

Putting Standards into Practice: Implementing the Health Education & Physical Education Standards



District of Columbia

Office of the State Superintendent of Education

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Objectives

Participants will be able to

1. Gain information and resources on how to select appropriate health and physical education curricula and interventions
2. Learn how to use the DC Health and Physical Education Standards for instructional purposes and programming
3. Utilize the Centers for Disease Control and Prevention's Health Education Curriculum Analysis Tool to select appropriate and effective health education curricula
4. Gain practical skills to make appropriate adaptations to a selected curriculum



Agenda

- Introductions & Icebreaker
- Background, Theory of Action, & Whole School, Whole Community, Whole Child Model
- Health and Physical Education Standards Overview
- Health Education Curriculum Analysis Tool Basics
- Effectiveness and Level of Evidence
- Adaptation, Core Components, & Fidelity
- Questions
- Next Steps



INTRODUCTIONS & ICEBREAKER

Introduction

- Please introduce yourself to 3 different people that you do not know
- Please state your name, organization, the grades you serve, and provide your e-mail address

My name is ...

Icebreaker

Agree or Disagree : The Force Activity

ice
BREAKER

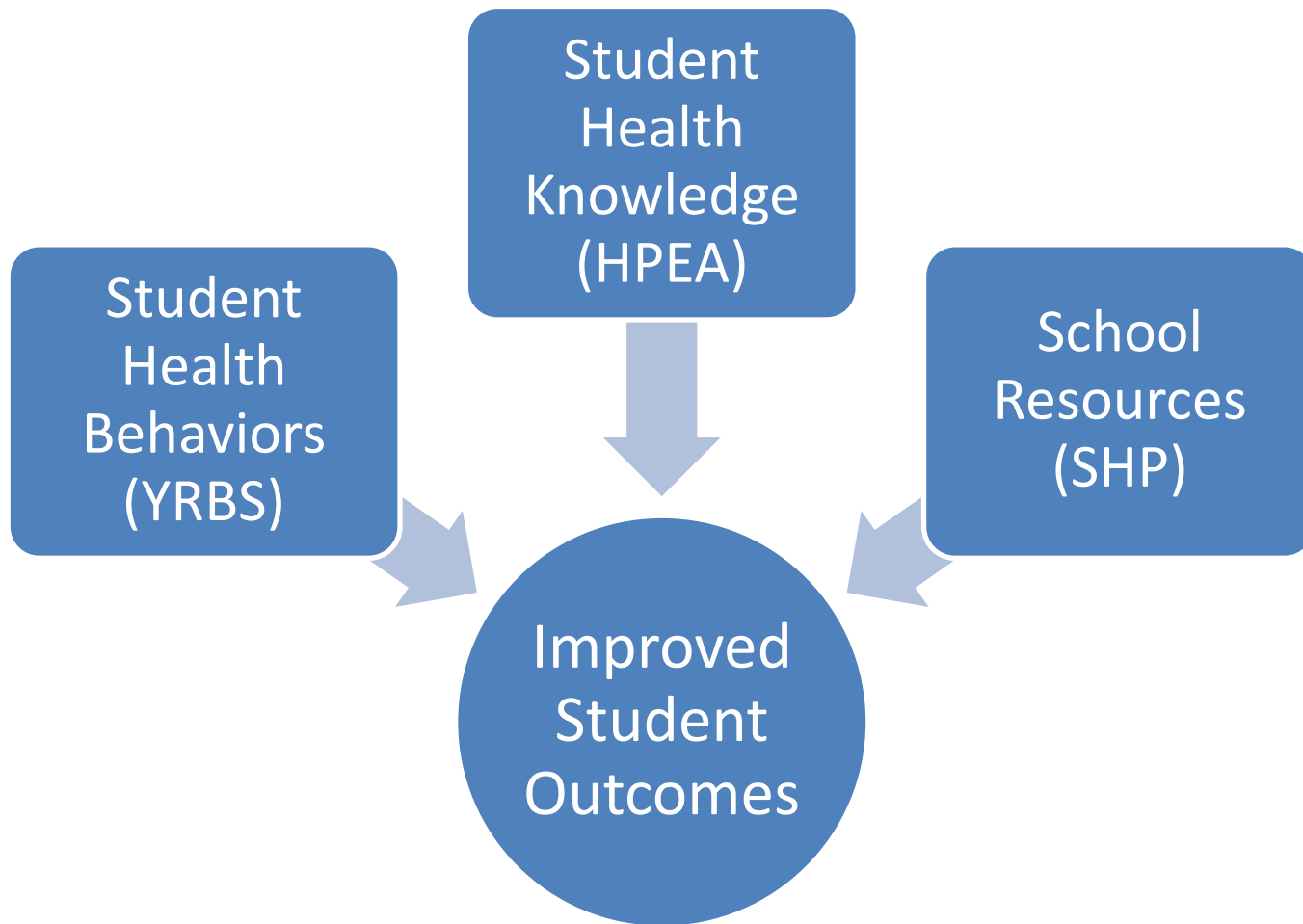


BACKGROUND, THEORY OF ACTION, & WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL

