

# Iowa City Community School District Child-Centered: Future-Focused

1725 N. Dodge Street \* Iowa City, IA 52245 \* [www.iowacityschools.org](http://www.iowacityschools.org)

## Self Study of K-12 Health Education

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### Non-Discrimination Statement:

It is the policy of the Iowa City Community School District **not to discriminate on the basis of race, creed, color, religion, national origin, gender, age, marital status, sexual orientation, gender identity, veteran status, disability, or socioeconomic status in its educational programs, activities, or employment practices. If you believe you have (or your child has) been discriminated against or treated unjustly at school, please contact the District's Director of Equity at 1725 N. Dodge St., Iowa City, IA 52245, 319-688-1000.**

## Curriculum Description

The Health Education program is a comprehensive program that promotes positive health behaviors and guides students in becoming advocates for their own health. Responding to the challenges facing today's youth, it lays the foundation in their formative years for making the crucial health choices they will face throughout their lives. It allows students to build on individual strengths, individual learning styles, skills, and competencies. It encourages them to personalize information so that it is relevant to their daily lives and has long-lasting effects on promoting healthy lifestyles.

The Health Education program focuses on teaching the health skills identified in the National Health Education Standards as well as the state required content areas of personal health; food and nutrition; environmental health; safety and survival skills; consumer health; family life; substance abuse and nonuse, encompassing the effects of alcohol, tobacco, drugs, and poisons on the human body; human sexuality, self-esteem, stress management, and interpersonal relationships; emotional and social health; health resources; and prevention and control of disease and the characteristics of communicable diseases, including sexually transmitted diseases and acquired immune deficiency syndrome.

## Mission Statement, Belief Statement

As a result of the curriculum review process, the following mission statement and belief statements have been established for health education of the Iowa City Community School District.

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### Mission Statement

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Provide students with the knowledge and skills to make the critical health choices they will face throughout their lives and enable them to establish lifelong healthy behaviors.

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### Belief Statements

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We believe that a quality comprehensive health education program should:

- consist of challenging, sequential and differentiated K-12 coordinated health curriculum.
- be driven by researched based best practice instruction and assessment resulting in students who possess knowledge and skills to live a healthy life.
- impart health knowledge and assist students in developing skills which promote health enhancing behaviors.
- involve assessment of risk, consideration of consequences and making healthy decisions.
- allow for acknowledgement of similarities and differences between individuals to create a safe and supportive environment.
- promote habits and conduct that enhance health and wellness and guide efforts to build healthy families, relationships, schools and communities through health literacy, healthy self-management skills and health promotion.
- be accomplished through collaboration with a network of partnerships among school, family and community.
- include having certified and/or highly trained health educators teaching health at all levels.

We believe students should:

- be able to identify influences on their health behaviors and attitudes, evaluate how these influences affect them, and practice strategies for resisting negative influences.
- demonstrate the ability to use decision making skills to enhance health.
- recognize the influence of media, technology, and culture in making informed health-related decisions as a consumer of health products and services.

- practice effective cross-cultural communication, problem solving, negotiation, and conflict resolution skills; be accepting and respectful of individual and cultural differences.
- advocate for personal, family, community, and global wellness and be knowledgeable about national and international public health and safety issues.
- engage in a physically active lifestyle and be knowledgeable about health and wellness and how to access health resources.

## Program Standards

The Health Education program has adopted the National Health Education Standards (NHES).

**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 and 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.

# Health Education Strengths

The following strengths and limitations were generated from review and analysis of data gathered from surveys, input from secondary Health Teachers, and feedback from the Health Education Curriculum Review Committee.

Those responding to the surveys included:

Elementary students (3-6<sup>th</sup> grade) – 458

Secondary health teachers – 15

Elementary teachers – 133

Secondary teachers – 91

Elementary parents – 517

Junior High parents – 202

Junior High students – 1643

High School parents – 258

High School students - 212

Principals - 10

## Secondary Health Education

### Curriculum and Instruction

- The curriculum is a comprehensive health curriculum.
- It is required in grades 7, 8 and 9 and is a separate trimester class.
- The curriculum focuses on clear health goals and related behavioral outcomes.
- The curriculum incorporates learning strategies, teaching methods and materials that are culturally inclusive.
- The curriculum provides age appropriate and developmentally appropriate information, learning strategies, teaching methods and materials.
- A variety of teaching methods are used including discussion, demonstration, and investigative, hands-on activities.
- Teachers employ a variety of teaching strategies to meet the needs of students from diverse races, cultures, gender identity, ability levels and income.
- Secondary health courses follow the established district standards and benchmarks.
- Content provided is up-to-date and factual information on health.
- Students and parents believe personal development/health is an important, valuable part of the student's education.
- Students can apply what they have learned in class to their own lives.
- Students can see connections between what they have learned in personal development/ health class and the real world.
- 7th and 8th grade personal development courses provide a good background for study in high school health class.

- Students know how to access reliable information about health issues outside of class.
- Personal development/health class provides a safe environment where students are comfortable discussing controversial subjects.
- Personal development/health classes have provided students with the knowledge and skills necessary for successful real life choices.
- Teachers are easily accessible if students need help.
- Allows and encourages discussion with parents and their children.
- Provides information to teens that may otherwise not get it from their parents.

