



**COLORADO**  
Department of Education

Colorado State Board of Education

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TRANSCRIPT OF PROCEEDINGS  
BEFORE THE  
COLORADO DEPARTMENT OF EDUCATION COMMISSION  
DENVER, COLORADO  
April 8, 2015, Part 5

BE IT REMEMBERED THAT on April 8, 2015, the  
above-entitled meeting was conducted at the Colorado  
Department of Education, before the following Board  
Members:

Marcia Neal (R), Chairman  
Angelika Schroeder (D), Vice Chairman  
Valentina (Val) Flores (D)  
Jane Goff (D)  
Pam Mazanec (R)  
Steve Durham (R)  
Debora Scheffel (R)



1                   MADAM CHAIR: The Chinese endorsement  
2 content assessment. Commissioner?

3                   MR. HAMMOND: Thank you. It will be another  
4 interesting discussion, as we look back at the task force  
5 and --

6                   MADAM CHAIR: For Chinese?

7                   MR. HAMMOND: For Chinese. As far a Chinese  
8 endorsement, okay? And so I will turn that over to  
9 Colleen Neiman (ph).

10                  MS. NEIMAN: Thank you, Mr. Hammond.

11                  MR. HAMMOND: Thank you.

12                  MS. NEIMAN: Mister -- Ms. Chair, we -- I  
13 think we -- we've made it to the Chinese endorsement  
14 assessment, and I'm -- I'm going to try to move this  
15 forward for us, as quickly as possible. But first I  
16 would like to introduce the two individuals with me  
17 today.

18                  The first one is Dr. Nicole Amador. She is  
19 from Pierson Learning. She is from Pearson Learning,  
20 they provide us currently with our PLACE assessments,  
21 which are our licensing assessments associated with our  
22 content for endorsement for our teachers; for our  
23 educators. The other person we have with us is Dr. Terry  
24 Owens. Dr. Owens is from Educational Testing Service, so  
25 she provides us with support around the Praxis II



1 assessments that are also used for our content  
2 assessments.

3 So today, we are here presenting the Chinese  
4 endorsement -- thank you, Bizzy -- the Chinese endorsement  
5 content assessment. Lastly, I'm going to give just a  
6 little bit of background for last fall, and then I'm  
7 going to move forward as quickly as I can for us.

8 Last fall, we came to you and we did add  
9 Chinese as a foreign language, or a world language  
10 endorsement area for our educators. We did that under  
11 the current foreign language rules. However, at the  
12 time, we did not have a content assessment for our  
13 educators to engage in, in order to verify their content  
14 knowledge. We promised at that time that we would be  
15 back to the Board of Education to make a recommendation  
16 on the content assessments that came forward, based off  
17 of stakeholder review. So that is what we are doing  
18 today.

19 In October of 2014, we amassed a group of  
20 about 20 stakeholders across the state of Colorado; all  
21 of whom were Chinese experts in some way. Those  
22 individuals, they were Mandarin Chinese -- I also should  
23 clarify, it's Mandarin Chinese. Not the Cantonese. We  
24 did complete a scan of exams that were available across  
25 the United States, as well as one that was outside of the



1 United States, and provided to us by East China Normal  
2 University. This group particularly consisted of Chinese  
3 professors, our K-12 teachers, directors of education,  
4 and directors of Chinese programs. And also our  
5 presidents of our teaching -- our teacher language  
6 consortiums for Chinese.

7           The group reviewed the following options for  
8 our content assessment: So we took a look at the Praxis  
9 II, the Chinese Mandarin, Item -- that's Item 566.5, the  
10 NES -- so the National Evaluation Systems Mandarin  
11 Chinese Assessment, the International ESNU online  
12 assessment; that is the one that I was saying wasn't an  
13 international, provided by East China Normal University.  
14 We took a look at the oral proficiency interview through  
15 the Language Testing International Services, writing  
16 proficiency through Language Testing International and  
17 then the Chinese proficiency test, which is provided  
18 through HSK.

19           We did come to some consensus and we did  
20 quite a bit of standard setting around, or interrelated  
21 reliability around what the professional competencies  
22 were with regard to the foreign language assessments that  
23 we provided. We do know that there is a significant  
24 number of Chinese programs growing in the state of  
25 Colorado; we have over 80 today, and they continue to



1 grow with more expansion.

2 MADAM CHAIR: We have 80 Chinese language  
3 programs in Colorado?

4 MS. NEIMAN: We do, we do. In the state of  
5 Colorado, which was somewhat new for me last fall to  
6 learn about. So we have a very large number. We have  
7 more coming to us pretty much every day, asking for  
8 endorsements. And we had all of these programs, and no  
9 endorsements for our teachers. So we are excited that  
10 this has come on board for us.

11 As we looked at the content assessment,  
12 there were several priorities that we really focused on  
13 as we did the scan of those assessments. So the  
14 stakeholder group based the recommendations, that will  
15 come forward here in just a minute, based on the validity  
16 and reliability, of course, of the assessments  
17 themselves. Aligned into -- to ensure that they were  
18 aligned with the Colorado expected outcomes for our  
19 students and our current Colorado rules. Flexible for  
20 our applicants; that has been one of the -- the main  
21 points that many of our educators have also talked about,  
22 is that they just can't get enough of those assessments,  
23 quickly enough. "Enough of those assessments" -- wow  
24 that sounded really positive. Like, they just can't get  
25 enough assessments. Is that the first time you've heard



1 that today? Maybe?

2 But they just weren't offered -- they  
3 weren't offered enough times. And then we also wanted to  
4 ensure that they were updated regularly and with fidelity  
5 and rigor. Readily available, of course, to a number of  
6 candidates, not just in the state of Colorado, but across  
7 the nation and internationally. Right now our -- our  
8 candidates, our teaching cadre is actually an adjunct  
9 cadre, serving 80 of our programs across the state,  
10 because we did not have an endorsement in the content  
11 assessments. So we wanted to make sure that we had a  
12 wide net, as we looked at these content assessments, to  
13 be able to bring educators to Colorado to teach our  
14 students.

15 We also wanted to make sure that the -- the  
16 dissemination of results was very quick. Our educators  
17 needed to know if they had passed those assessments  
18 quickly, so that they could get into our classrooms and  
19 start teaching students. And then of course, the most  
20 important part, while it looks last on the list, it is  
21 that it was meaningful for our classroom students. What  
22 we were measuring.

23 With that in mind, our group came forward  
24 with the recommendations to actually adopt both of the  
25 assessments that are more standardized assessments for



1 the state of Colorado, as well as the nation. So that is  
2 the Praxis II Chinese Mandarin exam, and the National  
3 Evaluation Services Mandarin Chinese exam. The remaining  
4 assessments simply did not meet all of the criteria that  
5 we had.

6 Now, a little bit of a caveat: For those of  
7 you who have been very in tune with the PLACE assessments  
8 that are provided by Pearson for the state of Colorado,  
9 we are not reinventing the PLACE. We are actually moving  
10 over to an assessment from the National Evaluations  
11 System that is an online assessment similar to that of  
12 other assessments that we're moving forward to. So right  
13 now, PLACE is paper and pencil, and that is important to  
14 know. So this is a transition over to an online  
15 assessment. This will be the first online assessment  
16 that we've engaged with from our -- our Pearson partners.

17 We have also -- at the time we do go through  
18 the recommended cut scores and benchmark scores for  
19 these, and the stakeholder group is recommending that for  
20 the National Evaluation Series, the Chinese Mandarin  
21 assessment that the national benchmark score of 220,  
22 which is the same score that we have for actually all of  
23 the assessments associated with National Evaluation  
24 Series. And then also the national cutoff score for our  
25 Praxis II of 164. So they are recommending that we go



1 with our national cutoff scores.

2 I am going to go ahead and move very quickly  
3 through the process of multistate standard setting for  
4 some of us that are a little bit newer to this process.  
5 When we talk about the national cut scores, or the  
6 national standard setting scores, what we are really  
7 talking about is a -- a large cadre of individuals and  
8 panelists that have deep knowledge and skills in the  
9 content areas that come together to review and identify  
10 what those standard cut scores would be.

11 It is actually a very rigorous process  
12 associated with it, and I will let you read on your own  
13 the Praxis II process for multistate standard setting, as  
14 well as the National Evaluation Series, I think what I  
15 want to reiterate there is that it is a large number of  
16 panelists that come together to think very deeply about  
17 what it is that -- to experience the assessments, but you  
18 can certainly ask Dr. Amador and Dr. Owens about as well.  
19 But to experience the assessments and be very well in  
20 tune with what those reliability, and what the validity  
21 of those assessments are, to be able to cut those -- set  
22 those cut scores.

