

**Testimony to present to the Primary and Secondary Education Committee of the  
Ohio House of Representatives on June 4, 2019**

Chairman Blessing, Vice Chair Jones, Ranking Member Robinson, and members of the Primary and Secondary Education Committee, thank you for the opportunity to speak with you today about HB 165. My name is Joe Dake. I am a professor of public health and the chairperson for the School of Population Health at the University of Toledo. I am here to testify as a citizen and public health professional and not as a representative of UT. I am here because I am concerned about the health of Ohioans and the long-term impact that quality Health Education Standards could have on Ohio's youth. As a lifelong Ohioan, I care deeply about the health and well-being of our residents. In particular, I care about the health and well-being of Ohio's children. It pains me to see that Ohio is among the bottom 10 states regarding health status. The challenges we have regarding substance use, obesity, mental health, and behaviors that lead to increased chronic and infectious diseases are serious and need proper attention so that we can start working our way back into a healthier status.

You have already heard testimony about why the standards are important, heard from teachers and parents about how quality standards can impact children's health. I wanted to use my time to talk about misperceptions that some may have regarding these standards. In particular, the misperception that Health Education Standards could require districts to adopt curriculum or be required to teach sex education topics that do not align with the district's beliefs or values. Should Ohio adopt HB 165, and develop State Standards based on the National Health Education Standards, this would ensure that Ohio creates a framework for quality, impactful teaching but does not dictate which content should be taught. In most of the states that have taken this path, their state health education standards are free from specific required content.

This may seem strange because most people think of specific topics when they think about what is taught in health education classes. Of course, there would be specific topics taught but

the decision about which topics and the details of what to cover would be left for the school districts to decide. This opportunity for local control is one of the strengths of this approach. For example, state standards would provide a framework to encourage districts to develop their health curriculum around particular skills. These skills would be founded in research-based evidence that links children who use these skills to healthier behaviors. These healthier behaviors would then lead to a better health status of that district. To help clarify:

The standards would focus on skills to ensure that students are able to:

- analyze the various influences in their lives such as family, peers, culture, media, technology, etc. and use this information to make health decisions.
- access valid and reliable information about health products and services.
  - We know that students are using Google, YouTube, to learn more and more and it is vital that we develop the critical skill to appropriately evaluate the validity of the things they find online.
- use interpersonal communication skills.
- use decision-making skills.
- use goal-setting skills.
- practice health-enhancing behaviors.
- advocate for themselves, their family, and community health.
- and finally, learn the content that serves as the foundation for all of these skills.

This content can vary widely and would be based on what the district believes is important to include. Hopefully, this would be based on the greatest health needs of the district. For example, in some districts in Ohio, there would be a heavier focus on opiate use while in others, it may be more focused on alcohol abuse because of their local population and the decisions about how to focus their time spent on reducing substance use problems in that district.

This also relates to sex education. In one district, this may focus on comprehensive set of skills regarding reducing youth sexual behaviors and working to reduce pregnancies and STDs. In

another district, this could focus solely on teaching students how to avoid any sexual behaviors until later into adulthood and maintain an abstinence decision. In either case, that portion of the curriculum would be expected to provide the students accurate information about the risks of early sexual behaviors, information about STDs and how they are transmitted, and why abstinence is the healthiest decision (the depth of which would be left to the districts to decide). In addition, they would also learn skills that help them accomplish the district's goals for this unit. For example, they both could include having students reflect on their influences such as parents, friends, religious or cultural values, and any other factors that can impact sexual decisions. Having critical thinking skills to consider these factors before making any decisions about sex can help ensure that students make the healthiest choices.

Another example would be with communication skills. Most students will encounter situations in which they need a strong foundation in how to communicate their stance on sexual behaviors. Students need to be able to effectively communicate that they want to remain abstinent until marriage, avoid any sexual content, or any other healthy choice regarding sexual behaviors. This communication would include using the factual information about STDs and pregnancy, discussion of how such behavior could negatively impact their life's goals, or how making some choices to have sex while still a youth could negatively impact their family or the perceptions of those who are important to them (based on values or religious beliefs).

There are many additional examples of how most of the standards could be important in helping students to avoid the potential negative outcomes associated with early sexual behaviors. However, the important takeaway point is that these standards are the framework on which districts build the content that needs to be taught. It helps ensure that the material taught will lead to better outcomes for those students and not simply be factual information that has no impact on their behavior choices.

Chairman Blessing and members of the committee, thank you again for the opportunity to testify on HB165. I would be happy to answer any questions you may have.