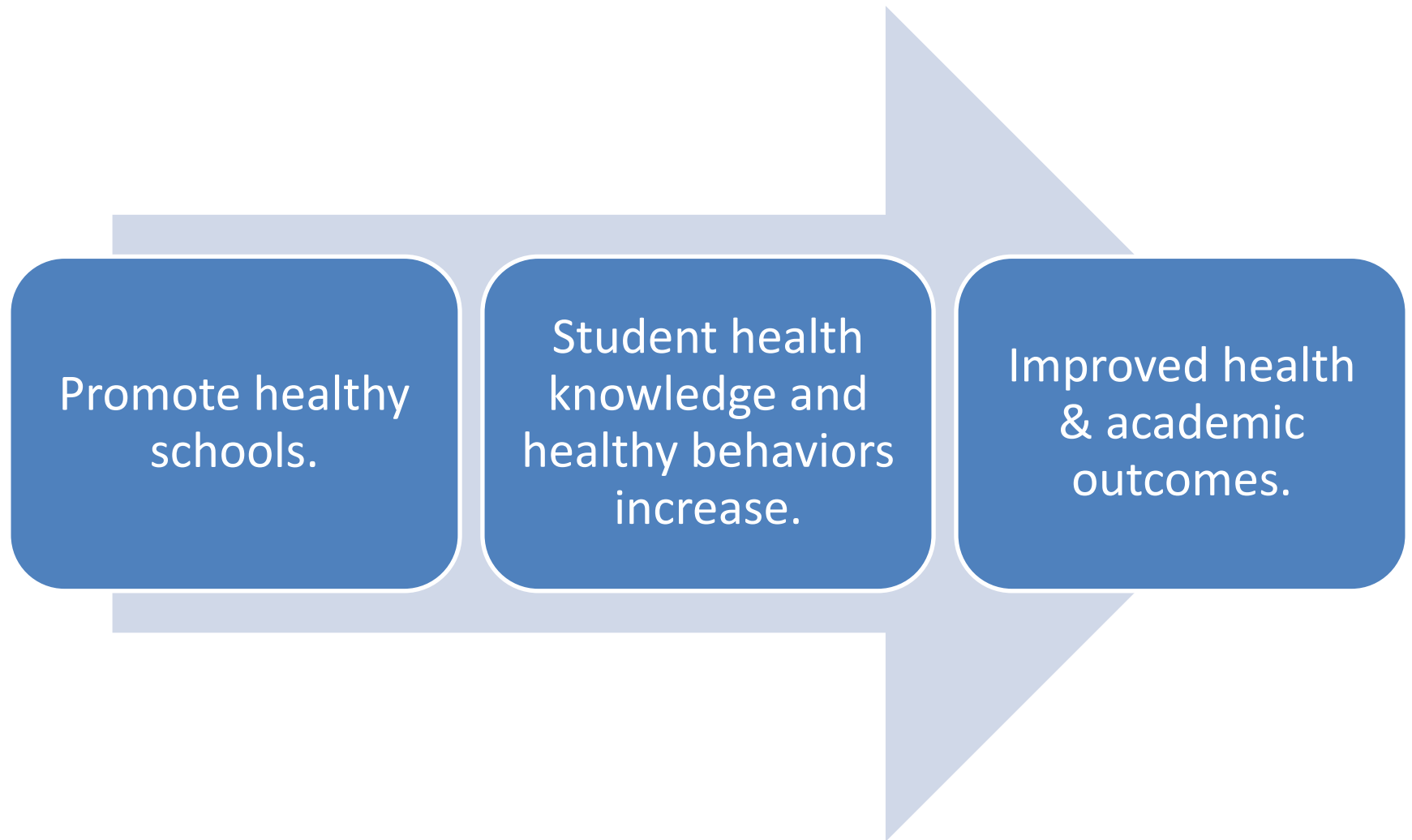
Health Education Data Sources



Health Education Data Sources



Theory of Action





Health Education

- Formal, structured health education consists of
 - Planned learning experiences
 - Helps students acquire the knowledge, attitudes, and skills they need
 - Health-promoting decisions
 - Achieving health literacy
 - Adopting health-enhancing behaviors, and
 - Promoting the health of others
 - Includes curricula and instruction for students in pre-K through grade 12 that address a variety of health topics



Physical Education

- Teaches students the knowledge, skills, and confidence to be physically active for a lifetime.
 - Appropriate actions must be taken in four main areas to ensure a high quality physical education program:
 - Curriculum, Policies and environment, Instruction, Student assessment
 - Policy and environmental actions that support high quality physical education require the following:
 - Adequate instructional time
 - Qualified physical education specialists
 - Reasonable class sizes
 - Proper equipment and facilities

Physical Education (cont.)