23 With that, I will reiterate one more time,  
24 we are making -- coming forward with a recommendation.  
25 This is an information item only today. But coming





1 forward with a recommendation for a Chinese content  
2 assessments to adopt both the Praxis II Chinese Mandarin  
3 assessment, as well as the NES Chinese Mandarin  
4 assessment, with a national benchmark scores. Today is  
5 our information item, we welcome any and all questions  
6 for Dr. Owens and Dr. -- of course, I say that, saying  
7 that I'm going to have them answer the questions. But we  
8 welcome any and all questions, and then this will come  
9 back to you for adoption, or a vote, or more discussion  
10 in May -- May as well.

11 MADAM CHAIR: Thank you very much.

12 MS. NIEMAN: Absolutely.

13 MADAM CHAIR: Board, any questions? Deb?

14 MS. SCHEFFEL: Thank you. I wonder if you  
15 can address this: You know, whenever we look at  
16 assessments, we're looking at least at reliability,  
17 validity, data privacy, alignment, comparability between  
18 test cost, access for taking the test, item choice,  
19 bookmarking I know is used with PARCC, which Pearson  
20 publishes. I'm not sure what the technique for choosing  
21 items is on this test, and then on the ETS version of it.

22 So is there a way to get some of -- some  
23 answers that compare features in that respect? And then  
24 why Pearson and ETS? Are there other companies that have  
25 these assessments? Is it beneficial to have more than



1 one option? Is it detrimental to have more than one  
2 option? I mean, that -- you know, I appreciate the  
3 recommendation, but it's always nice to know the subtext  
4 of that. And I know that some of the databases with ETS,  
5 I think, are national in all 50 states. I'm not sure  
6 Pearson has that presence, at least on these kinds of  
7 assessments. I don't know. But I -- I just think that,  
8 you know, if this is an information item, does that mean  
9 the next time we address it, we're voting on it?

10 MS. NIEMAN: Chair? Ms. Chair?

11 MADAM CHAIR: Yes, go ahead.

12 MS. NIEMAN: Yes. Okay, so I'll answer a  
13 couple of questions for you, Dr. Scheffel. The first one  
14 is, yes, we would be coming forward with a vote,  
15 potentially, and action item for next May. This is our  
16 period which we get to answer all of those questions.  
17 I'm absolutely committed to providing any additional  
18 documentation that you'd like to see between then and  
19 that time. And if we decide that that's not enough  
20 documentation by May, we can certainly move this out as  
21 well. But I do want to give you some background. You  
22 asked a really great question around, why both? Is it --  
23 is it beneficial or is it detrimental, and this was a  
24 question --

25 MS. SCHEFFEL: Or is it better to have four?



1 You know, it's just like, what -- ?

2 MS. NEIMAN: Absolutely. I think --

3 (Overlapping)

4 MS. SCHEFFEL: How do we think about it?

5 MS. NIEMAN: I think it was a great  
6 question. So we actually went down the path of having to  
7 -- we had a very nice split in this panel between native  
8 Chinese speakers, and non-native Chinese speakers, and  
9 educators of foreign language. One of the most  
10 interesting things is that what it came down to  
11 literally, was we felt they were incredibly comparable  
12 across all -- all avenues associated with that. What it  
13 came down to is, our native speakers were very interested  
14 in having the actual instructions in Chinese. Our non-  
15 native speakers were very interested in having the actual  
16 instructions for the assessment in English. And that is  
17 one of the dividing -- not really dividing -- but  
18 differentiating factors associated with these two  
19 assessments.

20 And we -- we really did, we researched that  
21 quite a bit, going, I wonder really what is -- what is --  
22 what is comparable for us? Right now our foreign  
23 language assessments do have the instructions in English  
24 for us, because they are provided by Pearson at this  
25 point in time through PLACE, and that will be, you know,



1 a transition, or a migration that we can talk about in  
2 the future as well. But that's what it came down to.

3 So a little bit of background behind that,  
4 and they really wanted to recommend both of them for a  
5 couple of reasons. One, that, and the second reason is  
6 that practice is more nationally available across, or  
7 more nationally known, I think. And more of our  
8 institutes of higher education use that. I do also think  
9 that they talked a lot about how -- how are we going to  
10 ensure that our folks who are used to Pearson models and  
11 PLACE models in the state of Colorado, how are they going  
12 to have enough focus and service for that as well?

13 So that is -- those are two of the reasons  
14 that they really came forward to go back to where we were  
15 talking about, with regard to, why both? We did evaluate  
16 several others, they did not meet all of the criteria.  
17 And I can certainly get you more information on that as  
18 well.

19 MS. SCHEFFEL: I would love to see some kind  
20 of spreadsheet that compares cost, access, comparability,  
21 how are items chosen, what is the blueprint of the test,  
22 reliability and validity, based on what -- I mean, I'm  
23 interested to see if Pearson is using PARCC's -- the same  
24 approach to bookmarking as is used in PARCC, or is it a  
25 different approach? What does the blueprint look like?



1 I mean, it's a host of questions that would be helpful, I  
2 think.

3 MS. NIEMAN: Ms. Chair, really quickly. Dr.  
4 Scheffel, is that something that you would like to see in  
5 addition to -- we kind of provided a little bit of a  
6 side-by-side comparison. Is this something you'd want to  
7 see kind of in that way, but in addition to that, as we  
8 talk about it with --

9 MS. SCHEFFEL: Well, let me look at that  
10 more deeply, and see which of those questions are  
11 answered.

12 (Overlapping)

13 MS. NIEMAN: Okay. And it may not be all of  
14 them, so --

15 MS. SCHEFFEL: I saw some of them, but it  
16 didn't seem like it was --

17 MS. NIEMAN: Great, okay.

18 MS. SCHEFFEL: -- in depth, but I can email,  
19 maybe that's easier.

20 MR. HAMMOND: That'd be great.

21 MS. NIEMAN: That would be great.

22 MADAM CHAIR: Jane?

23 MS. GOFF: Same here. I left it at home,  
24 because I was devouring that the other night. The two  
25 column chart that I remember -- (indiscernible) see in my



1 head, there was a price, and one was considerably higher  
2 -- maybe twice the price of the other? Don't remember  
3 which was which, and why. Does it have something to do  
4 with the online -- one of them is purely online, or --  
5 not. Right? (Indiscernible)

6 MS. NIEMAN: They are -- Madam Chair?

7 MADAM CHAIR: Yes,

8 MS. NIEMAN: They are actually both online  
9 now. They will both be online. And I am -- I'm going to  
10 try to defer, because I think if we hear from -- from  
11 both of them, they will be able to give you just a little  
12 bit more depth about the price. And you're right, there  
13 is a price differentiation between the two of them. Dr.  
14 Owens?

15 MS. OWENS: Madam Chair? Members of the  
16 Commission, thank you for the opportunity to be here to  
17 speak to this. Ours is the higher priced one, it's at  
18 \$150, and I believe the Pearson one is \$95, if I'm  
19 correct. And the -- the primary difference for that, for  
20 the price, I believe, is our constructive response. We  
21 have four written items for the writing part, and four  
22 for tasks that are also constructed response and the  
23 speaking. And beyond that, we have 75 that are selected  
24 response. We have digital speech capture. The entire  
25 test is online. But it's primarily the way it's graded,



1 and the way it's produced online. It's a little more in-  
2 depth, I believe, and that is the primary reason that  
3 it's more. It's the human element that it takes to score  
4 each one of those with 75 selected response, but eight  
5 constructed response, and that would be the primary  
6 reason.

7 MS. SCHEFFEL: Which is something we should  
8 be pretty familiar about, just talking about right now.  
9 Just a last comment, observation. What we're talking  
10 about in terms of instructions being given in English or  
11 in Chinese for the two exams and the type of audience, I  
12 guess, so to speak, that's completely what we were  
13 talking about before in the prior topic. Sorry, sorry.  
14 So it's just -- the whole -- all of this relates.  
15 Anything around language, literature, literacy,  
16 linguistics, it's all related. So the conversation  
17 about, and the purpose for putting English instructions  
18 on one type of exam for a different audience, versus in  
19 Chinese, or perhaps a different audience, is interesting.  
20 So I appreciate the parallels.

21 MADAM CHAIR: Yes, go ahead.

22 MS. NIEMAN: Thank you, Chair Members. Just  
23 a little bit more information on that. It is the number  
24 of constructed response items, which do affect the cost.  
25 As far as the instructions in English or in Chinese,



1       there is a blend of that on our test. For example, in  
2       the listening items -- because it's all digital audio, it  
3       will be in the target language of course. So they are  
4       expected to be able to understand those instructions in -  
5       - in that way.

6                       And then also just -- go ahead.

7                       MS. SCHEFFEL: Really quickly, the OPI part  
8       of it, the proficiency, the last -- the last mention of a  
9       type of assessment or a part of an assessment is the oral  
10      -- I assume the oral proficiency?

