



## Physical Education and Health Standards Review Team Meeting Notes

**Date: Thursday, October 11, 2018**

**Time: 9:30 a.m. to 3:30 p.m.**

**Location: Principle Conference B & C (ground floor), Grandview University, Student Center,  
2811 E. 14th, Des Moines 50316**

### TEAM MEMBERS PRESENT:

Barb Baker, School Health Education, University of Northern Iowa

Charity Campbell, Norwalk Community School District

- Kurt Denahy, Clinton High School
- Erin Drinnin, United Way of Central Iowa
- Cindy Elsbernd, Iowa Kidstrong
- Stacy Frelund, American Heart Association
- Neil Gray, Northeast Community School District
- Jan Grenko-Lehman, IAHPERd
- Craig Johnston, Central Springs High School in Manly
- Jodi Larson, Ankeny Centennial High School
- Betsy Luck, Oskaloosa Middle School
- Pam Richards, Central College, co-facilitator
- Brian Rhoads, West Des Moines Community School District, co-facilitator
- Carlye Satterwhite, Des Moines Independent Community School District
- Shari Walling, Johnston Community School District
- Jeff Workman, Durant Community School District

### TEAM MEMBERS ABSENT:

- Donna Heying, Keystone Area Education Agency, Jesse Howard, Middletown Army Reserve/IANG, Jesse Nitchals, Estherville Lincoln Central CSD

Also in attendance were Sarah Taylor Watts from the Iowa Department of Public Health; Erika Cook, the Iowa Department of Education's bureau chief for standards and curriculum and co-facilitator; Kris Kilibarda, a department consultant with the bureau of leading, teaching and learning services; Lisa Stange, a department consultant with the bureau of career and technical education; Melissa Walker, a department consultant with the bureau of nutrition and health; Tom Deeter, a department consultant with the bureau of information and analysis, the Democratic liaison to the Legislative Education Committee, and Rita Martens, retired consultant from the Iowa Department of Education.

## Agenda item: Team Charge, Focus, Decision-Making

Notes: Brian Rhoades and Pam Richards asked newer attendees to introduce themselves and share their backgrounds and interest in the work of the committee. The remainder of the attendees re-introduced themselves.

Pam shared that the team will be speaking with people across the nation that Erika and Kris have lined up for us.

Erika shared that today would be another learning day and the team goal is to determine what standards the team wants to have reviewed by the public. The team will also hold public forums, consider final recommendations with the hope of presenting our final standards to the State Board in March.

Kris shared the fist to five voting process that the team will be using as a decision making process. If anyone in the room is a fist through a 2 the team will not move those items on and continue to discuss. This is so that the team will all be in agreement on the standards that are put forward.

## Agenda item: National Context in Health

Notes: Barb Bakker shared some background on the experts that the team will be taking with via Zoom today. Sarah Benes has a skills based focus on Health Education. National Standards were developed in 1995 and have been rewritten at least once since then. SusanTellijohann was a part of that group. They developed 8 identical standards (Concepts/Knowledge/Content, Influences, Goal-Setting Skills, Information Products Services, Self-Management Skills, Communication Skills, Advocate, Decision-making skills) and then they are broken down into specific age-appropriate pieces.

A little bit of Functional Knowledge and then utilize that in teaching the skills is the focus for education in health today.

Barb reviewed the Health Education Curriculum Analysis Tool (HECAT) with the team. This found at <https://www.cdc.gov/healthyyouth/hecat/index.htm>. All of the standards, grade levels, and expectations are found here. There are modules for each standards with healthy behavior outcomes listed to help students adopt and maintain healthy behaviors K – 12.

Questions from the group:

Has there been a crosswalk between the National Standards and Iowa CORE Health Literacy Skills?

There are key words that are similar, based on Iowa CORE: Social Skills, Thinking Sills, Self-Management Skills, and Influences. The verbage as far as skills is similar, but it does not go along with content so it is difficult for an instructor to know what content to teach. The HCAT helps with the content and it is very clear.

When was the last time the HECAT was updated?

They were last updated in 2012 and it is a continual process.

Is there a crosswalk in place to show how HECAT and Iowa CORE Standards?

No, but the key words are very similar and can be found embedded in the CORE

What school/program is currently doing this work as far as curriculum for Health using these standards?

Ankeny is working on it and people are working on it. Literature shows if we just teach knowledge that it is not helping students getting the content – the need is for the skills.

The review team met via Zoom meeting with Sarah Benes, Merrimack College  
Susan Telljohann, University of Toledo.

