

Senate Bill 121  
Ohio Health Education Standards  
Proponent Testimony

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Dear Senate Education Committee,

Chairwoman Lehner and Senate Education committee members, thank you for the opportunity to provide proponent testimony for SB 121. I am a health and physical education professor from Wright State University, a parent, and a representative of the Ohio Association of Health, Physical Education, Recreation and Dance, an organization of over 600 of the state's health and physical education professionals. I have testified to this committee multiple times to share the importance of health education standards and we're back to share reasons why Ohio should finally become the 50<sup>th</sup> state with health education standards. My goal today is to demonstrate a reason why you should "do something" to support a healthy Ohio.

#### **Why health education standards?**

##### **Improving the health of Ohio**

Quality school health education is one component in the drive to improve the health of Ohio by developing our students' skills to demonstrate healthy behaviors. A healthy Ohio would maximize resources, save money, increase health outcomes, and increase productivity. The specific reason "why" Ohio needs health education standards has changed over the years. When I first met with Senators in 2016 the "why" was opioids, then it became suicide prevention, and now it is vaping and mental health. It's time to change the state's approach to health education, instead of chasing the next crisis or trendy topic, let's focus on building skills that transfer across these health topics and to whatever may come next. If we expect people to be personally responsible for their health, it is essential that we effectively teach our students the skills to be healthy. Ohio ranks in the lower quartile in almost every state health ranking, making it nearly impossible to justify the lack of state standards. Clearly, our current approach to school health education is ineffective.

##### **Alignment with Current State Policy and Priorities.**

The health of Ohio's children has never been supported to the extent we are seeing today. The Governor and this General Assembly prioritized children's health with the \$675-million dedicated to Student Wellness and Supports and an additional \$20-million to prevention in HB 166. The funding aligns with the Ohio Department of Education Strategic Plan #EachChildOurFuture which emphasizes a whole child approach and includes health education as part of a well-rounded education. The Governor's RecoveryOhio Advisory Council in Recommendation #23 prioritized the need for health standards. The Governor has also reinforced the need for K-12 drug prevention education that focuses

on making healthy decisions, including, most recently at Thursday's Resiliency & Pediatric Mental Health Summit in Dayton.

Health education standards would be a complimentary and essential piece to the resources dedicated to schools in HB 166. Student Wellness and Success funds are primarily focused on services. We must continue to invest in prevention and health education curriculum that provide universal benefits to all students to reduce the reliance on treatment and services. If we fail to teach our children to be healthy, you can expect to continue to dedicate additional resources to support treatment and services. Health education standards are a relatively cost-free investment to enhance an already existing resource in schools. Health standards would clearly outline what students will learn in health education to develop positive health behaviors. Health education standards would be another essential ingredient in the state's efforts to support the whole child, social emotional learning, school health and student wellness. Clear health education learning outcomes will align the work of our education, health and community partners to maximize resources and reinforce essential skills that will have a positive impact on Ohio's future.

### **Health Education Teachers need guidance.**

Ohio is also the only state without health education standards. Health education is the only required academic content area without standards in Ohio. It is embarrassing that health education standards are possible in 49 other states, and not Ohio. Ohio needs health education standards because our schools need guidance to provide quality, skill-based quality health education. Traditional health education, that most of us were provided, was focused on learning the facts about your body, why drugs are bad for you, the nutrients in foods and other knowledge about how to be healthy. Standards-based health education, would focus on the skills needed to make healthy decisions. Knowing isn't enough, we need the skills to make healthy choices.

SB 121 will send a message that health education is important to Ohio's future. Currently the General Assembly has oversight for health education. The Ohio Department of Education does not have a health education curriculum consultant, the only content area without a consultant in the Department. Support for Ohio's schools are limited to the guidelines outlined in Ohio Revised Code. This lack of guidance and support has left health education as an ignored content area. Teachers are not supported to develop local curriculum, thus many schools fail to address the General Assembly requirements. 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%)<sup>5</sup>. Further, teachers lack professional development in key topics and curriculum development. An Ohio Department of Health 2015 study found only 29.6% of teacher had professional development in alcohol, tobacco and other drugs over the previous two years.

Health education curriculum in Ohio continues to operate in crisis mode. The General Assembly consistently passes bills requiring schools to teach about the crisis of the day or a special interest topic, hoping addressing the topic is just enough to feel we've done something to help. The reality is the requirements have not been implemented, and even if they were they would have little to no impact on health education, because the requirements provide no expectation for learning outcomes. Standards can align these special interest areas, avoiding the fight for time within health education, and we refocus our attention on a comprehensive and aligned approach. An approach that develops the skills needed to be healthy.

OAHPERD does not have a preference on whether the General Assembly or ODE has oversight of health education standards. If the General Assembly is to maintain oversight, we request the General Assembly meet their responsibility to provide additional support and guidance to Ohio's schools by developing standards that promote skills-based health education in Ohio or provide a directive to ODE to provide additional support to local districts.

SB 121 is essential because state guidance will ignite efforts to support districts and health education teachers through local professional development. The bill will also encourage resources needed 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.