### **Instructional Materials**

- Teachers use a variety of local community resources for speakers.
- Teachers have access to a smart board, projector and document camera in their classrooms.
- Teachers and students have access to **Teen Health & Wellness**, an online award winning resource, available through the Iowa AEA. It features 80 languages, text to speech and has a teen hot line app for iPhone, iPad and android tablets.
- Teachers and students have access to computers and iPads.
- Teachers have access to instructional videos and other instructional materials through Grant Wood AEA and ICCSD district media.

### **Assessment**

- Teachers use a variety of formative (done as students are learning) and summative (at the end) assessments.

### **Professional Development**

- Many staff take part in district professional development opportunities.
- Some staff attend area conferences and workshops.
- Staff stays current on health trends.

### **Communication**

- Parents and students indicate that teachers are available for help.
- Some teachers are beginning to implement Google Classroom.
- Some teachers have their own website.

### **Staff**

- Willingness to share ideas and lessons with other staff members.
- Teachers are caring and try to foster a safe environment for student discussion of difficult topics.
- Many are involved on leadership teams and other building committees.

## **Elementary Health Education**

### **Curriculum and Instruction**

- Teaches important skills, techniques and strategies
- Health education is a required course of study
- Important topics are covered, well balanced curriculum
- Pick a Better Snack
- Age level appropriate instruction
- Good integration with PE and Guidance

### **Instructional Materials**

- Teachers have access to smart boards
- Teachers have access to instructional videos and other instructional materials through Grant Wood AEA and ICCSD district media
- Wonder Years and Life Skills curriculum
- Partnerships with community organizations

### **Communication**

- Counselors communicate guidance lessons to parents

### **Staff**

- Delivery by different teachers helps kids see connections across the curriculum

# Health Education Limitations

## Secondary Health Education

### Curriculum and Instruction

- There is no standardized comprehensive health curriculum. Curriculum is teacher-created.
- No clear sequencing of curriculum between grade levels, leads to repetition.
- Inconsistent administrator support.
- Teachers assigned to teach personal development on a temporary basis (one trimester to one year) are not given adequate opportunity to prepare and are not assigned based on being highly qualified or as having a health education endorsement.
- No health education beyond 9th grade.
- Lack of updated teaching materials.
- Teachers are not held accountable for teaching the curriculum.
- Some teachers are still relying on lecture and note taking as their primary teaching method. Students want more active, student centered learning.
- One trimester is not enough time to adequately cover the state requirements for health education. Students want to spend more time learning about specific units of instruction.
- Correct process for eligibility to opt out of taking health education is not being followed.
- Students can be pulled from personal development/health if they are failing core courses.
- Students who move into the ICCSD can be put into personal development/health classes well past midterm and given credit for a full trimester.
- Not all teachers are comfortable teaching sexuality issues so they avoid addressing what they are uncomfortable with.
- Teachers do not need a health endorsement to teach personal development.
- 10th grade may be a more appropriate time to teach health as students get their drivers licenses and have more independence.
- Large class sizes.
- Some students are uncomfortable with coed classes during the sexuality unit and would prefer same sex instruction.
- The number of religious waivers for the high school Health class has increased the past few years.

### **Instructional Materials**

- Teacher-created materials are not standardized.
- Outdated textbooks and videos.
- Comprehensive curriculum does not exist.
- Access to computers is limited as core courses reserve labs for long periods of time.

### **Assessment**

- Assessment is not standardized across the district.

### **Professional Development**

- 46% of secondary health teachers do not attend district curriculum in-service meetings for personal development/health.
- Teachers are not held accountable for attending district in-service meetings.
- Hard to schedule meaningful professional development when only a couple of teachers attend meetings.

### **Communication**

- Parents report not knowing what is being taught in classes.
- Parents surveyed reported that they felt comfortable talking with teens about controversial topics, however, youth report not talking with their parents about those topics.

### **Staff**

- 80% of teachers teach another subject in addition to personal development/health.
- Some teachers see their teaching assignment as a temporary solution to fulfill full time employment and do not devote much time to teaching personal development/health and may not be up to date on health trends or present accurate information.
- Teachers need sexuality training. Many have not been trained and are not comfortable with the subject matter.

## **Elementary Health Education**

### **Curriculum and Instruction**

- Outdated curriculum. Many materials no longer available.
- No minutes given to teach it.

- Many teachers do not know how to teach health (not trained), where to add it and what they are responsible for teaching.
- No time to collaborate with other teachers.
- Inconsistent instruction from teacher to teacher, grade to grade, building to building.
- Little time devoted to teaching health.
- Lack of accountability for teaching required subject matter.
- Scope and sequence and who teaches what is not clear.

### **Instructional Materials**

- Outdated or no longer available.

### **Assessment**

- None

### **Professional Development**

- Few, if any, opportunities for professional development.