1. *What is the vision of health education as articulated in the standards? What was the foundation upon which the standards were developed?*

The vision was to establish the goal of health education – to help students adopt and attain healthy behaviors through the standards. They looked at what worked and didn't work in students attaining those standards. There was research conducted to see what curriculum impact had on students. There were 15 characteristics of effective health education. The majority of the lessons that had impact were skills-based standards. Health taught as its own course by a licensed health educator is the other important piece that Sarah discussed.

2. *How do the standards (and related documents) address the idea of public/community health vs school health?*

Health education is a part of a whole coordination approach that includes all Public and school health should be partners and support each other – not take over, but help each other with data and guide curriculum. School health can be used as a tool to help the local population. Public health can use some of the ideas and skills and connect to social justice for equity and access.

3. *Is there any discussion of reviewing/revising the national standards?*

The Society of Public Health Education has been discussing this as well as SHAPE America. Dollars are a concern as this is not an inexpensive process.

The speaker suggestion is to keep the standards, but revise, enhance, and make some tweaking but keeping the 8 standards the same. A lot of educators are using these standards, so a total rewrite is not advisable, but revision is what can work well.

4. *Are there nationally-recognized grade level outcomes for the health standards? If so, who developed them and how recently were they updated?*

No. Nationally recognized ones, but there are some states who have created their standards and made them grade-level specific. Most states have created their standards based on the National Health Education Standards. The formatting is a little

National Association of State Board of Educators has a good site that has a location to find state health standards and policy.

([http://www.nasbe.org/healthy\\_schools/hs/bytopics.php?topicid=1100&catExpand=acdnbtm\\_catA](http://www.nasbe.org/healthy_schools/hs/bytopics.php?topicid=1100&catExpand=acdnbtm_catA)). Another is National Sexuality Standards

5. Which states are "leading the way" in health education? Are there experts in those states that you suggest we contact for ideas/support?

CA, WI, WA have framed their framework around the skills and then framed their content under that. Every state will say they have the best standards around. The suggested is to look at the national data base and see which best fits how Iowa does their work. It is great to have a great framework, but if you don't have strong teachers, the curriculum and standards cannot be effectively delivered and implemented. They need the pedagogical training to implement as well as the support. Make sure your teachers have majors or minors in health education if they are teaching health education.

**Additional questions asked by the team:**

*Could you address briefly when developing units, are you in favor of topic units and infusing the skills or a skills based unit and infusing the topic knowledge?*

If you buy in to the philosophy in working from backward design you need to start with the skills and HECAT can help the educator to teach that. For example, creating a lesson on refusal skills can help students be alcohol free – but you need to have a behavior in mind for students to practice, but utilize the knowledge and to teach that. -- Integrating skills is another way – while you may not start with the behavior in mind you are teaching the skills within the frame of a topic. Having multiple skills that are transferable can de-emphasize the content, but focus on the skill itself that you are teaching within multiple topic areas. HECAT focused on how many times a skill is taught, but there is not research that has been done to show the affect – it was more of a gut feel when writing the HECAT.

**Tables discussed what they heard:**

Table 1	Content versus skills challenge is how to assess? Content is always easier. How to choose what are the most important parts to teach depending on the time allotted. Vision versus reality.
Table 2	People are not being trained this way and if it is important, the team needs to be sure that they are doing it the proper way.
Table 3	Importance of using the HECAT and look at where your program is – Health literacy is not where it is and this document helps so much.
Table 4	Behaviors need to be addressed two years before it starts. There are PECAT standards that people were not aware of
Table 5	This document is well done, why would the team pick it apart?
Table 6	Realistic versus implementation? What does it look like with the 21 <sup>st</sup> Century skills? Those will be adopted after this so what happens with these may influence those standards. CDC.Gov has indicators in general terms and HECAT has more specific for each area.

Kris shared for the team to remember that the team will need to determine a recommendation for the standards and what will they look like. The team could say they are the 8 standards only, or could say that they are at different levels in general terms.

The team doesn't decide if it is skills based or content based and what the curriculum looks like— It might be helpful to see what the other discipline areas have done in Iowa. And then the supports that are given for educators in implementing those standards.

A question was asked in relation to determining standards: Does the team know what Elementary health is like in Iowa? Schools are required to teach those Health Literacy standards and the superintendent signs off that the district is meeting those standards. There is not a way to review it as this point. Kris shared that a lot of health standards are being addressed in Science, some in PE/Health and some with a school nurse – it is the standards more than where the standards are taught. The team could add that in the survey to get a feel where it is being done.

Brian shared that this shows the importance of our work. The team needs to bring forth standards and by grade level to help move to the next point.

### Agenda item: Characteristics of Standards

**Notes:** Kris shared a process with criteria for how the team can review standards.

Consider what does it mean for standards to be “high quality”?