SB 121 respects local control while providing guidance to local districts. The health education standards would be permissive. Standards are learning outcomes, not a substitute for local decision making and curriculum. Districts and teachers would still have to complete a process to develop a K-12 health education curriculum that meets local needs. OAHPERD recently published the OAHPERD Health Education Model Curriculum to support the development of local curriculum. The Model Curriculum provides learning outcomes, priority charts, and content frameworks to support local curriculum development. The Model Curriculum is just a framework and a tool, districts must develop their local curriculum and teachers would still have to develop their own lesson plans that align with the standards. If there was a question as to whether the state standards and OAHPERD Health Education Model Curriculum would conflict with current ORC requirements for sex education, please see the Archdiocese of Cincinnati Curriculum for an example of how the standards work in an abstinence only approach.

**Our students need quality, skills-based health education.**

Despite clear requirements in Ohio Revised Code, most schools are not meeting the health education requirements and effective health education remains absent from most students' educational experience. Most of Ohio's students receive limited instruction in Grades K-5, some health education in middle school, and one semester their freshman year of high school. Only 60% of middle school students are receiving health education despite the requirement for schools to have a health education curriculum in Grades K-8<sup>5</sup>. High school students are required one semester (60 hours) of health education to meet the graduation requirements.

To summarize, we're hoping students have the knowledge and skills to be healthy when a majority of students are receiving a little more than semester of health education in Grades K-12. We are not here to change those requirements, but to create an awareness that we must be effective, efficient, and focused on skills with the limited amount of allocated time. Standards will focus our attention on key learning outcomes and align our efforts across topic areas maximize the limited resources. Health education is the environment in which students have opportunities to practice skills needed to access valid and reliable health information, set achievable health goals, make healthy decisions, use products effectively, and advocate for their own health. A health education curriculum should be comprehensive, focusing on the physical, mental, social, and emotional aspects of health. Young people should have the opportunity to learn and practice these content and skill standards through school health education courses offered each year. When students are equipped with the knowledge and ability to analyze, interpret, and access health information, services, and products in ways that are health-enhancing, they will likely lead safer, healthier, and more productive lives.

School health education can motivate students to improve and maintain their health, prevent disease, and reduce risky behaviors. Health Education curriculum should align with these eight standards, aligned with the [National Health Education Standards](#) (NHES):

**Standard 1: KEY CONCEPTS** — comprehend concepts related to health promotion and disease prevention.

**Standard 2: ANALYZING INFLUENCES** — analyze the influence of others, culture, media, technology on health.

**Standard 3: ACCESSING VALID & RELIABLE HEALTH RESOURCES** — access valid information, products and services.

**Standard 4: INTERPERSONAL COMMUNICATION SKILLS** — use interpersonal communication skills to enhance health and avoid or reduce health risks.

**Standard 5: DECISION-MAKING SKILLS** — use decision-making skills to enhance health.

**Standard 6: GOAL-SETTING SKILLS** — use goal-setting skills to enhance health.

**Standard 7: SELF-MANAGEMENT SKILLS** — demonstrate health-enhancing behaviors to avoid or reduce health risks.

**Standard 8: ADVOCACY SKILLS** — advocate for personal, family, and community health.

The NHES were first published in 1995 by the Joint Committee on National Health Education Standards. The committee members included experts from the American Public Health Association, American School Health Association, and the Society of Health and Physical Educators, with the support of the American Cancer Society. Over the last decade, the NHES has become the accepted reference in school health education and represents the framework for 49 other states. The NHES were reviewed and revised beginning in 2004, with the updated NEHS released in 2007. The OAHPERD Model Curriculum is an accompanying resource that can help schools select and develop appropriate and effective curricula and improve the delivery of health education.

As I wrap up my testimony a few reminders about SB 121 and health education standards.

- Standards identify clearly the expectations for student learning, a necessary tool for schools to plan a comprehensive and developmentally appropriate skill-based health education curriculum.
- Standards are needed to facilitate the shift in focus from only knowing about health to demonstrating skills that lead to health literacy.
- 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. Consult the OAHPERD Health Education Model Curriculum to see the vision for health education standards in Ohio.
- 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.
- After the standards are developed, the OAHPERD Health Education Model Curriculum will be refined to align with the new Ohio Health Education Standards.
- Standards protect and enhance local control. Health Education Standards are permissive. Districts construct their own curriculum to meet local needs. Teachers then 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. We do ask the state a curriculum consultant similar to every other content area.
- There will be NO change in existing legislation for venereal disease or other required topics outlined in ORC. The current ORC requirements are supported with the adoption of health education standards.

It is urgent the General Assembly “do something” to support the creation of health education standards that will provide the guidance schools and focus attention on building skills-based health education curriculum that supports a healthy Ohio.

Thank you for your time and consideration,

A handwritten signature in black ink, appearing to read "K. Lorson". The signature is fluid and cursive, with a large initial "K" and a long, sweeping underline.

Kevin Lorson  
OAHPERD Past-President, Advocacy Chair  
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