

Mr. Chairman and other distinguished committee members, thank you for allowing me to present my perception on why I feel adopting Health Ed standards, as part of HB 165 states, is much needed in our great State. I come to you as a teacher in Health and Physical Education for 23 years, but also a parent of two teenage boys.

When the emphasis of my teaching assignment was moved to Health Education, I looked into our curriculum and then for standards to base lessons on. I was lucky enough to have an administrative team willing to allow my colleague and I to use the National Health Ed Standards to help us design our lessons. Our first year or so we used a lot of what was done in the past, which included a lot of vocabulary, body systems, memorization. (DOK level 1-2) We learned that what was being taught in a typical health ed setting was not current to what a Health Ed classroom should look like today. Content changes. Skills are forever.

The National Health Ed Standards give Dayna and I guidance to what we do. It helps us to connect important life skills such as, decision making, goal setting and analyzing influences across the topics we teach. We simply cannot teach all the content because of time constraints, so we give them the skills to be practical. The standards allow a health ed classroom to be flexible with in each school district. Still allowing for local control on the content taught to match district and student needs.

When beginning the transition of our curriculum to a skill-based approach, the research I did became more apparent as to what we should really be addressing in the classroom. A quote from a book I used in my research which provides strategies for designing lessons by Sarah Benes and Holly Alperin.....“ Knowledge doesn’t change behavior...self-efficacy does”.

The steps to success in skills-based setting:

- 1) Discuss the importance of the skill, its relevance, and its relationship to other learned skills.
- 2) Present the steps for developing the skill.
- 3) Model The Skill
- 4) Practice the skill using real life scenarios
- 5) Provide feedback and reinforcement

Lets use the skill decision-making for an example in the health ed classroom setting with the scenario. A student was at a party and saw a friend passed out after drinking at a party. The students have already been taught the steps to the skill... Stop, Think, Choose.

I have modeled the skill in various scenarios. They all practiced and performed skits of various decisions. Now provide feedback and reinforcement: The options were A) do nothing B)give the friend coffee C) call 911 D) call their parents. Students typically answer A or B even though they know it should be C but are afraid of getting themselves in trouble. Knowing what the SHOULD do is typically not the same as what they WOULD do. Knowledge alone isn’t going to stop that from happening. This skill should be continued to be developed throughout every unit taught.

Skills-Based is not just about aligning curriculum with skills - you need to teach through

modeling, observation and social interaction (WHO 2003) - implement with student-centered strategies. Decrease teacher-directed content and increase amount of time students actively engaged.

Students need functional Information - info that is relevant, usable and applicable (Benes and Alperin 2016) It is the need to know information about a health topic - For example in a nutrition unit...what do students need to learn about nutrition to make healthier choices....in our classroom we feel nutrient dense food knowledge provides more value for them, not learning about the digestive system.

Thank you for your time and I hope to see these standards adopted for Ohio. Content changes, skills are forever. Our kids are worth the investment.

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