

June 3, 2011

Kentucky Board of Education
Mr. David K. Karem, Chair
500 Mero Street
Frankfort, KY 40601

Dear Chairman Karem and Members of the Kentucky Board of Education,

As advocates working together to improve the health of Kentuckians, the undersigned organizations would like to express their support for maintaining health education and physical activity in the Practical Living curriculum. Senate Bill 1 (2009 Kentucky General Assembly) requires Kentucky to begin a new assessment and accountability system in 2011-2012, and the statute specifies the use of Program Review results in the new accountability system for classifying schools. We recognize the difficult questions and challenges you face in making policy decisions around the implementation of SB 1. Certainly addressing federally mandated metrics and meeting the broader needs of students – be that in the humanities or foreign languages or Practical Living – is, at best, a difficult proposition.

Given our commitment to improving the health of Kentucky and envisioning schools as partners in this effort as agents of wellness, we look at what is being proposed with a mixed perspective. While we would like to see the Practical Living component of the assessment count for a higher percentage of the scores, we recognize our bias and believe that the proposed scoring weight is a practical and wise decision. In other words, we are not advocating for Practical Living's scaled importance to be elevated.

Our concerns with the proposal you are considering are ones of rigor and quality assurance. The history of assessment since the enactment of the Kentucky Education Reform Act (KERA) has clearly shown that self-evaluation presents issues of credibility. While we do not have a full understanding of the Program Review process, it appears to rely almost exclusively on self-assessment. In states and countries in which program reviews have been shown to be accurate reflections of school performance, there is a respected and validated process of external audits. Consistently, Department of Education officials acknowledge that there will be a lack of "boots on the ground" to conduct external audits in a regular and comprehensive fashion. That would suggest that most Practical Living assessment will be based upon self-scoring. As was the case in school-based assessments since the inception of KERA, two major problems will most certainly emerge:

- First, there is no quality assurance. We believe that the Practical Living standards that apply to Burkesville schools also have to apply to schools in Dawson Springs. We want the designation of distinguished to mean the same in Clay County as in Jefferson County and self-assessment offers no assurance that common quality standards will be achieved.
- Secondly, the historical track record is that self-assessment will result in misleading and inflated scores.

Given the historical precedents and given questions about the Department's capacity to initiate quality external reviews based upon limited resources, we recommend that:

- A more balanced approach should be designed mixing objective measures with self-assessment processes. That approach is both possible and desirable. For instance, mandating that schools participate in aggregate BMI collection at student entry points can ensure consistent practices and offers the Kentucky Department of Education the chance to provide vital longitudinal data for professionals in various arenas across the Commonwealth. Another example would be a mandated consistent time expectation for physical activity. This will not only improve student wellness but, as research demonstrates, it will actually increase student achievement.
- Additionally, the measurement of student competency around health education is a curricular area where objective assessment can be administered. Some disciplines, such as music and art, lend themselves to performance-based assessment rather than paper and pencil testing. In contrast, the frameworks of health education more closely parallel other conceptually-based curricular areas, such as social studies, and should be assessed as such. That means that the health education component of Practical Living should be based upon an objective assessment, be that norm-referenced or criterion-referenced.

Again, we appreciate the scope and pace of decision-making you as a Board face regarding the implementation of SB 1. However, we believe that the existing proposal for Practical Living misses the mark of assessment reliability and alignment with best national practices. The recommendations we suggest are practical and can be implemented in ways that are neither cumbersome on an administrative level nor prohibitive on a cost basis.

We appreciate your consideration. Please do not hesitate to contact Jodi Mitchell, Kentucky Voices for Health, at 502-552-1406 or kvhexec@kyvoicesforhealth.org on behalf of the undersigned organizations.

Sincerely,

American Diabetes Association
 American Heart Association
 Child Advocacy Today
 Covering Kentucky Kids and Families
 Foundation for a Healthy Kentucky
 Kentucky Coalition of Nurse Practitioners & Nurse Midwives
 Kentucky Equal Justice Center
 Kentucky PTA
 Kentucky Voices for Health
 Kentucky Youth Advocates
 Kosair Children's Hospital
 National Alliance on Mental Illness (NAMI) Kentucky
 Norton Healthcare
 Purchase Area Health Education Center
 Seven Counties Services
 Sisters of Charity of Nazareth Congregational Leadership