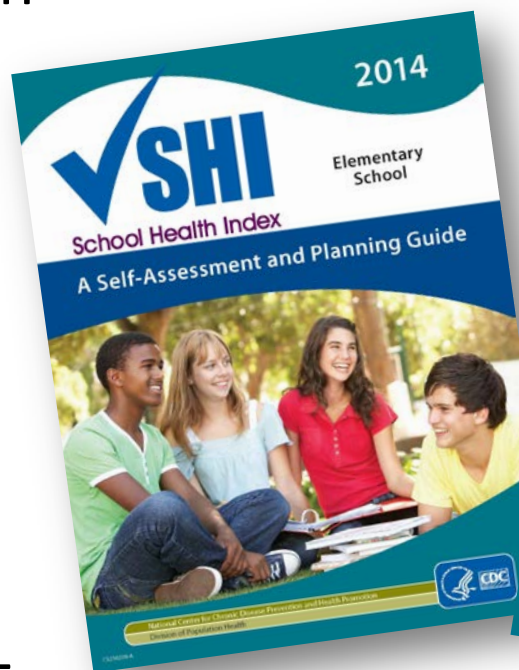
- The need for inclusion of all students
 - Adaptations for students with disabilities
 - Opportunities to be physically active most of class time
 - Well-designed lessons
 - Out-of-school assignments to support learning
 - Not using physical activity as punishment
- Regular student assessment within a high quality physical education program features the following:
 - The appropriate use of physical activity and fitness assessment tools
 - Ongoing opportunities for students to conduct self-assessments and practice self-monitoring of physical activity
 - Communication with students and parents about assessment results
 - Clarity concerning the elements used for determining a grading or student proficiency system

Whole School, Whole Community, Whole Child Model



School Health Index Tool

- Enables schools to identify strengths and weaknesses of health promotion policies and programs.
- Enables schools to develop an action plan for improving student health.
- Engages teachers, parents, students, and the community in promoting health-enhancing behaviors.





Resources

- Whole School, Whole Community, Whole Child Model Fact Sheet
- School Health Index Tool
- Health & Physical Education Standards
- Crosswalk of 2008 versus 2016 Health Education Standards
- Health & Physical Education Booklist and Healthy Schools Booklist
- Technical Assistance



HEALTH & PHYSICAL EDUCATION STANDARDS OVERVIEW

2016 Health Education Standards



DC Office of the State Superintendent of Education

2016 Health Standards

osse.dc.gov

 osse.schoolhealth@dc.gov

 facebook.com/ossedc

 [@OSSEDC](https://twitter.com/OSSEDC)

 202.727.6436



Standards Layout

How to Read These Standards



Category 1: Mental and Emotional Health							
1 Health Promotion	2 Analyzing Influences	3 Accessing Information	4 Communication	5 Decision-Making	6 Goal Setting	7 Healthy Behaviors	8 Advocacy
K-2.1.1.1 Identify both emotional and social and negative ways of dealing with emotions in a variety of situations.	K-2.1.2.1 Identify positive and negative influences on mental and emotional health practices and behaviors.	K-2.1.3.1 Identify trusted persons and how to discuss if something is bothering you.	K-2.1.4.1 If someone how to express personal needs and wants: personal story.			K-2.1.7.8 Discuss positive and negative ways of acting on emotions.	K-2.1.8.9 Encourage others to appreciate the self and others.
K-2.1.1.2 Describe the impact of different emotions on self and others.							K-2.1.8.10 Explain why children can model how their behaviors for others.
K-2.1.1.3 Describe the impact of different emotions on self and others.							
K-2.1.1.4 Describe the difference between coping and knowing.							

Health Education Standard Category

Strand

Standards

Standard example:

K-2.1.7.8: Describe positive and negative ways of acting on emotions.