Reviewed [established characteristics/criteria](#) for high quality standards

Pam asked us to focus on what the team wants our students to do, rather than what educators do, but to provide realistic context for health educators.

The team used the fist to five to utilize this criteria for evaluating standards and achieved consensus.

### Agenda item: Panel of States

**Notes:** The review team met via Zoom meeting with Indiana: Mark Thompson MN Department of Education, Jessica Yoder, Kansas: Susan King, Minnesota: Mary Thissen-Milder, Ph.D.

#### PE/Health Standards Review Panel Discussion

Did you directly adopt or modify the national standards? Are your standards required or recommended? What is considered your “state standard” - the 5 physical education and 8 health standards and/or the grade level outcomes? How did you make those decisions?

MN	Committee work last year was adopted PE standards and legislature required them to be adopted. They utilize the 5 standards and grade level benchmarks. They are required and will be implemented by 2021 school year. State required standards prior to this but it was so varied which they studied and that is what drove the legislation to be adopted.  Health are separate
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	<p>Used a committee process very important. Released 4 draft and the public comments. Determined to keep the same chart format.</p> <p>Create a list of assumptions that all agreed on prior to being on the committee. For example, why MS needed more activity, etc. based on the research. They agreed that swimming</p> <p>Consistency in coding items was a barrier. When teachers use national websites, the system in MN changes the numbering. We show how they are aligned. The Professional development phase is where we are now.</p> <p>Challenges using the national book as well as the state standards is tough. We also have to develop assessments.</p> <p>Committee felt strong about having an appendix that defines words and has glossaries. All of the skills and activities are defined.</p> <p>It is a challenge to work with area education groups – they aren’t like those in Iowa. There is a leadership group that asks teachers for the help that they need to implement. Working on Web-based professional development. SHAPE and Department of Health and Legislature have been very helpful in terms of paying teachers for PD and communications.</p> <p>Local school boards are responsible to make sure all standards and benchmarks are met.</p> <p>Asked teachers comfort level and then gave them a list of PD opportunities they would like as well as content that would be helpful. (Do they care about research, changes?) They most wanted to unpack them and learn how to assess them and adapt.</p> <p>Offered to send the survey to us for our review,</p>
KS	<p>2005 last revised – used SHAPE America standards as a guide</p> <p>Wrote grade level outcomes that are recommended to the field but not required</p> <p>PE 5 standards with grade level outcomes and separate from Health</p> <p>Wanted to align with SHAPE for America because it is a common language in the field and they wanted to model the grade level outcomes for teachers to interpret and use. They were concerned the last set they had were too confusing and they wanted to be as teacher-friendly as possible. Grade level outcomes can be easily used as objectives for lessons. They used 4 grade levels and have lesson plans K-2, 3-5, 6-8 and HS (2 levels similar to SHAPE – grade level 1 is required and level 2 is option) on a state website. The standards are written for “by the end of this grade.</p> <p>Organized by grade level and also by standards to show progression and development.</p> <p>Overall goals is to have the document be used and be user friendly. Composition of committee is important. Majority are K-12 teachers and two faculty from the university level. That helps with buy-in for the implementers. Process first looked at elementary focus</p>

	<p>on elementary and secondary focus on secondary – instead they paired one of each level to work on a standard. They had standard groups that worked on the progression.</p> <p>There was no one in the state where it was a part of their job responsibilities. They tried to utilize a folder model and it quickly became a very large group, but by using a leaner group, it got done in a 6 month period. They will continue to do a tune up versus an every 7 year process.</p> <p>National standards and expertise of the educators was very much needed. Cultivation of the state board with the field relationship is important. KAPER – Annual conventions and workshops</p> <p>DE wants to work on some training through their website and also potentially with their local agencies</p> <p>Accountability – they really don't. The only PE requirement is that it is a 1 credit course required for graduation and that it is offered. No minutes or curriculum required. It is extensively built into the wellness indicators for the accreditation model, but not tied to standards.</p> <p>Do they have the resources they need?</p>
IN	<p>Revised in 2017 with a committee of informants from DE and higher education. Based off SHAPE America. Recommendations and not required. Stressed that it is not a curriculum and they do not meet</p> <p>Health and Wellness standards revised in 2017 built by a joint committee on Health education and are based on the 8 Standards.</p> <p>Fully implement this year 2018.</p> <p>Similar to KS – in PE PreK – 5, 6 – 8 and 9 -12</p> <p>In Health there are 4 grade level spans – similar to SHAPE America</p> <p>There was a DE person that led the charge in 2017 for PE. After the revisions happened, the follow-up, resources and professional development fell off. Recommendation to be sure to provide that follow up as it is needed.</p> <p>National Standards were most helpful.</p> <p>IAPER - -has done a lot to organize the educators across the state. The State Department of Health has given some dollars to help with training. Focus has not been on the standards, but empowering PE educators to move beyond. Focus Fitness from WA is a group that PE teachers were able to attend with the dollars from the Department of Health.</p> <p>No accountability for these. They do use wellness policies and they only need two goals in this area and they don't have to be tied to standards.</p>