11                      MS. NIEMAN: So there is --

12                      (Overlapping)

13                      MS. SCHEFFEL: How is that -- how is that --  
14      how is that administered?

15                      MS. NIEMAN: We -- we do have a written  
16      performance assessment -- item on the assessment, as well  
17      as the speaking performance assessment, and again, it's  
18      all computer administered year round by appointment.  
19      There's no testing windows. And so you go in to this  
20      computer center, and you'll have a -- a microphone much  
21      like this, and you'll have earphones, and you hear the  
22      audio stimuli that way, and then you produce your own  
23      speech response in that same manner, so --

24                      MS. SCHEFFEL: Thank you.

25                      MS. NIEMAN: You're welcome.





1 MADAM CHAIR: Yes.

2 MS. OWENS: Madam Chair, just to answer as  
3 far as the English, the instructions on our test, the  
4 practice test is also in English, and all the questions  
5 of course are in Chinese. But we also differentiate --  
6 one of the things I forgot to mention, it's in  
7 traditional and simplified Chinese. And they also use  
8 the -- the phonetic system of pinion, and that's part of  
9 their capture when they do that.

10 MADAM CHAIR: Go right ahead.

11 MS. NIEMAN: Thank you so much. And then,  
12 also there was a question over here that I thought I  
13 could address fairly quickly since I'm not sure it is in  
14 the materials that we provided to it. And you were  
15 asking about a couple of things -- we do not use the  
16 PARCC method; benchmarking. We do use modified  
17 (indiscernible) which I believe you're familiar with.  
18 Which is pretty much standard in this industry. And not  
19 just for teacher licensing, but for many licenser fields.  
20 So -- and that's the method ETS has described as well to  
21 you. We do have a national presence this exam, is  
22 available elsewhere, and so that does help with the  
23 portability of recruiting from out of state, if that's of  
24 interest to you.

25 MS. SCHEFFEL: Thank you.



1 MS. FLORES: What scale is it based on?  
2 Terry? Madam Chair? I'm sorry.

3 MADAM CHAIR: Yes. Go ahead.

4 MS. FLORES: Terry, what scale is it based  
5 on?

6 MS. OWENS: Madam Chair?

7 MADAM CHAIR: Yes.

8 MS. OWENS: I'm -- I'm not sure what the  
9 question is, are you talking about the standards or on  
10 the scoring?

11 MS. FLORES: The score. Well -- I know that  
12 when I worked for ATS, we had a scale and -- for the  
13 Spanish test that was based -- this was for teachers --  
14 that was based on the foreign service exam, which is zero  
15 to -- to four.

16 MS. OWENS: We have a scale that goes from  
17 100 to 200 on these tests. And the (indiscernible)  
18 score, which was determined by a multistate panel --  
19 standard setting panel. We had 37 panelists representing  
20 18 states, and currently we have 21 states that use this,  
21 so we have --

22 (Overlapping)

23 MS. FLORES: It's on the standards, but what  
24 about the language?

25 MS. OWENS: The language is actful (ph), and



1 then the class --

2 MS. FLORES: Well, the -- the scale. It  
3 goes from -- well, (indiscernible).

4 MS. OWENS: Oh, we have rubrics.

5 MS. FLORES: The rubrics.

6 MS. OWENS: Yes, I'm sorry. We have rubrics  
7 for the construct -- for the A constructed response we  
8 have rubrics that are set out, and I don't know what the  
9 scale is, but generally it's a 1:6 scale on those. And I  
10 -- I can look up and make sure that that's exact number  
11 within the scale for the constructed response.

12 MS. FLORES: So it starts out as very basic  
13 to like, native to educated PhD?

14 MS. OWENS: Madam Chair? Ours is -- the  
15 target audience is a mixture of what would be bachelor  
16 candidates and masters. And so within the listening --  
17 and in fact, I can get it to you exactly here. We have -  
18 - it's on two different levels, and with the listening,  
19 it's more at a higher level, and the reading. But for  
20 the writing and speaking, this is more the entry level  
21 person. This would be your bachelor candidate.

22 MS. FLORES: So it's different?

23 MS. OWENS: Yes, it is scaled a little bit  
24 different.

25 MS. FLORES: Thank you.



1 MADAM CHAIR: Thank you.

2 MS. NIEMAN: Thank you very much, I just  
3 wanted to respond also to that. We do score our  
4 constructed response, the performance items, on a four  
5 point scale. One, being somebody who represents little  
6 or no command of the content area; and four, being a very  
7 strong command. And we do score them on purpose,  
8 organization and coherence, development, syntax and  
9 grammar, vocabulary, and mechanics. And then for the  
10 speech, in addition to that, vocabulary, fluency, and  
11 pronunciation.

12 MS. FLORES: Thank you.

13 UNIDENTIFIED VOICE: I appreciate the  
14 crosswalk, Colleen, but I think most of the questions  
15 that are answered, there are just two I might email you  
16 that aren't in there. But that's great. I wanted to ask  
17 Terry from ETS: Can you speak to your -- the  
18 comparability feature -- aspect -- of these scores across  
19 states? I mean, are you -- do you have a presence in all  
20 the states? Or how does that compare between Pearson and  
21 ETS? Pearson and (indiscernible).

22 MS. OWENS: Madam Chair?

23 MADAM CHAIR: Yes.

24 MS. OWENS: If could answer that. I -- I  
25 don't know how many states this is used in for Pearson, I



1 would have to defer to Dr. Amador for that.

2 UNIDENTIFIED VOICE: For ETS.

3 MS. OWENS: But for ETS, it is used in 21 of  
4 the states that we have. We have 39 states and  
5 territories that use Praxis directly. We have 48 where  
6 we have a presence, where they are using one or more of  
7 our tests. But 39 of those are primary Praxis. So the  
8 portability right now is with the 21 states that adopted  
9 this, and the score is set by each state individually.  
10 We do have a recommended score from our multistate  
11 standard setting panel of 164, but it depends on the  
12 state, whether or not they want to pick that up. In this  
13 case, 18 out of those 21 states adopted the 164, and the  
14 remaining three choose a different score; which, it's  
15 their prerogative. Each state has that latitude to  
16 choose their own score by their own review, or their own  
17 standard setting.

18 UNIDENTIFIED VOICE: Okay, great. Thank  
19 you, I appreciate it.

20 MADAM CHAIR: Any more questions?

21 MS. NIEMAN: I apologize, Madam Chair; Dr.  
22 Scheffel, did you want to know how many places we were  
23 with our Pearson --

24 MS. SCHEFFEL: Yes.

25 MS. NEIMAN: -- opportunities? Madam Chair



1 --

2 (Overlapping)

3 MADAM CHAIR: Yes, go ahead.

4 MS. NIEMAN: Thank you. I don't have the  
5 exact number, I will get back to you on that, but I can  
6 tell you to date that we do have 91 percent pass rate on  
7 Chinese Mandarin exam specifically. The -- as you can  
8 see in your materials, the national benchmark is set at  
9 220 on a scale of 100 to 300. To date, the mean total  
10 scale score is 264.3, and that's very typical of your  
11 world languages where you do have a lot of native  
12 speakers coming through and testing through the programs.

13 MS. SCHEFFEL: Thank you.

14 MADAM CHAIR: Thank you. Thank you, any  
15 more comments, questions? Thank you very much, that's  
16 very interesting.

17 UNIDENTIFIED VOICE: Thank you.

18 MADAM CHAIR: Appreciate that. Board we --  
19 our next, going into Item 17. Do you want to take a  
20 short break before we do that?

21 (Overlapping)

22 (Pause)

23 MADAM CHAIR: All right. Group, we are  
24 ready for public comment. Surprise, surprise. We  
25 haven't done this enough today, so -- this is another



1 session dedicated to testimony on -- on the Healthy Kids  
2 Survey. We will have our usual public comment at 4:00 -  
3 - at the end -- or at the end of our meeting, whenever  
4 that may be. So if you're -- this is just for Healthy  
5 Kids, and we're going to start with Darla Bardis (ph),  
6 because I cut her off last time. Thank you, Darla.

7 MS. BARDIS: Madam Chair, Board Members, I'm  
8 Darla Bardis; I'm the mother of five children, a  
9 grandmother of eleven, four of which are so lucky to  
10 reside here in Colorado.

11 No matter how close you are with your  
12 children, you do not hear all of their problems. You do  
13 not hear all of their questions. Plus, young people  
14 across our state do not often have an opportunity to  
15 share their voice to improve the odds for them, and their  
16 peers. This Healthy Kids Colorado Survey asks important  
17 health related questions providing a sounding board for  
18 children to have a quiet and anonymous say. The  
19 information gleaned from this survey is voluntary, and  
20 it's anonymous. No student, parent, school, or district  
21 is required to participate in this survey. And most  
22 importantly, the results inform parents, schools,  
23 administrations, communities, and the state about how we  
24 can all help young people succeed. And isn't that what  
25 we're trying to do?