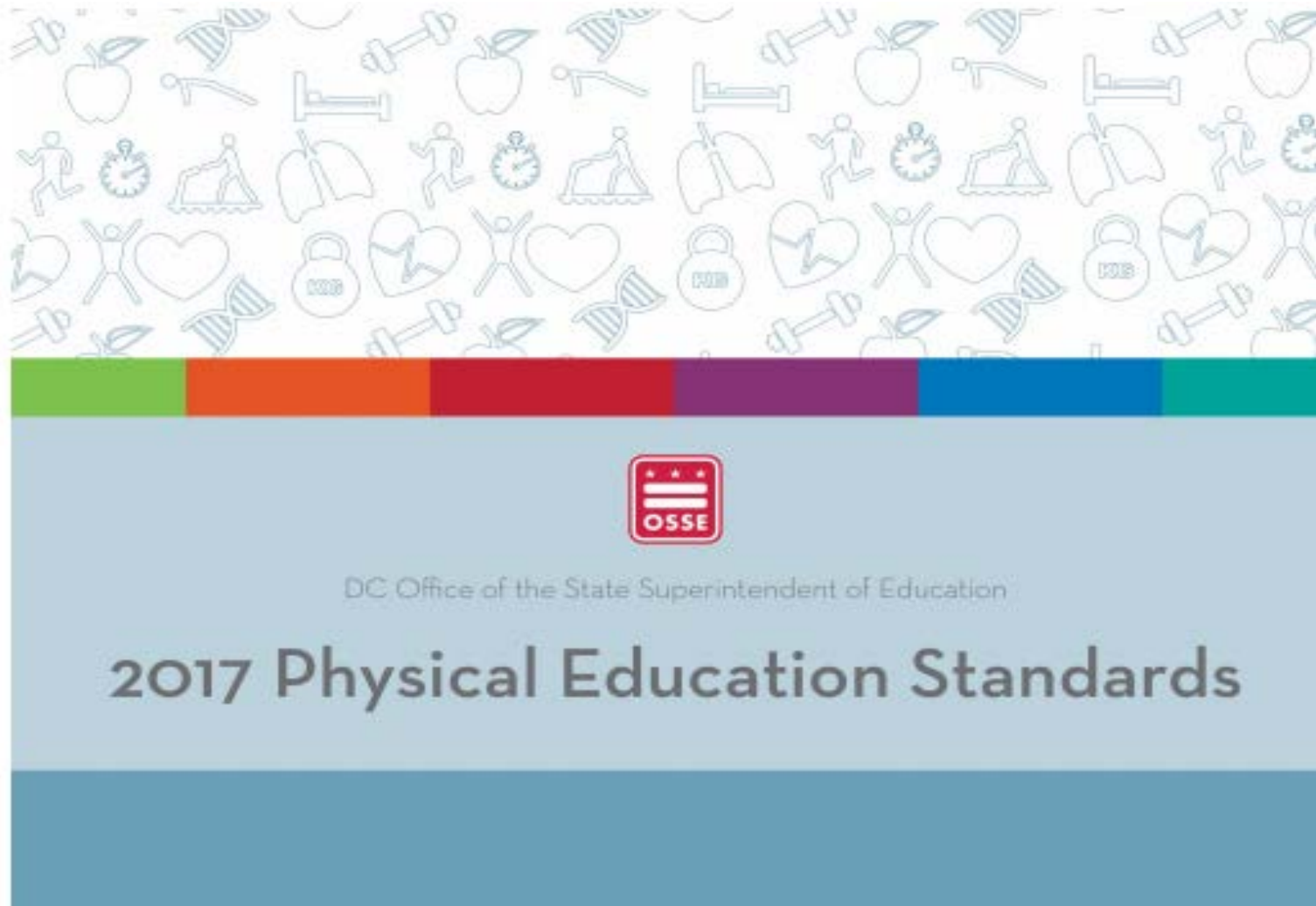
• **K-2** = recommended grade band of implementation.

• **1.7.8** = Category 1, Strand 7, Standard 8.

Purpose of Health Educations Standards

- Provide a clear, skill-based, and age appropriate approach to the essential health topics that currently impact District students
- Detail the knowledge and skills that students need to maintain and improve their health and wellness, prevent disease, and reduce health-jeopardizing behaviors
- A framework designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress

Physical Education Standards



Physical Education Standards

Elementary School Outcomes (K - Grade 5)

By the end of grade 5, the learner will demonstrate competence in fundamental motor skills and selected combinations of skills; use basic movement concepts in dance, gymnastics and small-sided practice tasks; identify basic health-related fitness concepts; exhibit acceptance of self and others in physical activities; and identify the benefits of physically active lifestyle.

Note: Swimming skills and water-safety activities should be taught if facilities permit.

Expected Outcomes

Grade Levels

Standard 1	Kindergarten	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
<i>Demonstrates competency in a variety of motor skills and movement patterns.</i>						
S1.E1 Locomotor <i>Hopping, galloping, running, sliding, skipping, leaping</i>	Performs locomotor skills while maintaining balance. (S1.E1.K)	Hops, gallops, jogs, and slides using a mature pattern. (S1.E1.1)	Skips using a mature pattern. (S1.E1.3)	Leaps using a mature pattern. (S1.E1.3)	Uses various locomotor skills in a variety of small-sided practice tasks, dance, and educational gymnastics experiences. (S1.E1.4)	Demonstrates mature patterns of locomotor skills in dynamic small-sided practice tasks, gymnastics, and dance. (S1.E1.5a) Combines locomotor and manipulative skills in a variety of small-sided practice tasks/games environments. (S1.E1.5b) Combines traveling with manipulative skills for execution to a target. (S1.E1.5c)

S1.E1.K = Standard 1, Elementary Outcome 1, Grade K

Purpose of Physical Education Standards

- Physical Education standards reflect the changing landscape and needs of the District of Columbia.
- Standards provide a clear, skills-based, and age-appropriate approach to developing physically literate individuals who have the knowledge, skills, and confidence to enjoy a lifetime of physical activity.
- Reflect SHAPE America's National Physical Education Standards, which are considered a best-practice for standards and outcomes in this subject area.



HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) & PHYSICAL EDUCATION CURRICULUM ANALYSIS TOOL BASICS

WHAT is the HECAT & PECAT?

The Health Education Curriculum Analysis Tool (HECAT) and Physical Education Curriculum Analysis Tool (PECAT) is an assessment tool developed by the Centers for Disease Control and Prevention (CDC) in partnership with health and physical education experts representing state education agencies, school districts, schools, colleges, and national organizations.

What does the HECAT & PECAT DO?

The HECAT and PECAT are two separate tools that contains guidance, appraisal tools, and resources to conduct a clear, complete, and consistent examination of health and physical education curricula. HECAT and PECAT results can help schools select or develop appropriate and effective health and physical education curricula, enhance existing curricula, and improve the delivery of health and physical education

WHY do we need the HECAT?

