collaborated and communicated to avoid overlap and to prevent gaps. The curriculum resources are ready to be implemented in BHM classrooms as a starting point, knowing there will be necessary revisions in the future. **Click here for more HECAT information.**

Recommendations

The K-12 Health Curriculum Team recommends adopting the locally-developed standards for BHM Schools. These standards will serve as the framework for our K-12 scope and sequence for both instruction and assessment of health programming for students. The team also recommends adoption of the digital curriculum and recommended instructional resources as presented by the writing team. This digital curriculum and instructional resources adoption will require monitoring and revisions as needed on an annual basis, but will provide the flexibility desired and the accurate and current information necessary for quality health education instruction.

Financial Implications

Final curriculum writing for the first phase of the project, as well as resource requests and materials lists are still being drawn up and calculated, but the best estimate is a cost of $50,000 for curriculum writing hours and a cost of no more than $50,000 for materials, books, manipulatives, and other instructional resources.

Evaluation

All teachers providing health instruction in the district will be asked to provide feedback to the K-12 Health Curriculum Team upon completion of teaching each unit of the health curriculum developed. This will provide an avenue for feedback while the instruction and experiences are still fresh in their minds, and will serve as a guide for establishing the revision process for phase two of the writing project.

Next Steps

The K-12 Health Curriculum Team has scheduled three meetings during the year to discuss implementation procedures, review feedback, and to plan for phase two of this curriculum project. Upon adoption by the school board, the resources will be purchased and distributed to all sites, and the feedback forms will be sent to teachers. The Health Team will focus on implementation findings to guide the future direction.