	Transitioning from a sports model to health and wellness model. ESSA is asking us to go beyond academics in a whole child model and that is important for the educators to know about that and feel empowered at the state and national level.
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**BREAK FOR LUNCH**

**Agenda item: Review of Other States’ Standards**

**Notes:** Team members reviewed state examples:

**Physical Education Standards Comparison**

	Organization/Structure	Pros	Cons	Do they meet the criteria
National	5 K-12 National standards with grade-specific grade level indicators  Broken down by Elem/MS/HS  Easy to follow	Nationally developed and vetted  Easy to follow	Middle school may need 2 levels versus grade levels  Some levels may be combined	Yes
MN	Mirrored national standards for ease in finding on national websites	For the most part, it mirrored the national standards. There were some state specific examples	Not all mirrored directly from national grade level-wise  Coding is MN-specific which could make it difficult for educators to find the appropriate national resources	Yes
IN- 9-12	Similar to national  Good introduction providing the rationale and process for development	Based off national standards  Were a little more specific on some standards than the national were.	Adjustments cross-over to national standards made it more difficult  Coding is different from national	Yes



	Organization/Structure	Pros	Cons	Do they meet the criteria
	Lumped some levels so there were fewer words	Added wording for team sports		
IN-K-8	Combined outcomes  6-8 combined a bit different than national standards that made it easier as an educator to combine them for units	Easier to access because of combined and easier to assess  From a parent and community lens, it was easy to read and know the necessary skills	Not as easy to find where they all fit in the national standards	Yes

### Health Education Standards Comparison

	Organization/Structure	Pros	Cons	Do they meet the criteria
National	8 K-12 standards with grade band performance indicators	Simple, easy to follow  Allows for flexibility in school districts by having a "band" of grade levels	May not know exactly what to teach at each grade level when they are in bands	Yes
MN	Used national "anchor" standards  Sample benchmarks for each grade	Flows easily with an anchor standard, benchmark, to more specific	Older standards; feels "drafty"  No clear progression/low vertical articulation	Yes for the anchor standards but not as

	Organization/Structure	Pros	Cons	Do they meet the criteria
		A lot of leeway	No crossover with HECAT in grade-level outcome  A lot of leeway	much for the outcomes
IN	Standards exactly the same as national standards  Some verbage changes in performance indicators as well as order changes from national  Added some state standards	Aligns very well with the national standards. Performance indicators are state specific	Crosswalk between national standards and what they have can be difficult	Yes

### Agenda item: Processes for Public Feedback

Kris shared the process for the feedback via survey and public forums. Public forums are for a place to come and make comments, not to learn about it. Rita shared that the department will disaggregate the information based on the feedback and audiences and make decisions based on that feedback.

Survey has 3 components: 1) demographic and general questions 2) standards listed to comment 3) resources and professional development. It goes out to all superintendents and there is a press announcement that goes to media. The team will also make sure that professional organizations get a chance to give feedback.

The team needs to decide what the team wants to send out to the state as standards and the format.

Results can give feedback on grade specific standards in addition to a set of standards.

State board only wants to endorse the standards. The recommendation is to use that terminology. Supporting documentation can help the field with guidance on what to use, but the actual recommendation is the standard or grade level outcome. Think through repercussions of what is put out there and how it may be implemented and/or perceived.

## Next Steps: Decision-Making

For the PE survey, the public will comment on 5 national standards and the grade level outcomes as the Iowa standards. Fist to five on what the team wants to put out for public review for Physical Education gave us consensus.

For the Health survey, the public will comment on 8 national standards and the grade band performance indicators as the Iowa standards. Fist to five on what the team wants to put our for public review for Health gave us consensus

Narrative introductions could be a part of our survey to share the need for the standards at the beginning of the survey

## Agenda item: Future Work

### Notes:

Reminder to bring anything that might help us as the team prepares to review a survey for the next meeting and to turn in your reimbursement forms.

Kris outlined the future steps for the team, which will include four more meetings.

During the next few meetings, the department will share a sample to present to the public for feedback through a survey that will request demographic information, comments and review about each standard, and open-ended questions that the team may want answered. During the public input time, there will be two community forums that will also be broadcast via satellite at all AEA locations. The feedback that is presented is important for the team to consider, so it can tweak the standards before a final recommendation is created and submitted to the State Board of Education.

The meeting was adjourned at 2:55 p.m.