- Health education is a fundamental part of an overall school health program. Health education provides young people with the knowledge and skills they need to become successful learners and healthy and productive adults.
- Choosing or developing the best possible health education curriculum is an important step towards ensuring high-quality health education. The HECAT provides a structured process to improve curriculum selection and curriculum development

WHY do we need the PECAT?

- Establishing and implementing high-quality physical education programs can provide students with the appropriate knowledge, skills, behaviors, and confidence to be physically active for life.
- The physical education curriculum shapes physical education instruction in schools. Creating or selecting the best physical education curriculum is a critical step in ensuring that physical education is effective in developing physically educated individuals, who will choose to participate in physical activity throughout their lifetime.

What is the HECAT **ALIGNED** to?

- The HECAT is aligned with the National Health Education Standards and is based on the Characteristics of Effective Health Education Curricula that help young people adopt and maintain health-enhancing behaviors.
- The National Health Education Standards are a widely accepted framework of written expectations of what students should know about health education and what they should be able to do as a result of this education. These standards provide a foundation for health education curricula at the state and local levels

What is the PECAT **ALIGNED** to?

- The PECAT is based on the national standards for physical education and includes an overview of high-quality physical education, information about physical education curricula, tools to assess a curriculum, and resources for developing a curriculum improvement plan



What is a **Health Education Curriculum?**

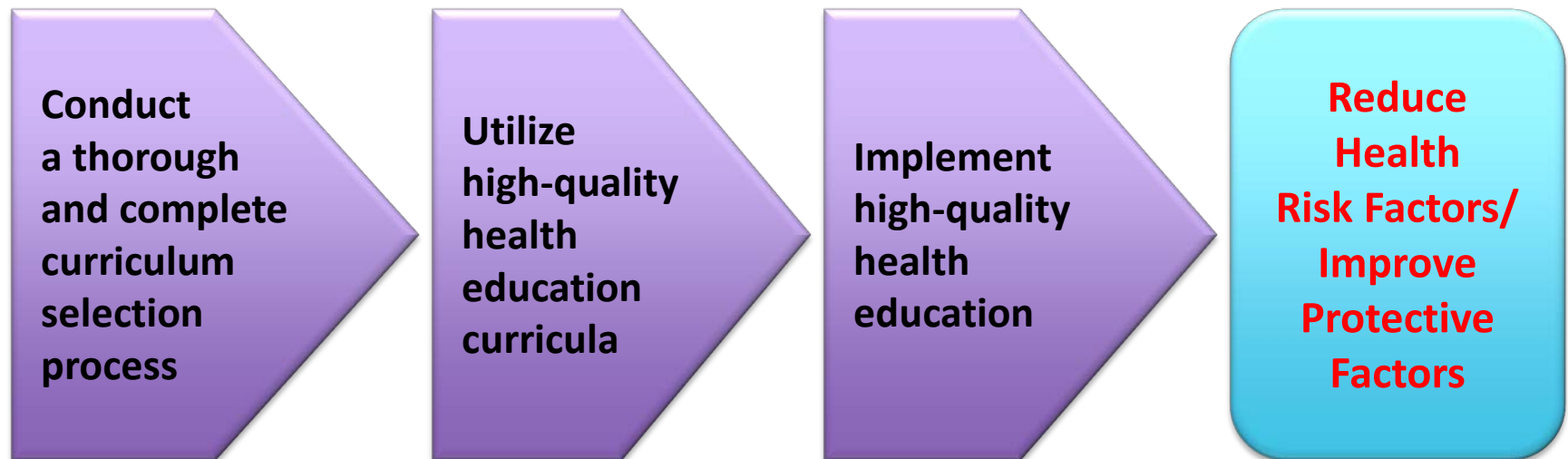
- The primary organizing framework for the delivery of health education.
- The focus on what is important to address in health education.
- The guide for measuring success of student learning and teacher instruction.



Elements of a Health Education Curriculum

- A set of expected learning outcomes or learning objectives
- A planned progression of developmentally appropriate lessons or learning experiences
- Continuity between lessons or learning experiences
- Accompanying content or materials
- Assessment strategies

Importance of Health Education Curriculum



Curriculum Selection Matters!!

What is a **Physical Education Curriculum**?

- A physical education curriculum is the framework that provides guidance for teaching skills and providing physical activity instruction.
- A high quality physical education curriculum will be based on the physical education standards which describes what a physically educated student should know and be able to do.

Elements of a Physical Education Curriculum

- Content emphasizes
 - Instruction in a variety of motor skills designed to enhance child and adolescent development
 - Fitness education and assessment that allows for understanding and improvement of physical well-being
 - Development of cognitive concepts related to motor skills and fitness
 - Opportunities to improve social and cooperative skills
 - Opportunities to increase the value placed on physical activity for health, enjoyment, self expression, and confidence

Elements of a Physical Education Curriculum

- Appropriate sequencing of learning activities is critical to developing a high quality physical education curriculum. Appropriate sequencing involves the following:
 - Ensuring that motor skills, physical activity, and fitness assessments are age and developmentally appropriate
 - Methods of teaching motor and movement skills that ensure that basic skills lead to more advanced skills
 - Plans to appropriately monitor, reinforce, and prepare for student learning
- The effectiveness of school physical education is enhanced when it is implemented as an integral part of and when physical education outcomes are reinforced by other components of a school health program.