1 I fully support the way the survey is done  
2 now, giving districts the power to choose what's best for  
3 them. Local control is woven into the fabric of  
4 Colorado. Why should this instance be any different?  
5 Thank you very much.

6 MADAM CHAIR: Thank you. Appreciate it.  
7 Michelle Holyin (ph), followed by Patty O'Rourke.  
8 Michelle? Or is -- oh, tell me it's Michael.

9 UNIDENTIFIED VOICE: I'm not Michelle.  
10 Madam Chair, Members of the Board. Michelle Holyin spoke  
11 earlier today, in the morning session, from DPS.

12 MADAM CHAIR: Okay.

13 UNIDENTIFIED VOICE: But I'd like to speak  
14 on behalf of Place Bridge Academy at Denver Public  
15 Schools, K-8 school. They have been using Healthy Kids  
16 Colorado data for a number of years. In fact, I think  
17 they were the first school to incorporate Healthy Kids  
18 measures into their unified improvement plan. So I'm  
19 going to say this in her voice.

20 We use the Healthy Kids data to inform  
21 student programming planning -- excuse me -- and help  
22 support staff and teachers understand how to best serve  
23 students. They utilize data to manage resources and plan  
24 programs, and without this data we'd be making uninformed  
25 decisions, and it would not be the best source -- excuse





1 me -- resource use, nor would it provide health and  
2 wellness support for our children that they need to  
3 receive.

4           The data helps provide enhanced services  
5 through targeted grant writing and specialized services.  
6 With the current opt out survey consent structure,  
7 Healthy Kids provides much needed view into the behaviors  
8 and attitudes of the majority of the Place Bridge  
9 students. It provides children's -- excuse me -- it  
10 provides children with a non-judgmental and safe way to  
11 advocate for themselves, and to honestly express what  
12 they know and believe.

13           Place Bridge uses student data to help  
14 develop programs that support student wellness. In 2012,  
15 data use indicated that middle school students in all  
16 three grades, six through eight, were experiencing  
17 depression and considering suicide at rates greater than  
18 they expected. This led to the development of a program  
19 for all students that provided information, skills, and  
20 resources. Without Healthy Kids data, which represented  
21 98 percent of their students, they would not have known  
22 that depression and suicide was an issue.

23           Healthy Kids Colorado Survey also provides  
24 longitudinal data, so that they can evaluate the  
25 effective programs on student health behaviors as they



1 move from grades six to eight, and most importantly, as  
2 they get ready for high school. They've used information  
3 to design intervention programs, as well as acquired  
4 grant funding for additional program support.

5 Healthy Kids data has had a direct impact on  
6 our students, families, and community. Place Bridge  
7 serves a population of students and families that are, by  
8 many health and wellness measures, very fragile. DPS and  
9 Place Bridge Academy are committed to supported them as  
10 much as possible, and in order to do that, we must have  
11 accurate representative data. Opt-in consent -- excuse  
12 me again -- opt-in consent would significantly decrease  
13 the validity and reliability of these data.

14 We ask that the Board maintains the current  
15 process of Healthy Kids Colorado Survey consent, to help  
16 Place Bridge Academy and DPS collect information to meet  
17 student need. Thank you.

18 MADAM CHAIR: Thank you. I love the way  
19 these people have these timed. They do so well. Go  
20 ahead.

21 MS. O'ROURKE: Chairman Neal, and Members of  
22 the Board, I'm Patty O'Rourke. I'm a non-profit  
23 professional, and the parent of two teenagers who attend  
24 Nederland Middle/Senior High School. I urge you to allow  
25 the school districts to maintain their authority in



1 determining the best way to administer the Healthy Kids  
2 Colorado survey in their district.

3 A safe school environment is incredibly  
4 important to me and my family. In a perfect world,  
5 emotional and substance abuse issues would be dealt with  
6 at home, but we all know that not all families can  
7 provide the type of support to their kids that they need.  
8 This leaves many kids at an increased risk for substance  
9 abuse, suicide, bullying, and other risky behaviors. The  
10 consequences of which Coloradans all know all too well.

11 We've all learned some important lessons in  
12 this state about the risks that bullying presents.  
13 Colorado has one of the highest teen suicide rates in the  
14 country, and we all have seen the suffering caused by  
15 school violence. We all know that environments where  
16 kids are bullied can often result in terrifying  
17 consequences for the entire school community. Kids,  
18 especially middle and high school students who are  
19 feeling suicidal, ostracized, or bullied, don't always  
20 talk about the issues they are facing. I want my  
21 teachers, school counselors, and principal to know when  
22 kids feel threatened in their school. I want them to  
23 have the data around the risky behaviors their students  
24 are engaging in.

25 I want them to have this data without adding



1 an opt-in process to what is already a heavy workload for  
2 them, without adding a financial burden in a state where  
3 schools are already struggling financially. The results  
4 of this survey help identify the strengths and weaknesses  
5 in my school district, providing important information to  
6 not only my school staff, but local non-profits and  
7 physicians as well. The data allows these important  
8 professionals the opportunity to focus limited resources  
9 on addressing the most pressing issues within our  
10 community.

11 It is our responsibility to know what the  
12 kids in our community are struggling with, and address  
13 the issues before they lead to irreversible consequences.  
14 While it's always best to learn about kids through open  
15 conversation, that isn't always available. Most of our  
16 Colorado high schools and middle schools sometimes have  
17 hundreds, if not thousands of students going through  
18 their doors every day. And it's impossible for teachers  
19 to connect with each and every student. Often it's our  
20 most vulnerable kids who remain silent, at risk of  
21 falling through the cracks.

22 The Healthy Kids Colorado Survey is a  
23 voluntary anonymous survey that provides our state with  
24 vital information about the health and well-being of  
25 Colorado's middle and high school students. It is



1 Colorado's only comprehensive survey for monitoring  
2 adolescent health behaviors and attitudes, giving  
3 communities, schools, and their partners, valuable data  
4 to help them appropriately serve the needs of youth.  
5 Thank you so much.

6 MADAM CHAIR: Thank you very much. Taylor?

7 MS. STEIN: Thank you for this opportunity  
8 to speak to you all. My name is Taylor Stein, I'm  
9 speaking to you both as a young person from Colorado, as  
10 well as the Youth Advocacy Coordinator of Colorado --  
11 Colorado Youth Matters Youth Council; whose role is to  
12 advocate for medically accurate, and age-appropriate  
13 youth sexual health education and services.

14 In order to best support educators and  
15 parents across the state in helping young people make  
16 informed decisions about their sexual health, Colorado  
17 Youth Matter needs the data from the Healthy Kids  
18 Colorado Survey in its current form, so that we may truly  
19 understand the behaviors of youth and create effective  
20 programming to encourage healthy behaviors.

21 Personally, I am 24 years old, and grew up  
22 Lafayette, where I attended schools in the Boulder Valley  
23 School District. While I love Colorado, and consider it  
24 my home, I felt forced to leave this state in order to  
25 attend college in a place where I felt more welcome and



1 accepted for who I am; which is gay. It is this  
2 experience as an underserved, underrepresented, and  
3 underacknowledged youth in the Colorado system, that  
4 drove me to now work as a youth serving professional in  
5 my own communities, and is why this survey is so  
6 important to me now.

7 I personally participated in this survey  
8 back in 2007. I answered it honestly, and at the time  
9 thought it was cool that my state cared about my health.  
10 However, it wasn't until 2013 that the survey included  
11 questions about lesbian, gay, and bisexual identities.  
12 The glaring absence of these questions when I took the  
13 survey, sent a powerful message to me; that as a gay  
14 student I was not supposed to exist, that I was different  
15 and weird, and did not have a place in the school. This  
16 message is -- is -- was reinforced by the glaring lack of  
17 services for me as an LGBT youth.

18 The LGBT students that I work with today,  
19 confirm that this message continues on in the school  
20 districts that choose not to participate in the survey,  
21 or choose not to act upon that information that they  
22 learn from this data. When we don't ask these questions,  
23 or acknowledge the problems that young people are facing,  
24 we are telling -- telling them that their problems do not  
25 matter; that we do not want to talk about them.



1                   The -- excuse me -- the latest survey  
2                   revealed that lesbian, gay, and bisexual students in  
3                   Colorado are six times as likely to have attempted  
4                   suicide than their heterosexual peers. And this does  
5                   matter. This is personal; this is about me; this is  
6                   about my peers and the youth that I work with on a daily  
7                   basis. And with this information, we can and must take  
8                   action.

9                   With this survey, as it -- as it is  
10                  presently being conducted, schools, districts, and  
11                  parents and families have a checkpoint to ask how they  
12                  can better support the young people in their communities.  
13                  This survey allows us to shift from reacting to crisis,  
14                  to preventing health risks before they happen. It allows  
15                  youth to develop the tools that they need to stay healthy  
16                  into adulthood. In it's current format, the survey not  
17                  only gives us useful data, but also sends a powerful  
18                  message. It tells Colorado's young people that we care.

