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TO: Members of the State Board of Education
FROM: Nancy S. Grasmick *Nancy*
DATE: January 27-28, 2009
SUBJECT: Results of the External Review of the Health Education Voluntary State Curriculum

PURPOSE:

The purpose of this item is to report the results of an external review of the Maryland Voluntary State Curriculum for Health Education conducted by Toucan Ed and to present this curriculum for State Board acceptance.

BACKGROUND/HISTORICAL PERSPECTIVE:

Impetus to develop the Voluntary State Curriculum (VSC) resulted from the call for rigorous content standards articulated in NCLB legislation and the 2002 Maryland report, *Achievement Matters Most: The Final Report of the Visionary Panel for Better Schools*. An important recommendation of the Visionary Panel report was for state and local school systems “to align every aspect of education...to support the classroom teacher.” This initiative also recommended development of a statewide grade K – 12 curriculum that specifies by grade and subject area what students are expected to know and be able to do. The health education VSC defines what students should know and be able to do at each grade level, Pre-K through 8, and for the one-half credit course required for high school graduation.

EXECUTIVE SUMMARY:

MSDE began drafting the health education VSC in 2004-2005. Representatives from Maryland’s local school systems and institutions of higher education joined with MSDE staff to develop initial drafts. The documents underwent a series of subsequent reviews where scope, sequence, assessable content, and consistency were examined and revised by MSDE and health education specialists.

The health education VSC design efforts engaged processes similar to those used earlier by other core content VSC development teams. Similarities are particularly evident in the delineation of PreK – 8 grade-by-grade discrete instructional targets as well as in format. At the top level, *content standards* are broad statements of what students should know and be able to do. Within each content standard are *indicator statements* that vary in number within and across content

standards and grades. Indicator statements break the content standards into “teachable components. Finally, *objective statements*, written with the most specificity, describe what students are expected to know and be able to at a given grade level. They are intended to guide teachers in the delivery of instructional activities and, therefore, should be measureable.

Representatives from local school systems and higher education participated in various steps of development, review, and revision in the curriculum development process. During spring 2007, Division of Instruction staff conducted district visits to collect feedback and input from teachers, administrators and parent groups about the health education VSC. Visitors to mdk12 website have also had the opportunity to provide feedback for the document. In addition to collecting feedback, the district visits and focus groups provided opportunities to observe curriculum implementation and to collaboratively determine professional development needs, and discuss possible MSDE and local school system partnerships to address identified needs.

In 2008, Toucan Ed was awarded the contract to review the health education VSC. To carry out this review, Toucan Ed drew on the expertise of five nationally recognized content experts. The review team developed a series of rubrics to use in evaluating the health education VSC and then summarized that information and provided specific discussion to Maryland’s health education leadership. As soon as the preliminary report was available, health education coordinators, supervisors, and resource teachers from across the state began carefully reviewing and responding to the recommendations made in Toucan Ed’s report.

ACTION:

This item is presented for Board acceptance.

NSG/dls

Attachment A Executive Summary From the External Review of the Maryland Health Education Voluntary State Curriculum (VSC)

Attachment B Health VSC documents

Maryland Health Education Voluntary State Curriculum

**State Board of Education
January 27, 2009**

Health Education Voluntary State Curriculum

Writers

- Teachers
- Supervisors
- System leadership
- Higher education

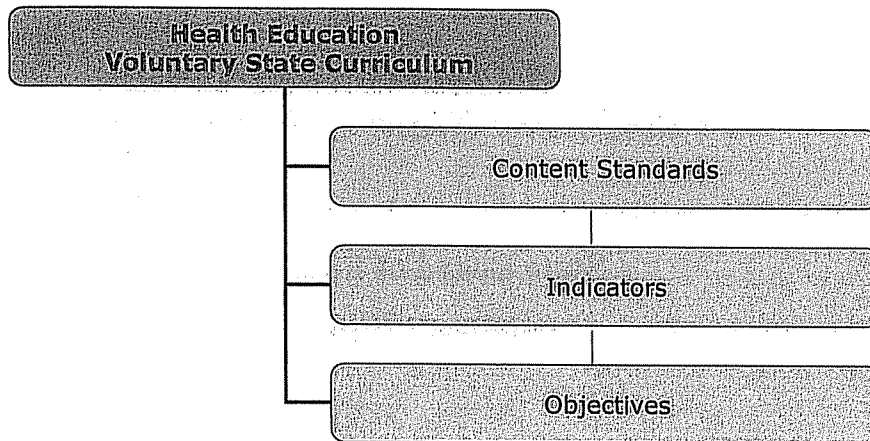
Development

- Prototype
- Initial writing teams
- MSDE content review
- Revisions
- Review/revisions
- LEA review

Draft Status

- Available for classroom and district use
- Feedback and Input provided through website
- District Visits
- National Review
- Toucan Ed

VSC Organization



Health Literacy

Health literacy is the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health-enhancing.

