

House Bill 165—Opponent Testimony  
House Primary & Secondary Education Committee  
June 18<sup>th</sup>, 2019  
Barry Sheets, Legislative Consultant, Ohio Adolescent Health Association

Chairman Blessing, Vice Chairman Jones, ranking member Robinson and members of the House Primary and Secondary Education Committee, thank you for offering the opportunity to share concerns over the proposed House Bill 165, which seeks to require the formation of health education standards for Ohio's schools.

I speak to you today on behalf of a number of organizations who are very interested and involved in the issue of improving health education and its delivery in our schools. The Ohio Adolescent Health Association (OAHA) is a coalition of non[-profit educational organizations that provide risk avoidance and healthy relationship education in our schools. Ohio Values Voters, Inc. is a public interest non-profit which has undertaken an ongoing project researching how our schools provide health and venereal disease education programming required by Ohio law.

We are all concerned about providing opportunities for our children to maintain health and wellness. House Bill 165's sponsors point out that Ohio is the only state that has not adopted a set of standards for health education among the 50 states. There are a number of reasons why the state has chosen a different path. In actuality, Ohio places specific educational standards, outcomes and curricular requirements for many health topics directly in statute rather than in more generic models, standards, etc. If you look to the attached information from OAHA, there is a partial list of the specific health topics the General Assembly has believed are significant and important enough to be mandated by state law.

First of all, and directly to a major point of concern with this bill, is that Ohio's experience over the last 25 years has been that parents are deeply concerned over what type of content and how such content is delivered in the sensitive area of personal health behaviors to our K-12 students. This concern has manifested each time controversial proposals have been offered, and once culminated in an historic event: Ohio's legislature rejecting a million-dollar grant from the federal Centers for Disease Control to teach venereal disease education utilizing recommended curricula from the CDC which parents found to be offensive and agenda-driven. Ohio was the only state to reject this funding, due to parental concern.

That concern then led over time to the statutory requirement that any adoption or revision of standards or curriculum in this subject matter must be approved by both house of the General Assembly through concurrent resolution, allowing the elected representatives of the citizens of Ohio to certify that such policies will be in harmony with the statutory requirements and reflect general consensus on subject matter and age appropriateness. Unfortunately, House Bill 165 would strip such protective oversight from the directly elected representatives of Ohio parents. We believe that this is an unwise provision of this bill.

Next, the bill requires the State Board of Education to adopt the most recent national health education standards, which was last updated in 2007, developed by an organization that is no longer in existence. As we are aware however, these standards are actually now a project of the federal Centers for Disease Control and can be found on their website. The alternative is for the State Board to develop Ohio

standards that must be based on the national health education standards, which are those found on the CDC's website. In essence, it's really only one option: adopt the national standards.

This provision essentially makes local stakeholder input in developing any potential standards a platitude, should the Legislature determine that such action really is necessary, as the ultimate standards will be driven by national groups and the federal Centers for Disease Control. This is also counter to Ohio's long experience in creating Ohio-based standards in other curricular topics.

It has been noted that proponents are concerned over Ohio's 46<sup>th</sup> place showing in "health value". However, nothing in testimony or in the legislation itself shows a cause-effect relationship between adopting these national health standards and improvements in health outcomes or "health value". If that were the case, wouldn't Ohio rank 50<sup>th</sup> as we are the only state not to have such standards in place currently?

Additionally, if this is a major driving force in this legislation, then it raises questions regarding why the bill has a provision that mandates creating a mimicking of the national standards but then makes the adoption of such standards down to the schools voluntary. Given that provision, it seems that the schools and districts already have the ability to follow and shape curriculum around these national standards, and their scope and sequence frameworks which are also spelled out, simply by visiting the CDC's website and downloading the lists there.

Ultimately, House Bill 165 appears to be a proposal that would push Ohio to adopt non-Ohio-based standards, to remove protections and oversight of the Assembly in a highly sensitive and often controversial subject area, and ultimately send a signal to local schools that they have no obligation to view these standards as more than suggestions.

We would respectfully ask the members of this committee to move on from this proposal and not vote to move this legislation further in the process.

Thank you for your attention to this testimony. I would be happy to take questions of the committee.



## **OHIO ADOLESCENT HEALTH CENTERS** **Empowering Youth, Equipping Parents, Encouraging Educators**

The Ohio Adolescent Health Centers (OAHC) is a 501c3 non-profit collaborative of Ohio educators providing risk avoidance education for Ohio's youth. OAHC empowers youth to avoid risky behaviors including addiction to gaming and social media, alcohol, bullying, dating violence, domestic violence, drugs including opioids, gambling, non-marital sexual activity, pornography, teen pregnancy, and tobacco. OAHC encourages healthy relationships and healthy marriages to strengthen future families and reduce infant mortality.

Our mission is to **empower youth to avoid risky behaviors**, and to make decisions for **optimal** health and healthy future families. Our goal is to reduce **infant mortality**, non-marital teen pregnancy, sexually transmitted diseases and drug use.

- OAHC is a coalition of **10 provider organizations** working in 75 of Ohio's 88 counties.
- OAHC collaborators have been working with Ohio's schools, in some instances, since 1987.
- OAHC collaborators provide **Sexual Risk Avoidance Education** in both public and private schools in Ohio.
- OAHC members will reach over **85,000 students** in Ohio's schools this year. With proper funding OAHC members have reached over 250,000 students annually and served all 88 counties.
- OAHC organizations **fulfill Ohio classroom mandates** in education (per school request):
  - 3313.60(A)(5)(b): Tobacco, alcohol and drugs of abuse prevention education
  - 3313.60(A)(5)(c): Venereal disease education
  - 3313.60(A)(5)(e): Dating violence prevention education and healthy relationships (Tina Croucher Law)
  - 3313.60(A)(5)(f): Opioid abuse prevention education
- OAHC organizations **assist school districts in fulfilling these mandates** (per school request):
  - 3313.666—District harassment, intimidation and bullying prevention policy
  - 3313.667—District bullying prevention initiatives
  - 3319.073—Youth suicide awareness and prevention training and initiatives
- OAHC organizations provide guest classroom instructors who focus on the benefits of refraining from risk behaviors. The classroom education also addresses dating violence, healthy versus unhealthy relationships, social pressures, media influences, and building character. OAHC programming addresses the following **skills and strategies for healthy relationships**:
  - Personal responsibility
  - Self-regulation
  - Goal setting
  - Decision making for optimal health
  - Success sequencing
- OAHC organizations provide this educational component for a reasonable **cost of \$24/student/unit** (a unit is five sessions of classroom instruction at each grade level). ROI reports show millions of dollars saved for Ohio.
- OAHC programs are well-placed to **adapt to changing requirements** for student health education, acting as a one-stop provider for numerous education mandates.

**Contact** Catherine Wood for more information: OAHC, 740-965-2046 (cell 614-804-9469) or  
office@ohioahc@gmail.com