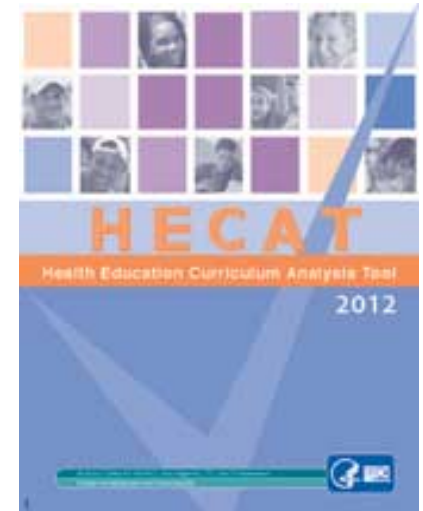


HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) BREAKDOWN

PECAT TRAINING WILL BE AVAILABLE STARTING THIS FALL

Health Education Curriculum Analysis Tool (HECAT)

- Contains guidance, tools, and resources for a school district to carry out a
 - Clear,
 - Complete,
 - Consistent analysis of health education curricula



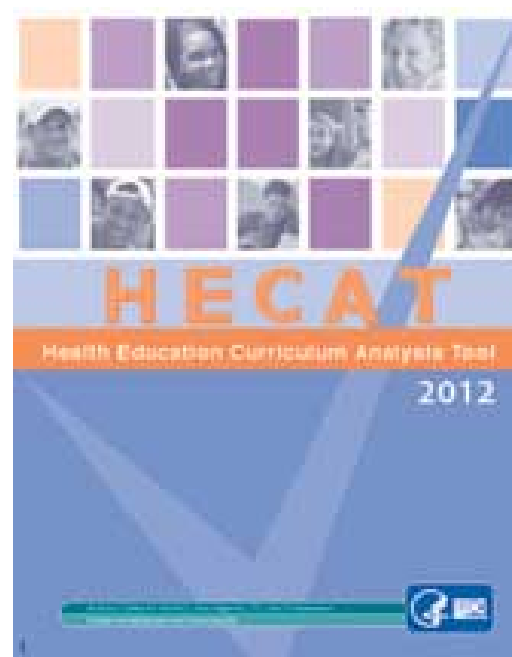


WHO can use the HECAT?

- State agency staff
- Curriculum committees or educators at school districts, schools or community-based organizations
- Other curriculum developers
- Institutions of higher education and other pre-service teacher training programs

HECAT Guiding Principles

- Uses science to improve practice
- Addresses priority health risk behaviors and health concerns for youth
- Encourages parent and community involvement in curriculum selection
- Respects local authority for curriculum decisions



HECAT Guiding Principles (Cont.)

- Allows for revision to accommodate local needs and requirements
- Provides for consistency of analysis
- Aligns with current health education standards
- Is usable and practical
- Is useful





How is the HECAT **organized?**

Table of Contents

- Acknowledgments
- Overview of the **HECAT**
- **Chapter 1:** General Instructions
- **Chapter 2:** General Curriculum Information
- **Chapter 3:** Overall Summary Forms
- **Chapter 4:** Preliminary Curriculum Considerations
- **Chapter 5:** Curriculum Fundamentals
- **Chapter 6:** Curriculum Analysis Modules



How is the HECAT **Organized?**

Curriculum Analysis Modules

1. **AOD:** Alcohol and other Drug-Free Lifestyle
2. **HE:** Health Eating
3. **MEH:** Mental and Emotional Health
4. **PA:** Physical Activity
5. **PHW:** Personal Health and Wellness
6. **S:** Safety
7. **SH:** Sexual Health
8. **T:** Tobacco-Free Lifestyle
9. **V:** Violence Prevention
10. **CHE:** Comprehensive Health Education



Chapter 1: General Instructions

- Provides steps for:
 - starting a review process
 - reviewing and analyzing curricula
 - using **HECAT** results to inform decisions



Chapter 2: General Curriculum Information

Captures general descriptive information that is needed to understand and review any health education curriculum.



Chapter 3: Overall Summary Forms

Contains three forms:

- Individual Curriculum Summary Scores – consolidates scores for a single curriculum Multiple Curriculum
- Comparison Scores – compares scores across multiple curricula or grade groups
- Notes – captures critical comments from the review process



Chapter 4: Preliminary Curriculum Considerations

Contains tools to help analyze and score important characteristics of any health education curriculum including:

- Accuracy
- Acceptability
- Feasibility
- Affordability



Chapter 5: Curriculum Fundamentals

Contains tools to help analyze and score curriculum fundamentals including:

- Objectives
- Teacher materials
- Curriculum design
- Instructional strategies and materials
- Promotion of norms that value positive health behaviors



Chapter 6: Overview of Modules

- Contains modules to address separate health topic curricula
- Uses the *National Health Education Standards* as framework
- This framework helps determine the extent to which a curriculum is likely to enable students' mastery of knowledge and skills that promote healthy behavior