*National Health Education Standards,
Second Edition, 2007*

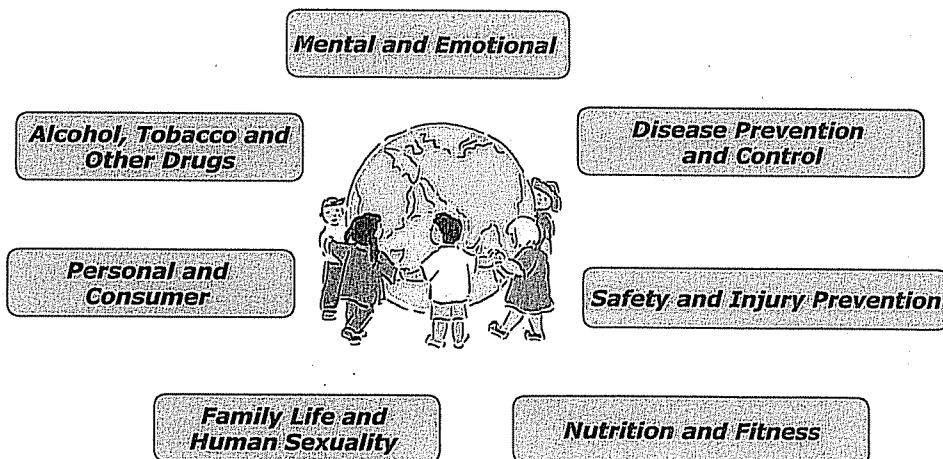
How to achieve health literacy?

“The most effective means to improve health literacy is to ensure that education about health is part of the curriculum at all levels of education.”

Institute of Medicine

Report on Health Literacy,
p149, 2005

Health Education VSC



Expert Review Panel

- **ToucanEd**
 - Kathleen Middleton, MS, CHES
- **R²E²**
 - Susan Giarratano Russell, MSPH, EdD, CHES
 - Jill English, PhD, CHES
- **Catalyst Health Concepts**
 - Donna Lloyd-Kolkin, PhD
 - Gloria Stables, PhD

Maryland Health Education VSC Review

The Charge

- Evaluate the Draft Health Education VSC
- Identify Strengths and Weaknesses
- Recommend Improvements

Methodology

Process:

- Rubric Scoring
 - Across Grade Groupings
- Benchmarking
 - The National Health Education Standards,
 - CDC's HECAT
 - Arizona Comprehensive Health Education Standards
 - Wisconsin's Model Academic Standards for Health Education
 - Indiana Academic Standards for Health Education
 - Health Education Content Standards for California Public Schools, Kindergarten through grade 12

Methodology

• Focus:

- Content rigor
- Consistency with existing VSCs
- Assessability

Summary of Strengths

Built on a Substantial Foundation

- Coherent, Standards-based System
- Defines Student Expectations
- Roadmap for Local Curriculum and Instruction
- Provides a Basis for Assessment

Summary of Strengths

Recognizes Health as an Important Separate Academic Discipline

- Aligns with National Standards
- Addresses Contemporary Health Issues for Children and Youth
- Applies Health Knowledge and Skills to the Family and Community

Areas Needing Improvement

Content Rigor

- Rationale Statements
- Wording Issues
- Some Concepts Incomplete
- Ambiguity for Instruction and Assessment
- Alignment Issues

Areas Needing Improvement

Consistency

- Inconsistent in Organization with Existing VSCs
 - number of indicators,
 - specificity of indicators
 - cognitive skill levels

Responding to the Feedback

- Professionals from across the state were asked to assist in the response
- Each recommendation was carefully considered
- Modifications and changes were reviewed by health education stakeholders

Responses Included

- Developed rationales
- Reviewed the use and overuse of certain words and verbs
- Aligned the VSC to the NHES
- Examined the verbs through the lens of Bloom's Revised Taxonomy
- Divided indicators and objectives into sub-topics and aligned across grade levels

Responses Continued

- Developing health literate students
- Ensuring the support of stakeholders
- Assessment Limits

Next Steps

- Develop Toolkit
- Continue the Relationship With Local School Systems to Provide Professional Development
- Revisit COMAR

*Questions
or
Comments*