19                  By making the survey more burdensome on  
20                  schools, and therefore less accessible to students, there  
21                  will be fewer services available for the youth who truly  
22                  need them. Instead, I encourage you to keep telling  
23                  Colorado's young people, their teachers, and their  
24                  families, that Colorado and the education system we are  
25                  so proud of, supports their values and values their



1 health and lives. Thank you.

2 MADAM CHAIR: Thank you. Gina Milan? Gina?  
3 No Gina. Bill Lettson (ph)?

4 MR. LETTSON: Madam Chair, Commissioner,  
5 Board of Education -- I am Bill Lettson; I'm a native of  
6 Garfield County, a pediatrician and I happen to be the  
7 Medical Director down in El Paso County. That's not in  
8 Texas, by the way. We get that frequently.

9 I am not going to go into a whole lot of  
10 detail about the public health and scientific reasons  
11 that those of us in this field would be opposed to an  
12 opt-in provision. I think that was done very elegantly  
13 by Dr. Goush (ph), and Dr. Milankovitch (ph) this  
14 morning, and I would just say I support what they had to  
15 say. I really am in support of what the people from the  
16 education field have had to say, as well as many of the  
17 parents who've talked. So I think I'm just going to give  
18 you another example of why I think this is important.

19 And it is extremely important for those of  
20 us in El Paso County, because unlike the -- the CDC  
21 survey that people used for quite some time, this is a  
22 Colorado specific survey that gives us local data, right  
23 down to the county level, which we did not have in the  
24 same fashion before. And that's extremely important.

25 If you're looking at issues of teen suicide,





1 which has been mentioned; substance abuse, which has also  
2 been mentioned earlier today. That's -- that's an  
3 interesting issue, and a very Colorado specific issue now  
4 in terms of this survey giving us an ability to track  
5 adolescent uptake of marijuana in a consistent fashion,  
6 and then actually use the data to take that issue, teen  
7 suicide, look at it scientifically and design  
8 interventions to alter those behaviors. And then you can  
9 track it later. That's really the importance of the  
10 survey.

11 I would just use as an example, something  
12 that I'm doing currently, which is sitting on a Child  
13 Fatality Review Committee for El Paso and although I've  
14 seen the statistics, I think I was really shocked to  
15 learn that roughly half of what we're reviewing are teen  
16 suicides. That is an unhappy task. And this survey  
17 gives us an ability to have some insight into why that is  
18 such an issue. Not only in the state, but at the local  
19 level in El Paso County. And of course, many other  
20 important issues, but I think that's one that I would  
21 just like to bring up today in part because I can also  
22 address it as a parent.

23 Like Dr. Milankovitch, I have personal  
24 experience with a teen suicide. I was lucky in that our  
25 kid made it. He's currently an assistant professor in



1 Performance Studies at Northwestern University, but boy,  
2 I can tell you there were times when it was just -- not --  
3 -- kind of not fun to get up every morning and -- and --  
4 and deal with what might happen on that particular day.

5 MADAM CHAIR: Thank you.

6 MR. LETTSON: And I think that's really all  
7 I need to say about it. And I hope that will go towards  
8 supporting our position that opt-in is not a good idea.  
9 Because scientifically it -- it -- it might well just  
10 destroy the utility of the whole process.

11 MADAM CHAIR: Thank you very much.

12 MR. LETTSON: Thank you.

13 MADAM CHAIR: Jill Hansanker (ph). Ryan?  
14 Jill?

15 MS. RYAN: Thank you, Madam Chair and  
16 Members of the Board. And I wasn't here this morning, so  
17 I apologize if I -- if I repeat some of the information  
18 that you've already heard.

19 My name is Jill Ryan; I am an Eagle County  
20 Commissioner, Vice President of the Colorado Board of  
21 Health, and a parent. I'm also a long time public health  
22 professional with a masters degree in Public Health, and  
23 I have a history with the Healthy Kids Colorado Survey.

24 Before moving to Eagle County ten years ago,  
25 I spent part of my career at the Colorado Department of



1 Public Health and Environment, working in the Adolescent  
2 Health section. We helped to administer what was then  
3 called the Youth Risk Behavior Survey, or the YRBS, which  
4 has evolved into the current Healthy Kids Colorado  
5 Survey. Our challenge then, as it is today, was getting  
6 enough schools to participate in the survey, to have data  
7 that was generalizable to the entire state; and not just  
8 the group of students that took this survey.

9 This is important because if the data are  
10 not generalizable, they cannot be compared over time for  
11 trends. They cannot be compared to the National Youth  
12 Risk Behavior Survey, which asks many of the same  
13 questions. They cannot be compared to other states, and  
14 they cannot be compared to counties. In Eagle County, we  
15 use our local survey data to consider student health  
16 behaviors over time, and then compare to them Colorado  
17 and the U.S.

18 School participation, and student  
19 participation are voluntary. If you change the process  
20 so that parents are required to opt-in -- opt-in, I think  
21 it will effectively kill this data source for Colorado.  
22 Not because parents won't opt-in, but because the  
23 administrative process of doing so provides one more  
24 barrier to getting enough numbers to have a  
25 representative sample. As a public health planner, I've



1 always relied on this data source to understand  
2 adolescent health issues in order to design and evaluate  
3 prevention programs. As a policy maker, I still rely on  
4 this data source to make decisions.

5 I will give you a few examples of how this  
6 data gets used: Colorado's teen birth rate has been  
7 decreasing, and is now less than half of what it was in  
8 the year 2000. Nationally, the teen birth rate has been  
9 on the decline for more than 20 years. Is this because  
10 more teens are using contraceptions -- contraceptives, or  
11 more reliable methods? Or are more teens delaying the  
12 onset of sexual activity? The answer has programming and  
13 educational implications. This survey asks the right  
14 questions to give us the answers.

15 Marijuana use among teenagers is another  
16 example. What impact will the legalization of marijuana  
17 have on this age group? The Healthy Kids Colorado Survey  
18 told us that in 2009, marijuana use among teens surpassed  
19 cigarette use for the first time. Having -- have highly  
20 regulated cigarettes just become too hard to obtain? Will  
21 regulated retail marijuana stores make access to the drug  
22 easier or harder for teenagers?

23 A University of Colorado, and Montana State  
24 University study, using YRBS data, or in Colorado's case,  
25 the Healthy Kids Colorado Survey, compared states with



1 medical marijuana laws, and those without, and found that  
2 there is no evidence of an increase of marijuana use  
3 among minors in states with medical marijuana laws. On  
4 first blush, it looks like regulation may be a good  
5 thing, but we need ongoing data to conduct the same study  
6 in states where marijuana is now legal.

7 MADAM CHAIR: Thank you, Jill.

8 MS. RYAN: Thank you.

9 MADAM CHAIR: Nick Walker?

10 MR. WALKER: Good afternoon, Madam Chair and  
11 Members of the Board. Good afternoon, my name is Nick  
12 Walker; I am the Advocacy Chair for the Society of Health  
13 and Physical Educators in Colorado, also known as SHAPE  
14 Colorado.

15 SHAPE Colorado is a non-profit organization  
16 composed of physical educators who provide leadership,  
17 professional development, and advocacy not only in the  
18 state of Colorado, but at an -- at a national level.  
19 SHAPE Colorado works in conjunction with the Colorado  
20 Department of Education as well.

21 In addition to being an advocacy chair, I am  
22 also a physical education teacher in Denver Public  
23 Schools, and a proud parent of two girls who attend  
24 schools in the Brighton School District. I am speaking  
25 with you today to urge you to support preserving the



1 Healthy Kids Colorado Survey in its current form. For my  
2 personal experience, we should not look at the Healthy  
3 Kids Colorado Survey as just a survey, but as a support  
4 system.

5 As a student growing up, having access to a  
6 survey to express concerns would have been very  
7 beneficial to me in dealing with bullying, suicide and  
8 health behaviors. I was fortunate to be able to reach  
9 out to outside resources to assist me with the struggles,  
10 but not all students know what is out there, and not all  
11 schools have the resources. This survey provides as much  
12 needed information to support our students through  
13 difficult matters, as they may not -- as they may not  
14 express otherwise. In this everchanging young  
15 generation, any tool to be proactive, instead of  
16 reactive, puts us all at an advantage.

17 If you change this current method, not only  
18 will this be a disservice to our students, but it will be  
19 hurting our schools, our community, parents, and  
20 partners. As a representative of SHAPE Colorado, and a  
21 physical educator, I fully support the implementation  
22 methodology that is in place today. And more  
23 importantly, as a parent, it is imperative that we give  
24 our children a support system that assures them a voice  
25 in a secure and safe manner as well as resources to help



1 guide them. Thank you.

