

House Bill 165
Ohio Health Education Standards
Proponent Testimony

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Dear Chairman Blessing,

Mr. Chairman and other distinguished committee members, thank you for the opportunity to provide testimony for HB 165: Adoption of Health Education Standards. I come to you as a representative of OAHPERD, an organization of over 600 health and physical education professionals. I am here with my colleagues to justify the need for Ohio to become the 50th state with health education standards.

Ohio ranks 46th on health value, which means that Ohioans are less healthy and spending more on health care than residents of almost every other state¹. Ohio faces multiple health crises including unintentional drug overdose deaths, mental health, and chronic disease. Last year 13 Ohioans died each day from an unintentional overdose¹. Approximately five people per day take their own life in Ohio¹. Suicide rates have more than doubled for children ages 8 to 17 and nearly 1.5 times for ages 18-25². Obesity and chronic disease are the most common causes of death and disability with an economic impact of approximately \$56.8 billion per year³. Ohio is one of six states to have a significant increase in obesity rates from 2016 to 2017² and has the 11th highest obesity rate at 33.8%⁴. A third of 10-17 year-olds are overweight and 18.6% are obese⁴. While statistics paint a bleak picture for the health of Ohio there is a renewed emphasis on health as we understand the clear connections between education and health to achieve our full potential.

The Ohio Department of Education Strategic Plan #EachChildOurFuture emphasizes a whole child approach and includes health education as part of a well-rounded education. The RecoveryOhio Advisory Council in Recommendations #23 prioritized the need for health standards. The Governor has also reinforced a number of times the need for K-12 drug prevention education that focuses on making healthy decisions. Health education standards would be a complimentary and essential piece in the nearly \$700-million invested in student supports, school health and the future of Ohio in HB 166.

The purpose of my testimony is to describe the current status of health education in Ohio; outline the need for health education standards; provide an overview of the standards; describe how local control is respected and protected while supporting local curriculum that would best meet student and community needs; and describe how health education standards have the potential to align various stakeholders, initiatives, and programs on key outcomes that could improve the Ohio's health.

Current Status of Health Education in Ohio:

Ohio is also the only state without health education standards. Health education is the only required academic content area without standards in Ohio. Ohio needs health education standards

because our schools need guidance to provide quality, skill-based quality health education. The health education you experienced was probably not high-quality, skills-based health education. Many think of health education as where you learn the facts about your body, why drugs are bad for you, the nutrients in foods and other knowledge about how to be healthy. Knowing isn't enough, we need the skills to make healthy choices.

The requirements for health education in Ohio are limited to .5 units or one semester (60 hours) for graduation. Health education is required to be included in the Grades K-8 course of study. Most elementary schools are not providing health education curriculum that meets Ohio's requirements. Only 60% of students are receiving middle school health education despite the requirement for Grades K-8⁵. Students who receive middle school health education typically receive one quarter (9 weeks) or one semester (18-weeks) in one grade level⁵. We are not here to change those requirements, but to create an awareness that we must be effective and efficient in the limited amount of time allocated to health education. Standards will focus our attention on key learning outcomes and align our efforts across topic areas maximize the limited resources.

The Ohio General Assembly has oversight of health education standards. While they have not moved to develop health education standards, the General Assembly has frequently added to the list of required topics schools must address in their curriculum. These requirements include nutritive value of food; alcohol, tobacco and other drugs; opioid prevention; violence prevention (including child abuse prevention, dating violence and healthy relationships), venereal disease and anatomical gifts. While these requirements highlight important topics, the requirements do not clarify what students should learn within these topics. This approach is crisis driven, knowledge based, and only addresses a topic without concern for student learning. The approach to legislating health education diminishes local control by dictating what is included in local curriculum. The requirements lead to "box checking" or seen by districts "one more thing from Columbus" within a content area with little allocated time and no oversight. We hope standards align these special interest areas to avoid fighting for time within health education as we refocus our attention on a comprehensive and aligned approach that develops the skills to be healthy.

The Need for Health Education Standards

The lack of guidance and support from the state has left health education as an ignored content area. A recent study found that only 42.4% of schools have an updated curriculum within the last 5 years. The other 57% of districts either have an older curriculum (30.6%) or have no idea where they might find their curriculum (27.2%)⁵. Teachers lack professional development in key topics and curriculum development including in an Ohio Department of Health 2015 study that only 29.6% of teacher had professional development in the last two years in alcohol, tobacco and other drugs. HB 165 is essential because state guidance will ignite efforts to support districts and health education teachers through local professional development and resources to update local curriculum to a skills-based health education curriculum. We have seen the positive impact of state standards for physical education, we expect similar success for health education. Health education standards would be another essential ingredient in our efforts to support the whole child, social emotional learning, school health and student wellness.

As I complete my testimony some additional bits of information about the HB 165 and health education standards.

- Standards identify clearly the expectations for student learning.
- Standards are a necessary tool for schools to plan a comprehensive and developmentally appropriate skill-based health education curriculum.
- The National Health Education Standards would serve as the foundation for Ohio. The standards writing process led by ODE would develop benchmarks and indicators specific to Ohio needs.
- The standards writing process would mirror other content areas soliciting writing teams that represent the state and various stakeholder groups and have multiple opportunities for public input before seeking approval from the State Board of Education.
- Standards are needed to facilitate the shift in focus from only knowing about health to demonstrating skills that lead to health literacy.
- After the standards are developed, a model curriculum will be developed to provide additional guidance to local districts to support their curriculum development process. Currently OAHPERD is partnering with Health Policy Institute of Ohio and the Mount Sinai Foundation to develop a Model Curriculum for Ohio's schools. I am happy to provide draft copies of the Model Curriculum to those interested.
- Standards protect and enhance local control. Health Education Standards are permissive. Districts construct their own curriculum. Teachers construct their lesson plans based on the district curriculum.
- At this time, we are asking for NO additional time requirements to the existing 60 hours of high school and presence of health education in Grades K-8.
- There will be NO change in existing legislation for venereal disease or other required topics outlined in ORC.

It is urgent the General Assembly support the creation of health education standards to provide the guidance schools desperately need to develop a skills-based health education curriculum to support a healthy Ohio that could achieve its fullest potential.

Thank you for your time and consideration,

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