

## HEALTH EDUCATION STANDARDS TESTIMONY

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Good afternoon. I am Judy Jagger-Mescher and I have taught health education in Ohio for nearly 48 years: 33 years at the K-12 level and 15 years at the university level. I am a former state, district, and national K-12 health educator of the year, and currently a national trainer for Health Education Pre-service Teacher Assessments. During my tenure in health education, I have passionately and proudly advocated for exemplary K-12 health education for a plethora of reasons. Perhaps, the number one reason is my commitment to empower youth to make healthy choices that will enable them to lead a lifetime of wellness. Since many lifestyle behaviors that contribute to the risk of chronic illnesses and disabilities in adulthood are developed in youth, I, along with many prominent researchers, know that our best chance of improving the health of Ohio is to adopt and implement a sequential, developmentally appropriate, culturally inclusive, systemic change in how we address health education in our Ohio schools. This change begins with the adoption of research-informed K-12 health education standards, which will provide the infrastructure for the development of life-changing, exemplary health education that focuses on health-related skill development, such as analyzing influences on health, accessing valid, reliable health resources, communicating effectively via assertiveness, resistance skills, collaboration, conflict management and negotiation skills; healthy decision-making, goal-setting, and advocacy for self and others. These life skills will enable youth to take responsibility for their health as well as understand the value and process for adopting and maintaining healthy behaviors. If we are dedicated to a healthy state – with both healthy children and healthy adults- we simply cannot overlook or under value the role of high-quality K-12 health education.

For the past year I have worked with a cadre of health education experts to develop a Model K-12 Health Education Curriculum for Ohio schools. The curriculum uses the National Health Education Standards as its framework. You might ask why would we design a Model Curriculum before the state has adopted health education standards. The answer – Ohio schools, curriculum directors, and K-12 health teachers want guidance to address the K-12 requirements outlined in the Ohio Revised Code. Even Ohio parents have indicated their support for health education standards and comprehensive, inclusive school health education. A few years ago, the Ohio Department of Education collaborated with the Ohio Department of Health to conduct a parent health education opinion survey. The results of this survey indicated that nearly 90% of Ohio parents/ guardians agreed or strongly agreed that statewide health education standards are important. Therefore, the health experts in the Ohio Association for Health, Physical Education, Recreation, and Dance took action to design what these schools, curriculum directors, teachers, and parents overwhelmingly requested – research-informed guidance in implementing the requirements of the ORC.

The newly designed Ohio Health Education Model Curriculum emphasizes life skills rather than knowledge. The model curriculum focuses on healthy behaviors outcomes and provides numerous opportunities for students to develop self-efficacy by practicing the key life skills throughout their twelve years in Ohio schools. This approach is a pro-active means to address potential issues via primary prevention rather than waiting until issues such as the Ohio opioid crisis occur.

For the past five years I have worked closely with many southwestern Ohio schools to design health education programs that align with the National Health Education Standards – standards utilized by the majority of states in the United States. During this time, I have witnessed local control in action. For example, the Archdiocese of Cincinnati included sexual health in their curriculum; they looked at the local, state, and national health data for youth and decided sexual

health absolutely must be a part of their health curriculum. Another large school of excellence in south west Ohio convened a diverse community group of parents, community leaders, pediatricians, to review their newly proposed K-12 health education. This school community also via local control decided that sexual health must be included in the curriculum. Two other large school district I worked with also, in collaboration with their communities, decided to include sexual health in their curricula. But, Ohio has a wealth of school districts who are waiting for the Ohio Department of Education to provide guidance for K-12 health education. They are waiting for research-informed K-12 health education standards to guide their development of exemplary health education. Based on my work with Ohio schools' health education teachers and curriculum directors, I have learned: 1) most are teaching an ineffective knowledge-focused health classes because they have not been provided with up-to-date standards and training; 2) they are asking for guidance to develop skills-based health education, but unlike every other content area at ODE, do not have k-12 standards to guide them.

And, finally, out of the mouths of babes..... I have conducted focus groups with both middle school and high school students. The two primary findings of these focus groups:

- 1) Students want more mental health issues and skills addressed at both levels; 2) students in high school would like to see an additional health class in their junior or senior years – one that reinforced life skills; 3) students do not want non-functional health knowledge, they want to learn functional health knowledge and health-related-skills, with the emphasis on health-related skills. To accomplish this, we must have a framework of health education standards.

In closing, Ohio communities, teachers, curriculum directors, parents/ guardians and students want health education classes based on K-12 health education standards. We need to be responsive to the needs of Ohio. With the opioid issue and other mental health issues, we are at a crucial crossroad in

**Ohio – we can begin to address comprehensively the physical, social, emotional, mental health needs of our youth now or we can do so by default in 10-20 years. Indeed, it is wiser, easier, and more economical to build healthy children than to repair broken adults. Please provide the legislative power for Ohio to begin the process of adopting K-12 health education standards for Ohio’s schools.**