2 MADAM CHAIR: Thank you, Nick. Lauren  
3 Chara?

4 MS. CHICARA: Chicara (ph).

5 MADAM CHAIR: Chicara. Laurie Odom (ph)  
6 will be up after.

7 MS. CHICARA: Good afternoon, Madam Chair,  
8 and Members of the Board. My name is Lauren Chicara and  
9 I'm the Safe Schools Manager at One Colorado, the state's  
10 leading advocacy group for lesbian, gay, bisexual and  
11 transgender Coloradans and their families. I am here in  
12 support of the Healthy Kids Colorado Survey, and the  
13 importance of maintaining the current collection process  
14 of the survey.

15 One Colorado works to ensure all young  
16 people in Colorado have access to schools where they can  
17 learn and thrive. In 2011, we used the Healthy Kids  
18 Colorado Survey to inform the Colorado Anti-Bullying law.  
19 Since then, we have worked to assist 125 schools in  
20 updating their school and district non-discrimination  
21 policy and anti-bullying policies to align with the state  
22 law and ensure all students feel safe in Colorado.

23 The data has also been used to support the  
24 development of gay/straight alliances, and allies and  
25 diversities clubs in the middle schools. These



1 organizations impact school climate, encourage peer to  
2 peer support, increase the levels of connectiveness of  
3 young people to their schools, and lowers incidents of  
4 bullying in their schools as well. We also work to help  
5 students become community members, by participating in  
6 student government. We work with administrators to  
7 address bullying at all levels, and we really want to  
8 connect our young people with their greater community and  
9 encourage them to participate elsewhere.

10 According to the 2013 Healthy Kids Colorado  
11 Survey, lesbian, gay and bisexual youth are twice as  
12 likely to be bullied, three times more likely to smoke  
13 cigarettes, and six times likely to -- more likely to  
14 attempt suicide. There is no other state administered  
15 survey that collects this information, and this is really  
16 important for us and the work that we do.

17 Changing the way that the survey is  
18 administered will do a disservice to Colorado students,  
19 especially those who are in at-risk communities like LGBT  
20 students, young people of color, and people of  
21 disabilities. I ask you on behalf of One Colorado, the  
22 168 letters of support we have sent to you today, as well  
23 as the 591 letters I just put on the table, that we have  
24 written to the Board in support of the health and  
25 wellbeing of our young people in Colorado to keep the





1 survey the way it is. Thank you.

2 MADAM CHAIR: Thank you. Cindy Cronaugy  
3 (ph).

4 MS. CRONAUGY: Hello, thank you, Madam Chair  
5 and the Board for allowing me to speak to you about the  
6 importance and benefits of the current administration of  
7 the Healthy Kids Colorado Survey in Weld County.

8 Again, my name is Cindy Cronaugy; I'm from  
9 Weld County Department of Public Health and Environment,  
10 and I'm a member of the Healthy Kids Colorado Survey  
11 Advisory Committee. I spoke to you last month, but I  
12 have a couple more comments today.

13 For over 20 years, as you know, Weld County  
14 Health Department, and our partners have been working  
15 successfully with 12 school districts to -- excuse me --  
16 voluntarily administer the Youth Risk Behavior Survey, or  
17 the Healthy Kids Colorado Survey with each school  
18 district's preferred consent method. Most districts  
19 choose the opt-out consent method; what I call the opt-  
20 out consent method, which still directly contacts parents  
21 on written forms, but only requires that you sign and  
22 return the form if they do not want their child to  
23 participate in this survey. This method informs parents,  
24 keeps the time and effort on everyone's part to a  
25 minimum, and is something that school principals,



1 teachers, and parents appreciate.

2 If the Board takes an action to remove local  
3 school district preference and choice here, survey  
4 participation rates could go down very significantly. In  
5 most opt-in consent schools is Weld County, for example,  
6 student participation rates range between 10 and 30  
7 percent, as opposed to 65 to 95 percent for those opt-out  
8 consent schools. And as a result of these lower  
9 participation rates, representative -- they may be less  
10 representative of the student population, and not reflect  
11 the most accurate picture of student behaviors and  
12 attitudes.

13 On the positive side, the benefits of the  
14 survey are numerous and include things like parents,  
15 students, and others learning the actual percentages of  
16 student health behaviors, rather than under or over  
17 estimating them. One Weld County school, for example,  
18 recently was able to dispel a myth that bullying was on  
19 the increase, when it was in fact on the decrease in  
20 their school district.

21 The survey data also allows parents, school  
22 personnel, and others, to support students succeeding in  
23 school and in life. For example, several school district  
24 parent surveys have revealed that these survey data  
25 resulted in more parents and their children talking with



1 each other about not using drugs, or drinking alcohol.  
2 Parents also reported that they welcomed the data,  
3 because it helped them to share their values and  
4 aspirations with their child.

5 So in summary, the current survey  
6 administration allows each school district to determine  
7 the most efficient and effective way to conduct the  
8 survey. The current process is very much valued in Weld  
9 County; changing that process will be a detriment, and  
10 not a benefit in Weld County. Thank you for your time.

11 MADAM CHAIR: Thank you for your time.  
12 Annette Garcia? Karen Ax (ph)?

13 MS. AX: Good afternoon Chairwoman Neal, and  
14 Members of the Board. My name is Karen Ax, and I'm a  
15 proud parent of a transgender child, Shannon, in Boulder  
16 County. I'm also the founder of Trans Youth Education  
17 and Support of Colorado, which is a PFLAG affiliate.  
18 Over 200 families from Colorado have -- with transgender,  
19 and gender expansive youth have supported us, one  
20 another, through our organization.

21 According to the 2013 Healthy Kids Colorado  
22 Survey, students like Shannon are two times more likely  
23 to be bullied, and six times more likely to attempt  
24 suicide. These statistics are far too real for me.  
25 Eight years ago, our family made the difficult decision



1 to allow our second grade child to transition to -- from  
2 male to female in order to save her life. Now that she's  
3 happy, thriving and successful in school, we know we made  
4 the right decision.

5           The greatest challenge we faced as a -- was  
6 a -- was a school district that was unprepared to keep  
7 her safe. As a result, my daughter was isolated,  
8 bullied, and failing in school. Not wanting to relive  
9 her horrible experiences, she often kept them to herself,  
10 trying to pretend they didn't happen. As I've since  
11 learned, this is a common response for children, as they  
12 try to cope with this level of discrimination. By age  
13 nine, Shannon was overwhelmed and threatened suicide. We  
14 were forced to move to a district that had the necessary  
15 services to provide Shannon with an opportunity to learn  
16 and mature like any other child.

17           Because she now feels safe in her school,  
18 she's making great progress in academics. At times,  
19 surprising her teachers with rapid improvement. She's  
20 gained confidence, and become an outgoing charisma --  
21 charismatic child that she was meant to be. Now she  
22 loves learning. She takes school very seriously, and  
23 works extremely hard. And one picture may be worth a  
24 thousand words -- this is my confident, beautiful  
25 daughter, who's doing really well now.



1                   This survey is vital to our families. We  
2                   want to make sure the next generations of parents are  
3                   able to make better informed decisions for their  
4                   children. My daughter did not speak when she was  
5                   bullied, but she may have -- we have been able to  
6                   checkmark -- make some checkmarks -- check some boxes on  
7                   a survey.

8                   The Healthy Kids Colorado Survey is a  
9                   voluntary, and an anonymous survey designed to identify  
10                  these unspoken dangers our children face. Those who work  
11                  with our children can then find solutions that work and  
12                  confirm their success in later surveys. They can save  
13                  children who may have otherwise been lost to institutions  
14                  or worse. The decision impacts us all. I hope you will  
15                  keep my daughter's story in mind as you make your  
16                  decision.

17                  For a healthy Colorado, we need healthy kids  
18                  who are succeeding. The Healthy Kids Colorado Survey is  
19                  an -- is an important tool to help make that a reality.  
20                  Thank you.

21                  MADAM CHAIR: Thank you, (indiscernible).

22                  MS. AX: Thank you.

23                  MADAM CHAIR: Oh, you weren't Natia (ph),  
24                  you were Annette, right?

25                  UNIDENTIFIED VOICE: Karen.



1 MADAM CHAIR: I'm getting --

2 UNIDENTIFIED VOICE: It was Karen -- Karen.

3 MS, AX: Yes.

4 MADAM CHAIR: What?

5 UNIDENTIFIED VOICE: She was Karen.

6 MADAM CHAIR: Got it. Okay. But is Natia  
7 here?

8 MS. BURSHER: Good afternoon, Madam  
9 Chairwoman, and Members of the Board. My name is Natalia  
10 Bursher, and I am the Tobacco Program Manager at the  
11 Colorado Department of Public Health and Environment.  
12 And I am pleased to be here today to speak to you about  
13 the importance of Healthy Kids Colorado Survey, to our  
14 efforts to prevent youth initiation of tobacco use, and  
15 to help the kids who do smoke, to quit.

