

Ohio Senate Education Committee
Testimony of Melanie Elsey
SB 121
December 3, 2019

Chairman Lehner, Vice Chair Brenner, Ranking Member Fedor, and members of the Senate Education Committee, I appreciate the opportunity to explain concerns with the elimination of legislative oversight of health education standards promulgated by SB 121.

My name is Melanie Elsey. Twenty-one years ago I was involved in the effort to establish the provision in law that is subject to repeal. Since most of you were not serving in the Legislature at that time, it may be helpful to provide the specific reasons this curricular area of study was selectively determined to warrant legislative oversight.

In 1998 the State of Ohio entered into a contractual agreement with the Centers for Disease Control and Prevention to utilize a federal grant to deliver federally approved “Responsible Sexuality Programs-that-Work” statewide. This was initiated through a Train the Trainer strategy, which began August 17-19, 1998 with the training of 80 tier-I trainers. Each was required to sign an agreement to train 20 tier-II community, parent, and/or school educators to deliver the programs.

The federally approved programs (which incidentally fit nicely within each of the 8 national health standards) were “Be Proud, Be Responsible”, “Becoming a Responsible Teen”, and “Reducing the Risk: Building Skills to Prevent Pregnancy, STD, and HIV.”

These programs were packaged as abstinence-based, comprehensive sexuality programs designed to enable students to demonstrate their abilities to:

1. Identify and use decision making processes, solve problems, set (health) goals;
2. Access, evaluate, and use (health) information, products, and services;
3. Imitate, evaluate, and refine performance of skills;
4. Reassess, articulate, reframe, question, communicate and advocate
...across 8 sub-content areas including disease prevention and control.

All of the tangible materials provided in the training were geared to this particular area of instruction and exceeded SB 121’s exempted topic of venereal disease instruction.

These broad outcome statements are not detailed enough to know what would actually be presented to the students. So it is important to look inside the box.

Be Proud! Be Responsible!

Strategies to Empower Youth to Reduce Their Risk for AIDS

(Loretta S. Jemmott Ph.D., John B Jemmott III, Ph.D., and Konstance A. McCaffree, Ph.D., Select Media Inc., New York, NY, June 1996)

This curriculum was geared to middle school students.

It’s stated intent is to help students “reduce their risks” by recognizing “attitudes and beliefs that facilitate participating in risk-associated behaviors”; by developing “a sense of self-efficacy or the belief that one can engage in the desired behaviors”; by developing “a sense of pride and responsibility in acquiring and demonstrating HIV-preventive behaviors.”

“Three types of outcome expectancies or behavioral beliefs are emphasized.”

1. Prevention Belief - “The belief that behaving in a specific manner will prevent a negative outcome.” (e.g. use of condoms reduce risk of STDs)

2. **Hedonistic Belief** - “Such beliefs are influenced by personal satisfaction and gratification. People engage in sexual activities for a variety of reasons, including sexual enjoyment.”
3. **Partner-Reaction Belief** - “...individual’s perception of his or her partner’s attitudes about engaging in particular sex practices.”

Sample of lessons/activities:

* Role play: “Tell it to Tyrone”: Sexual Health Advice Hotline

Question asked of Tyrone - Is oral sex safe?

The response describes for middle school students how to make their own homemade dental dam as a contraceptive for oral sex and describes specifically how to use it.

* Lesson/Activity: “How to Make Condoms Fun and Pleasurable”

This is a group discussion on how to make condom use more pleasurable by using it as a method of foreplay, thinking up a sexual fantasy using condoms, hiding it on your body and asking your partner to find it, etc...

It finishes with - “Once you and your partner agree to use condoms do something positive and fun. Go to the store together. Buy lots of different brands and colors. Plan a day when you can experiment. Just talking about how you will use all of your condoms will be a turn on.”

When legislators reviewed the student materials, the terms of agreement between the ODE and the CDC, and the training materials - a decision was made to amend HB 850 (the capital appropriations bill, Dec. 1998) freeze the federal funds to execute the agreement with the CDC until there were public hearings on these programs. These hearings were subsequently held and the decision was made to return the federal funds at that time and to institute the current language providing oversight on state health education standards.

The bottom line is RC 3301.0718 currently does not prohibit the adoption of state health education standards. The repeal of this section (even with leaving a small portion in place) would only change specific requirements for legislative oversight and transparency through public hearings.

Many of the national performance objectives (intended to be implemented) mirror what were in the training materials from 1998 and are highly intuitive. They belong solely at the local level of jurisdiction or decision making.

The sponsors have described that the adoption of health education standards developed by the state board under SB 121 “would be permissive, leaving the decision up to local school districts whether or not to use them.” **This would suggest that SB 121 is completely unnecessary because that is what we have now - under current law. Districts are free to adopt the national health education standards (upon which the state standards would presumably be based).**

I respectfully ask that the repeal and replacement of state policy offered in SB 121 be rejected.

Thank you again for allowing me to share this information. I would be glad to answer any questions you may have.