Organization of the **HECAT**, Chapter 6: Curriculum Analysis Modules

NATIONAL STANDARDS

1. Health information/concepts
2. Analyzing influences (skill)
3. Accessing valid information (skill)
4. Interpersonal communication (skill)
5. Decision making (skill)
6. Goal setting (skill)
7. Practicing healthy behaviors (skill)
8. Advocacy (skill)

HEALTH TOPIC AREAS

- ✓ Alcohol and Other Drug Use (AOD)
- ✓ Healthy Eating (HE)
- ✓ Mental and Emotional Health (MEH)
- ✓ Personal Health and Wellness (PHW)
- ✓ Physical Activity (PA)
- ✓ Safety (S)
- ✓ Sexual Health (SH)
- ✓ Tobacco Use (T)
- ✓ Violence Prevention (V)
- ✓ Comprehensive Health Education (CHE)

Grade Groups: pre-K-2, 3-5, 6-8, 9-12

HECAT Activity

- Materials Needed
 - Using Condoms Effectively Lesson Plan
 - HECAT Module 6: PA (Physical Activity)
- Steps
 1. Review Lesson Plan
 2. Review HECAT Module 6 and Overall Instructions
 3. Align HECAT Standards 1 & 2 to Lesson Plan
 4. Calculate Coverage Score




Resources

- Health and Physical Education Curricula and Resources Library
- Curricula Guidance Document
 - Sexual Health
 - Alcohol, Tobacco, and Other Drugs
 - Physical Education and Nutrition
 - Other Topics: Coming Soon!
- Health Education Curriculum Analysis Tool
- Physical Education Curriculum Analysis Tool
- Changes Reflected in HECAT 2012
- Crosswalk of 2008 versus 2016 HECAT Review
- Curricula Review Team
- Curricula and Instructional Materials Purchase Program




EFFECTIVENESS & LEVEL OF EVIDENCE




Characteristics of an Effective Health Education Curriculum

1. Focuses on clear health goals and related behavioral outcomes
2. Is research-based and theory-driven
3. Addresses individual values, attitudes, and beliefs
4. Addresses individual and group norms that support health-enhancing behaviors



Characteristics of an Effective Health Education Curriculum

5. Focuses on reinforcing protective factors and increasing perception of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors.
6. Addresses social pressures and influences.
7. Builds personal competence, social competence and self efficacy by addressing skills.
8. Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors.



Characteristics of an Effective Health Education Curriculum

9. Uses strategies designed to personalize information and engage students.
10. Provides age-appropriate and developmentally-appropriate information, learning strategies, teaching methods, and materials.
11. Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.



Characteristics of an Effective Health Education Curriculum

12. Provides adequate time for instruction and learning.
13. Provides opportunities to reinforce skills and positive health behaviors.
14. Provides opportunities to make positive connections with influential others.
15. Includes teacher information and plans for professional development that enhances effectiveness of instruction and student learning.



Evidence-Based Interventions

Evidence-Based Program (EBP) is a program proven through rigorous evaluation to be effective at changing risk-taking behavior among youth. It is also identified through a systematic independent review.

Promising Program

- Interventions that have been sufficiently evaluated and have been shown to have significant and positive evidence of efficacy (i.e., reduce the rate of infections, increase protective behaviors).
- Evaluations do not meet the same level of rigor as the best-evidence interventions
- Considered to be scientifically sound, provide sufficient evidence of efficacy, and address prevention needs of many communities by targeting high risk populations.

Evidence-Informed Programs

- A program that is informed by scientific research and effective practice.
- Replicated evidence-based programs or substantially incorporates elements of effective programs.
- Program shows some evidence of effectiveness, although it has not undergone enough rigorous evaluation to be proven effective.



ADAPTATION, CORE COMPONENTS, & FIDELITY



What is Fidelity?

Fidelity is the faithfulness with which a curriculum or program is implemented; that is, how well the program is implemented without compromising the program's core components.

Core Components

- Core Components define program characteristics that must be kept intact when the intervention is being replicated or adapted, in order for it to *produce program outcomes similar to those demonstrated in the original evaluation research*
- *Core Components are separated into three categories*
 1. *Content*
 2. *Pedagogy*
 3. *Implementation*

Core **CONTENT** Components

Relate to WHAT is being taught, specifically the knowledge, attitudes, values, norms, skills, etc. that are addressed in the program's learning activities and are most likely to change sexual behaviors.

Core **PEDAGOGICAL** components

Relate to HOW the content is taught; identifies teaching methods, strategies, and youth-facilitator interactions that contribute to the program's effectiveness.

Core **IMPLEMENTATION** components

Relate to some of the logistics that are responsible for a conducive learning environment, such as program setting, facilitator-youth ratio, dosage, and sequence of sessions.

Steps for Adaptations

- There are several theoretical approaches on how to make adaptations to EBPs in a planned and thoughtful way. Most include the following steps:
 1. Assess: Analyze the results of assessments of the target population(s) and the organization's capacity. These will highlight the important factors to include in the program.
 2. Know the selected program(s): Identify and review the goals, objectives, logic model, curriculum activities and cultural appropriateness of the selected EBP(s) and compare the factors addressed in the program (i.e. increasing negotiation skills) to the determinants most relevant to the target population (i.e. self-efficacy in negotiating with sexual partners).