16 I have information for you to consider as  
17 you make your decisions, that could result in severely  
18 limiting reliability of the survey data. There are --  
19 resources for public health and prevention and tobacco  
20 control are scarce. The data from the survey, along with  
21 the other surveillance system allows us to target program  
22 funding by identifying interventions that present the  
23 greatest opportunity for improving the health of  
24 Colorado's children.

25 The data provide both the leading indicator



1 of needs, and indicator of success. The leading  
2 indicators include: Identifying youth who are  
3 susceptible to begin smoking, and use of new products  
4 such as e-cigarettes. And the indicators of success  
5 include tobacco initiation and smoking cessation data for  
6 program accountability.

7 Tobacco remains the leading cause of  
8 preventable death and disease. More than 88 percent of  
9 adult smokers started before age 18. Through regular  
10 surveying of Colorado middle and high schoolers, we have  
11 reliable and nationally comparable data about youth  
12 experimentation of tobacco use, current smoking rates,  
13 and quit rates.

14 Because of this survey, we know Colorado has  
15 been successful in reducing the epidemic of youth tobacco  
16 use. While this is a very good news, we are concerned  
17 that this data also tells us the progress on reducing  
18 smoking among youth has slowed. We have no other way to  
19 collect this information, or to monitor our progress.

20 Without the Healthy Kids Colorado Survey, we  
21 would only have enforcement data from state and federal  
22 laws that ban sales and tobacco to minors. This would  
23 severely limit the program ability to adequately address  
24 the problems of availability of tobacco products to  
25 minors.



1 Progress to reduce youth initiation of  
2 tobacco could be threatened by the introduction of e-  
3 cigarettes in Colorado. Nationally, youth use of e-  
4 cigarettes increased three-fold from 2011 to 2013. E-  
5 cigarette was associated with increased intentions to  
6 smoke cigarettes. In 2013, the survey found that over 15  
7 percent of Colorado high schoolers reported they have  
8 tried e-cigarettes at least once. And we need more  
9 information, not less, to better understand use rates,  
10 and trends to these new products.

11 Without reliable data from the survey, we  
12 would not be able to meet the obligations of the state's  
13 statute, or Centers for Disease Control surveillance  
14 requirements, and demonstrate effectiveness of the  
15 program. The survey is not a burden to students, or  
16 schools. In fact, in 2011, statewide partners completed  
17 a successful merger of risk behaviors in health related  
18 surveys into one Healthy Kids Colorado Survey. This was  
19 done to reduce burden on schools, to limit surveying to  
20 every other year, while creating efficiency with data  
21 collection.

22 Requiring new mandates on the survey at this  
23 point in time would reverse the progress we, and our  
24 partners across the state have made administering the  
25 survey together, and add significant administrative costs





1 to all levels, making it much less likely to our program  
2 to be effective. Thank you.

3 MADAM CHAIR: Thank you very much. Is there  
4 anyone else here that wish to speak the Healthy Children?  
5 Because I don't have -- are you doing Healthy Children?  
6 Okay. I don't have either of you on the -- didn't you --  
7 anyway. Let's take you, and then we'll end up with  
8 Anita, okay? Are you Sara?

9 MS. SIMPIO: Yes.

10 MADAM CHAIR: Yes.

11 MS. SIMPIO: Hi, Sara Simpio (ph) from  
12 Monument, and yes, I'm going to speak to the Healthy Kids  
13 Colorado Survey.

14 Much ado has been made about the hardship  
15 involved in informed consent process. Opting in. But  
16 schools conduct these all the time. Field trips, school  
17 dances, sports assemblies, even the elective courses that  
18 my child had to sign up for, I had to read through four  
19 pages of information, and sign. It wasn't the end of the  
20 academic ability to continue. And I find it very  
21 troubling that everybody thinks that simply informing and  
22 having the parent's consent is the end of a process,  
23 because we do it all the time.

24 I find it hard to believe that that would  
25 not allow appropriate data, and protection of children.



1 In addition, if it is truly anonymous, which they repeat  
2 over and over and over, how can they identify the  
3 children who need help? We've heard heart-wrenching  
4 stories about individuals. These surveys cannot address  
5 those individuals because they are not identifiable.

6 We keep hearing it's voluntary. Voluntary  
7 for who? No one has specified. Does the child  
8 volunteer? He can't, he's a minor. Does the parent  
9 volunteer? How can they, they have no idea what they are  
10 getting into. Does the school district volunteer? Well,  
11 somebody said, "yes", it's up to the school district.  
12 But they don't own the right over the child to do that.  
13 They are not the parent. Voluntary for who? What does  
14 voluntary mean?

15 I'm going to use the letter that they had  
16 outside -- that you guys had outside, that they used for  
17 last year. And according to this -- I'm going to give  
18 you a fact scenario. I'm going to take half your salary,  
19 unless you object. It is purely voluntary, and if you  
20 want your money to remain in your account, please sign  
21 and return this form within the next three days. Really?

22 My husband, for several years, worked on an  
23 in-depth doctoral study on Miranda Rights. In his  
24 opinion, this survey, the children need to be read their  
25 rights before they should answer. And I said: The



1 objection is that we don't know the name of the child.  
2 He said: I can rewrite the survey so that it would fit.  
3 You have to leave out the school, the class, the age, the  
4 gender, the height, the weight -- what else is in there?  
5 And -- so what -- what school -- what grade you're in.  
6 All of that can't be in there. Your race, the language,  
7 none of it. Because we can identify you. We identify  
8 criminals with less information. We don't need your name  
9 to know who you are.

10 One person said today that it was Colorado  
11 specific, and it gave all this local information.  
12 Outside in the hall, the Colorado Department of Health  
13 told me this survey has been around for 20 years, and  
14 comes from the federal CDC.

15 MADAM CHAIR: All right, thank you.

16 MS. SIMPIO: Thank you.

17 MADAM CHAIR: Appreciate it. Anita? I'm  
18 sorry, I just assumed you were here to talk about Common  
19 Core. You got a different topic today. Go ahead.

20 MS. STAPLETON: Hi, my name is Anita  
21 Stapleton, and I'm from Pueblo County, and I am here  
22 ambivalent, really. I am in an objection to the Healthy  
23 Kids Survey, because of the way I found about -- out  
24 about it. My son had taken it for the last two years, or  
25 a survey much like it, once we had this document in our



1 hands. One hundred twenty, hundred twenty-one questions;  
2 we read through each and every one of them. Now mind  
3 you, my son is 17-years-old. My middle child is 20, she  
4 graduated last year, and she as well took this survey.  
5 All unbeknownst to me, the parent.

6 This is my biggest objection to this survey,  
7 and others like it. You are invading, and in my opinion,  
8 raping my child's mind. And not only my child's mind,  
9 but my personal information, because the Healthy Kids  
10 Survey to date also incorporates information about the  
11 parents, and about the neighborhood that we live in.

12 That to me goes hand-and-hand with none  
13 other than the state longitudinal data system that we  
14 were all bribed into taking. Grant monies once again,  
15 follow the money, were given out in 2010 -- I'm sorry,  
16 2005. Grantees up to 20 million, who agreed to instill  
17 these programs. This information that you're gathering  
18 through surveys, tests, assignments, that delve into my  
19 child's personal opinions, attitudes, behaviors, value  
20 systems, is illegal without parental consent. It  
21 breaches state, federal, international law.

22 In 2010, the National Center for Educational  
23 Statistics released a technical brief about guidance for  
24 statewide longitudinal data systems. And this is where  
25 you'll find the information that goes over all the money



1 that's given out to the state to -- to (indiscernible)  
2 into this. Things like political affiliation, or beliefs  
3 of student or parent. Mental and psychological problems  
4 of the student or the student's family. Sexual behaviors  
5 and attitudes. I can go on and on and on.

6 When I brought this document to this Board  
7 two years ago, I basically was labeled a conspiracy  
8 theorist. Now, me, the parent, I am demonized one. I'm  
9 the problem in the school system. Why? Because I have  
10 authority over my child. I should have the right to  
11 consent if this information is going to be shared with my  
12 child.

13 Now, I'm a nurse and believe it or not, I  
14 was a pediatric nurse early on in my career. I am not a  
15 prude, I am not naïve, and I'm not a helicopter mom. We  
16 sat down and went through every one of these questions at  
17 our kitchen table, with my children and their friends,  
18 mind you, and do you know what my son told me? And he  
19 testified over across the street at the capital -- Mom,  
20 what are you worried about? These -- when we answer  
21 these questions, we don't give valid information. This  
22 is a joke. We all mark "We had sex nine times", "We've  
23 done this drug and that drug." We live in a pretend  
24 world on this.