### **Communication**

- Lack of communication with parents of what is being taught by classroom teachers.
- Lack of activities/lessons that include parental involvement.
- Limited opportunities for all teachers responsible for teaching health lessons to collaborate.

### **Staff**

- Teachers are not trained to teach health.
- Some teachers are not teaching health at all.
- Not valued by some teachers.
- Some teachers are not comfortable with sexuality education and do not teach it.
- Too many teachers responsible for teaching health at each grade level.

# Health Education Improvement Plan Recommendations

## *Curriculum and Instruction*

Limitation	RECOMMENDATIONS and ACTION STEPS	CONTACT PERSON(S)	TIMELINE
Current curriculum is not fully aligned with Iowa Core Curriculum (ICC)	Revise ICCD K-12 Health Curriculum Guide Adopt new programs aligned with CCSS <ul style="list-style-type: none"> <li>• Review newly published materials</li> <li>• Select programs that provide support for <i>all</i> students</li> <li>• Provide in-service time/extra time in summer for teachers to prepare for this change.</li> </ul>	Health Curriculum Coordinator	2015-16, 2016-17 school years
Among the elementary teacher groups, confusion exists about what to teach, appropriate material resources, and time allocation for instruction	Clarify content, instructional resources, suggested time allocation for teaching about health curriculum <ul style="list-style-type: none"> <li>• Provide professional development for implementation of new instructional resources</li> <li>• Highlight the specific ICC content within the new materials</li> <li>• Provide listing of suggested time allocations for instruction for classroom teacher and other teachers responsible for instruction of health content (School Counselor and PE teachers)</li> <li>• Mandate minutes for teaching health grades K-6, for example 25 minutes 3X/week.</li> </ul>	Health Curriculum Coordinator and Director of Schools	During the 2015-16 and 2016-17 school years

## *Assessment*

Limitation	RECOMMENDATIONS and ACTION STEPS	CONTACT PERSON(S)	TIMELINE
Lack of standardized assessments	Develop standardized assessments	Health Curriculum Coordinator and Health Teachers	2016-17 school year

## *Instructional Resources*

Limitation	RECOMMENDATIONS and ACTION STEPS	CONTACT PERSON(S)	TIMELINE
Current instructional resources are out-of-date and are not aligned with ICC	Adopt new instructional resources that aligned with ICC <ul style="list-style-type: none"> <li>• Review newly published materials</li> <li>• Select programs that provide support for <i>all</i> students</li> <li>• Select materials with online (web-based) support</li> </ul> Adopt new instructional materials that offer a rich variety of real-world issues to give students: <ul style="list-style-type: none"> <li>• Exposure to and practice with real-world health issues</li> </ul>	Health Curriculum Coordinator	2015-16 and 2016-17 school years. Start with 7-9 <sup>th</sup> grades.

**Professional Development**

<b>Limitation</b>	<b>RECOMMENDATIONS and ACTION STEPS</b>	<b>CONTACT PERSON(S)</b>	<b>TIMELINE</b>
Limited focus and time for secondary health teachers to collaborate	Provide more in-service time for teachers to collaborate: <ul style="list-style-type: none"> <li>• Across buildings, with teachers who teach similar classes.</li> <li>• Provide a common prep for teachers within the same building</li> </ul>	Health Curriculum Coordinator	2015-16 school year and ongoing
District in-service opportunities are not available at the elementary level for health education; secondary teachers are not held accountable for attending district in-service meetings.	Provide opportunities for elementary staff to meet with the Health Curriculum Coordinator during district in-service time. Require secondary health teachers to attend health in-service meetings; for teachers who teach more than one subject, establish a required percentage of meetings based on teaching schedule.	Health Curriculum Coordinator, Directors of Schools, Building administrators	2015-16 school year and ongoing

**Administrative Support**

<b>Limitation</b>	<b>RECOMMENDATIONS and ACTION STEPS</b>	<b>CONTACT PERSON(S)</b>	<b>TIMELINE</b>
Teaching staff at junior high level may not always have health background	Encourage principals to assign teaching staff with health background to the personal development classes <ul style="list-style-type: none"> <li>• Provide professional development to secondary principals</li> <li>• Work with principals to provide time for assigned junior high teachers to collaborate and observe their colleagues teaching health/personal development</li> </ul>	Director of Schools	2015-16 school year and ongoing
Lack of accountability at the elementary level for teaching required subject matter.	Work with principals to do the following: <ul style="list-style-type: none"> <li>• Better understand the elementary health curriculum scope and sequence, and who is responsible for teaching which topics.</li> <li>• Hold teachers accountable for teaching the assigned health curriculum.</li> </ul>	Health Curriculum Coordinator and Elementary building administrators	2015-16 school year and ongoing

***Community Partnerships***

Limitation	RECOMMENDATIONS and ACTION STEPS	CONTACT PERSON(S)	TIMELINE
There are many different community partners offering to give presentations to health classes.	Clarify with teachers and principals whom/what are recommended for quality class presentations <ul style="list-style-type: none"> <li>• Provide list of credible community partners that provide quality presentations to health classes, with contact information, time needed for presentations, etc.</li> </ul>	Health Curriculum Coordinator	May 2016