Steps for Adaptations Pt. 2

3. Identify adaptation challenges: Assess fidelity concerns or adaptation challenges that emerge from considering how the curriculum activities may conflict with the target population needs and/or agency capacity and logistical constraints. Assess acceptability of the motives for these changes as well.
4. Select and plan adaptations: Using information about the EBP (i.e. curriculum, core components, logic model) and adaptation resources (i.e. adaptation guidelines, fidelity monitoring tools), determine whether or not each proposed adaptation is an acceptable change and maintains program fidelity



Steps for Adaptations Pt 3

- 5 Pilot and monitor adaptations: Before full implementation, pilot the entire curriculum and/or pilot test the proposed adaptations with a subgroup of participants.
 - Gather feedback and make changes as needed.
 - Use a fidelity monitoring tool to monitor and assess the success of the adaptations, and to provide feedback and continuous quality improvement for implementation, as well as evaluate the overall EBP implementation.

ADAPTATION REQUIREMENTS

1. Green Light Adaptations are safe and encourage changes to program or curriculum activities to better fit the age, culture, and context of the priority population.

2. Yellow Light Adaptations should be made with caution and it is highly recommended that an expert in behavior change theory and curriculum development be consulted.

3. Red Light Adaptations should be avoided because they compromise or delete one or more core components of a program.

ADAPTATION REQUIREMENTS

1. Green Light Adaptations are safe and encourage changes to program or curriculum activities to better fit the age, culture, and context of the priority population.

Examples:

- ❖ Replace videos (with other videos or activities)
- ❖ Update data/statistics
- ❖ Tailor learning activities and instructional methods to youth –culture development
- ❖ Make activities more interactive
- ❖ Customize role-play (e.g., names)

2. Yellow Light Adaptations should be made with caution and it is highly recommended that an expert in behavior change theory and curriculum development be consulted.

Examples:

- ❖ Change sequence of activities
- ❖ Add activities
- ❖ Add activities to address additional risk and protective factors
- ❖ Replace videos
- ❖ Modify condom activities
- ❖ Use other models/tools that cover same ground (e.g., decision making)

3. Red Light Adaptations should be avoided because they compromise or delete one or more core components of a program.

Examples:

- ❖ Shorten the program
- ❖ Reduce or eliminate activities that allow youth to personalize risk
- ❖ Reduce or eliminate opportunities for skill practice (e.g., role-play)
- ❖ Remove condom activities
- ❖ Contradict, compete with, or dilute the program's focus

Adaptation Activity



Red, Green, or Yellow?

Scenario: Updating your activity to include new contraceptive methods.

Red, Green, or Yellow?

Scenario: Updating your activity to include new contraceptive methods.

GREEN

Red, Green, or Yellow?

Scenario: Removing an activity that allows youth to write down how contracting HIV would change their lives.

Red, Green, or Yellow?

Scenario: Removing an activity that allows youth to write down how contracting HIV would change their lives.

RED

Red, Green, or Yellow?

Scenario: A curriculum was designed to be implemented with 4 hours per session. The facilitator decides to reduce each session to 1 hour.

Red, Green, or Yellow?

Scenario: A curriculum was designed to be implemented with 4 hours per session. The facilitator decides to reduce each session to 1 hour.

RED

Red, Green, or Yellow?

Scenario: If a curriculum calls for a video to be shown but a DVD/TV is not available, a script can be acted out instead.

Red, Green, or Yellow?

Scenario: If a curriculum calls for a video to be shown but a DVD/TV is not available, a script can be acted out instead.

YELLOW

Red, Green, or Yellow?

Scenario: A facilitator replaces the images and lyrics of an activity to reflect the participants in the session. For example replacing Dominique Dawes with Simone Biles.

Red, Green, or Yellow?

Scenario: A facilitator replaces the images and lyrics of an activity to reflect the participants in the session. For example replacing Dominique Dawes with Simone Biles.

GREEN

Resources

- Making Adaptations Tip Sheet
- Adaptation Traffic Light Guide
- Fidelity Monitoring Tip Sheet
- Sample Fidelity Monitoring Form
- Coordinated Health Education Team Advisory Board for Curricula Review and Recommendations
- Lesson Plan Worksheet

Work Plan

- Take a few minutes to plan out the first few action steps that you or your school will need to complete to incorporate the health and physical education standards.
 - Helpful Suggestions
 - Creating a HECAT/PECAT Team (sub-committee)
 - Completing an assessment of needs (School Health Index)
 - Determining the criteria for selecting health and physical education curricula

Next Steps

- Review the materials that were discussed today
- Contact your LEA/Organization's Curriculum and Instruction Coordinator for policies and procedures
- At your school/organization create or use an existing planning team (i.e. Wellness Councils) to determine the best curricula for the population you serve in schools and is proven to be effective. Utilize the HECAT /PECAT with the Curricula Guidance Document.
- Make adaptations to curricula if necessary and adhere to the core components and maintain fidelity.
- Contact osse.hydt@dc.gov if you need technical assistance and support



QUESTIONS?

OSSE.HYDT@DC.GOV

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