25 MADAM CHAIR: Thank you.



1 MS. STAPLETON: I challenge the validity of  
2 the data.

3 MADAM CHAIR: Thank you for coming. All  
4 right. Anyone else? John, we'll take you at the end of  
5 the meeting, is that okay? Because you're speaking about  
6 something else. Mr. Durham, you have a --?

7 MR. DURHAM: Oh.

8 MADAM CHAIR: Wake up.

9 MR. DURHAM: Thank you. Thank you Madam  
10 Chair. We just, about lunchtime, received the Attorney  
11 General's opinion on this matter, and I don't think we've  
12 had time to digest it properly. So therefore, I would  
13 move that we layover consideration of the Healthy Kids  
14 Survey, and instruct staff and request the Attorney  
15 General to provide updated collateral materials along  
16 with suggestions -- including suggestions for timeframe  
17 of dissemination of the collateral materials for review  
18 by the Board at its next meeting.

19 MADAM CHAIR: Is there a second?

20 MS. MAZANEC: I second.

21 MADAM CHAIR: Pam. Seconded by Pam. Any  
22 discussion?

23 UNIDENTIFIED VOICE: (Indiscernible)

24 UNIDENTIFIED VOICE: Do you want to  
25 translate that into English? Please. Kind of every day



1 English. I know that -- that was across the street  
2 speech.

3 MR. DURHAM: Item 1 is to not take any  
4 action in this meeting. Item 2 is to -- we have some of  
5 the collateral materials that have apparently been  
6 revised.

7 UNIDENTIFIED VOICE: What is the collateral  
8 material?

9 MR. DURHAM: The collateral materials are  
10 the letters that go to the school district,  
11 superintendent, principal and parents.

12 UNIDENTIFIED VOICE: Guidance materials.

13 MR. DURHAM: Yes.

14 UNIDENTIFIED VOICE: Okay, thank you.

15 MR. DURHAM: I call them collaterals. And  
16 so we can look at those and determine whether or no they  
17 in fact provide meaningful consent. And then how -- how  
18 are the parents informed? How -- how far in advance do  
19 they get the materials so that they have an adequate time  
20 to review them.

21 MADAM CHAIR: Any discussion? Deb?

22 MS. SCHEFFEL: Yeah, I think the -- the  
23 information also that we're lacking, is do we have any  
24 control over the content of the survey? Any control over  
25 the way the data are analyzed? The correlations that are



1 creating assumed relationship, I think are --

2 MADAM CHAIR: Are you adding that to his  
3 motion?

4 MS. SCHEFFEL: I'm just helping justify why  
5 we need more information. Because we -- I mean, it seems  
6 to me that we lack a lot of information about this  
7 survey. And what our role is, in the Department of  
8 Education, with the survey. So I think we're seeking  
9 additional detailed information.

10 MADAM CHAIR: Any other comments? Deb, or -  
11 - I'm forgetting your name. Angelika.

12 MS. SCHROEDER: I've been Deb a couple of  
13 times today. Pretty cool

14 MADAM CHAIR: Deb talks a lot.

15 MS. SCHROEDER: Mr. Dyl, could you give us a  
16 four sentence --

17 MADAM CHAIR: Oh, no, don't do that.

18 MS. SCHROEDER: Yeah, I think it's fair to  
19 the folks to find out what, very roughly --

20 (Overlapping)

21 MADAM CHAIR: (Indiscernible)

22 MS. SCHROEDER: Mr. Dyl can -- he can do it.

23 MADAM CHAIR: Four sentences she said. I'm  
24 counting.

25 MR. DYL: Madam Chair. Does that count?





1 No, I'm done.

2 MS. SCHROEDER: I didn't say four words.

3 MR. DYL: The Attorney General issued an  
4 informal -- a formal legal opinion on this matter. They  
5 looked at the revised procedures for the 2015  
6 administration of the test, determined that if those  
7 administration procedures are followed, then this would  
8 be a voluntary survey, and therefore the statute at  
9 issue, 22-1-123, would not apply. They also indicated  
10 that the statute gives authority to the State Board of  
11 Education to determine the sort of indicia -- factual  
12 indicia, of whether or not the way a survey is being  
13 administered makes it voluntary or required.

14 MADAM CHAIR: Thank you. You did a good  
15 job.

16 UNIDENTIFIED VOICE: Good job, four  
17 sentences.

18 MADAM CHAIR: Any other comments? I would  
19 just add to Mr. Durham's comment; particularly the many,  
20 many, many, many people, all but two I think, who came  
21 and testified in favor of the Healthy Kids Survey, not to  
22 take this as if we have found some big barrier. We did  
23 find a lot of questions, and a lot of things that were  
24 brought up that we do need more discussion. That were in  
25 the Attorney General's decision, and in -- there is a lot



1 more discussion that needs to take place. And for that  
2 reason, we did determine -- or we certainly authorized  
3 Mr. Durham to come forth with a motion to put it off  
4 until next month. So -- but -- but don't lose a lot of  
5 sleep over that, okay?

6 I'm -- I'm just speaking for me. I can't  
7 speak for the Board. I'm just saying, as far as I'm  
8 concerned, don't lose a lot of sleep over it. Do you  
9 want to call roll or do you have you have a --

10 UNIDENTIFIED VOICE: Deb's got it.

11 MS. SCHEFFEL: I'm sorry, what did you --?

12 MADAM CHAIR: Do you want to call roll, Deb?

13 MS. SCHEFFEL: No. What did you mean by  
14 "losing sleep over it"?

15 MADAM CHAIR: Well, there -- of all the  
16 people that have testified in two weeks now, which I have  
17 no -- that many -- I -- by my count, all but two of them  
18 urged us to follow through. And I have to say, and my  
19 count may be wrong, don't take me at that, but I'm just  
20 saying, for myself, not for the Board, for myself, not to  
21 be very -- you know, not to take that as -- many people  
22 sitting here are going, oh no, they are going to back  
23 out. Don't -- we don't know. We don't -- we -- we -- we  
24 have a lot of really good discussion this morning, and I  
25 felt good about it. But it just showed that we -- there



1 was more things that we needed to think about. The  
2 Attorney General's decision coming -- came along with  
3 that. I'm not saying one way or the other. But I'm just  
4 saying if you just -- you know, just -- give us -- you  
5 know, give us some time. We'll -- we'll have a good  
6 discussion about it. Yes?

7 UNIDENTIFIED VOICE: Well, I think that's  
8 because the people that testified, are people that know  
9 about the survey, because they work in the entity largely  
10 -- or they are advocates for the survey. Parents are  
11 just waking up to it.

12 MADAM CHAIR: Okay. No, that -- that's  
13 your, you know, I'm just saying. Don't worry about it.  
14 I mean, you may worry about it, I shouldn't say that,  
15 you're right. But there was more decisions and  
16 discussion that came up, and we thought it was -- we  
17 needed to take more time, and today would not have been a  
18 good day to do that.

19 UNIDENTIFIED VOICE: Madam Chair, I'll  
20 decide what to lose sleep about, okay?

21 UNIDENTIFIED VOICE: What?

22 UNIDENTIFIED VOICE: I'm teasing. That was  
23 a joke.

24 MADAM CHAIR: Well, good, I'm glad to hear  
25 that. Do you want to call roll?



1 UNIDENTIFIED VOICE: You said, don't lose  
2 any sleep over it. I said, I'll decide that.

3 UNIDENTIFIED VOICE: (Indiscernible)

4 MS. MARKEL: Steve Durham?

5 MR. DURHAM: Aye.

6 MS. MARKEL: Dr. Flores?

7 MS. FLORES: Aye.

8 MS. MARKEL: Jane Goff?

9 MS. GOFF: Aye.

10 MS. MARKEL: Pam Mazanec?

11 MS. MAZANEC: Aye.

12 MS. MARKEL: Marcia Neal?

13 MADAM CHAIR: Aye.

14 MS. MARKEL: Dr. Scheffel?

15 MS. SCHEFFEL: Yes.

16 MS. MARKEL: Dr. Schroeder?

17 MS. SCHROEDER: Yes.

18 MADAM CHAIR: Motion carries, we will  
19 continue the conversation another day. Board needs to  
20 take a ten minute break.

21 (Meeting adjourned)

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C E R T I F I C A T E

I, Kimberly C. McCright, Certified Vendor and Notary, do hereby certify that the above-mentioned matter occurred as hereinbefore set out.

I FURTHER CERTIFY THAT the proceedings of such were reported by me or under my supervision, later reduced to typewritten form under my supervision and control and that the foregoing pages are a full, true and correct transcription of the original notes.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25th day of January, 2019.

/s/ Kimberly C. McCright  
Kimberly C. McCright  
Certified Vendor and Notary Public

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