

House Bill 321
Age-appropriate Sex Abuse Instruction
Proponent Testimony

Dr. Kevin Lorson (kevin.lorson@wright.edu)
Professor, Wright State University
Advocacy Chair, Ohio Association for Health, Physical Education, Recreation and Dance (OAHPERD)
308 Nutter Center, 3640 Col. Glenn Hwy, Dayton, OH 45435



Dear Chairman Jones,

Mr. Chairman and other distinguished committee members, thank you for the opportunity to provide testimony for HB 321: Age-appropriate Sex Abuse Instruction. I am a health education and physical education professor from Wright State University, a parent, and a representative of the Ohio Association of Health, Physical Education, Recreation and Dance (OAHPERD). OAHPERD is an organization for over 600 Ohio health and physical education professionals. I am testifying as a proponent of HB 321 and to continue to support our goal of a healthy and physically active Ohio.

I am here today because Ohio's health education teachers are directly impacted by HB 321. OAHPERD's role in this issue is to raise awareness of the importance of school health education, advocate for a healthy and physically active Ohio, and support schools and teachers by providing quality professional development. We encourage and support legislation that will align resources, programming, and initiatives to maximize finite school resources to promote all aspects of health and wellness, including sexual abuse and sexual violence prevention. We support the components of HB 321 to require instruction in age-appropriate sexual abuse prevention and professional development for in-service teachers and professionals. Including sexual abuse and sexual violence prevention education in the current Ohio Revised Code Requirements for health education is appropriate and should be part of all K-12 Health Education Curriculum. Guidance for learning outcomes for these topics can be found in the OAHPERD Health Education Model Curriculum. The OAHPERD Health Education Model Curriculum is a useful tool for local districts and teachers to build a skills-based health education curriculum for students in Grades K-12. We believe effective sexual abuse and sexual violence prevention curriculum is best developed as part of a holistic, comprehensive, and coordinated approach to skills-based health education.

While supporting the bill, we also want to share the current context of health education in Ohio that might influence the impact of HB 321. Ohio is also the **only** state without health education standards. Health education is the **only** required academic content area without standards in Ohio. Currently the General Assembly has oversight for health education, not the Ohio Department of Education. This has led to limited support and guidance for local school districts and teachers to develop effective, relevant, and meaningful health education curriculum. The lack of oversight has led to outdated and ineffective health education with the ORC mandates minimally addressed in Grades K-12. Ohio needs health education standards because our schools need guidance to provide quality, skill-based quality health education. Standards are needed to clarify what students will learn, rather than

what topics we talk about. Standards would promote a skills-based approach to health education that would develop skills that could be applied across topics, issues, or situations. These skills include communication, decision-making, accessing valid health resources and advocating for healthy choices. In sexual abuse prevention this would include the skills to identify a trusted adult help you or a friend, communication skills to share a concern with a trusted adult or demonstrate listening and empathy skills or decisions-making skills to identify safe and healthy choices. The health education you experienced was probably not high-quality, skills-based health education. Many think health education is 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 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%)¹. Teachers lack professional development in key topics and curriculum development, only 29.6% of teacher had professional development in the last two years in alcohol, tobacco and other drugs². HB 165 or SB 121 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.

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-8². Students who receive middle school health education typically receive one quarter (9 weeks) or one semester (18-weeks) in one grade level¹. 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.

I will also share many health education teachers and school administrators express frustration with the current approach to health education legislation in Ohio. The Ohio General Assembly has oversight of health education standards. The General Assembly has frequently added to the list of required topics schools must address in their curriculum. While these requirements highlight important topics, the requirements do not clarify what students should learn within these topics. This approach is crisis driven and suggests curriculum only addresses a topic without concern for student learning. The approach to legislating health education diminishes local control by the General Assembly dictating what is included in local curriculum rather than selecting topics or issues that best meet the needs of students, families and communities. 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.

OAHPERD will continue to support the efforts of HB 321 by providing quality health education curriculum using the OAHPERD Model Curriculum as a tool to develop local curriculum and guide professional development for sexual abuse and sexual violence prevention. We hope you recognize the gap between legislated mandates for health education and implementation in schools. The General Assembly must act on legislation and policy to support quality health education in grades K-12 through a skills-based curriculum aligned with the standards. Even greater benefits can be achieved by adopting a Whole Child, Whole School, Whole Community approach and continuing to support efforts that support Student Wellness and Success. These efforts would be enhanced by the creation of a Center that would facilitate professional development and provide technical support to schools and health education as we continue the state's efforts to create healthy schools for Ohio's future. We also encourage the General Assembly to consider how to support initiatives, including SB 121 or HB 165, to attack these issues from a strategic, comprehensive angle.

Thank you for your time and consideration,

Kevin Lorson
OAHPERD Past-President, Advocacy Chair
Professor, Wright State University

¹ Raffle, H., Ware, L., Lorson, K., Blinsky, B., & Wainwright, A. (2019). A profile of the current state of school health education in Ohio. *Future Focus*, 39, 1, 22-32.

²Ohio Department of Health. (2015). 2014 Ohio School Health Profiles Summary: An Overview of Ohio Middle and High School Health Policies and Programs. Columbus, OH: Author.