

Senate Bill 121
Health Education Standards
Proponent Testimony

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Senator Lehner,

Senator Lehner and other distinguished committee members, thank you for the opportunity to provide proponent testimony for SB121: Health Education Standards. This legislation moves forward The Ohio Association of Health, Physical Education, Recreation and Dance's (OAHPERD) goal of a healthy and physically active Ohio.

I have testified in support of this legislation on several occasions. My purpose today is to clarify the key health education curriculum concepts, some of which have been mischaracterized, including standards, model curriculum, and topics. These few key concepts and terms essential for understanding the requirements and for health education curriculum.

I'll try to use the analogy of building a house to explain the key concepts of curriculum, standards, and Ohio's required topics.

Curriculum is the way content is designed and delivered. It includes the structure, organization, balance and presentation of expected or recommended study topics that address content standards and meet local expectations. A health education curriculum would encompass the entire K-12 experience in health education including standards, scope and sequence, assessments, instructional strategies, and topics. In the analogy a curriculum is the entire house. Our ultimate goal is to make this house our home. A local curriculum that best meets the needs of our students, families, and community.

Ohio Revised Code (3313.60) requires each cooperative school district established to prescribe a curriculum for all schools under its control including health education. ORC 3313.60 specifies topics within the prescribed health education curriculum including nutrition, tobacco, venereal disease, personal safety and assault prevention, etc. In health education and other subject areas when we use the word "curriculum," we are describing it as the K-12 course of study within the prescribed curriculum. Other professionals who are topic-focused like Sub HB 123 and HB 321 use the term curriculum to describe the lessons or instructional program that addresses the topic. This prescribed curriculum is similar to the building codes or a homeowners association requiring that your property might look a certain way or include certain aspects for safety and effectiveness. The required topics might limit your ability to locally control some aspects of your home, but it does identify some key things that must be in your house. Some would think the prescribed curriculum is the curriculum or in this analogy, the house, but we need additional guidance to build a structurally sound house and home.

Standards or Academic Standards **Content Standards** (ODE) describe the knowledge and skills that students should attain, often considered the "what" of "what students should know and be able to do." Standards are essential to curriculum development like a blueprint for a house that includes a foundation, floor plan, roof plan, plumbing, etc.

Ohio's Operating Standards (OAC 3301-35-04) provide additional guidance to districts to assure that all students are provided a general education of high quality by developing a course of study for Grades K-12.

A course of study shall include key components of the district's curriculum and instruction this includes:

- (a) A course of study shall be adopted for each subject taught. Each course of study shall:
 - (i) Comply with the provisions of section 3313.60 of the Revised Code;
 - (ii) Align with the school district vision, mission, philosophy, educational goals, and strategic plan;
 - (iii) Specify learning and performance expectations;
 - (iv) Establish a scope and sequence of knowledge and skills to be learned;
 - (v) Provide a way to assess student progress and the need for intervention;
 - (vi) Address the various developmental needs of early childhood, middle childhood, and adolescent through young adult students;
 - (vii) Use technological tools and emphasize inter-disciplinary, real-world, project-based, and technology-oriented learning experiences;
 - (viii) Be guided by Ohio's state-adopted academic content standards;
 - (ix) For career and technical courses, be guided by state board approved career and technical core standards and performance measures.'
- (b) Courses of study shall be reviewed and updated as needed.

Most of the opposition has focused on local control and providing opportunities for public input in the curriculum process. Fortunately, this is a moot point, as OAC Rule 3301-35-04 also provides guidance for districts to develop local curriculum.

"(B) The school district or school shall implement a curriculum and instructional program that is characterized by systematic planning, articulation, and evaluation. The school district's curriculum shall be developed with input from and dialogue with parents, community members, and other stakeholders."

As prescribed, revisions to courses of study must be regular and deliberate. This rule also states that courses of study shall be guided by Ohio's academic content standards. Health education will continue to struggle to develop an effective course of study without SB 121 because it is the only content area that lacks academic content standards. With General Assembly oversight there has been no guidance for schools to develop a local course of study or support for the curriculum development process.

The current pandemic is another powerful illustration of the need for SB 121 to move forward to support quality, skills-based health education. As we return to school next year many teachers and schools revisiting their health education curriculum and other student supports to insure students are healthy, safe, engaged, supported and challenged in the locally determined instructional format. Health education will prioritize teaching students how to reduce the spread of infectious disease in our early lessons. Students will need the skills and basic understandings of how to stop or slow the spread of infectious disease. We will need to remediate and introduce basic personal hygiene and disease prevention skills, including proper handwashing and covering coughs and sneezes. We have also seen the need to reinforce the importance of valid and reliable sources of health information. This is an unprecedented opportunity to increase the skill set that young people have to deal with both the ordinary and extraordinary health events in their lifetime. Attachment 1 outlines the alignment between

the health education standards and within the topic of personal health and wellness. Attachment 2 shares priority topics within the pandemic and the aligned standards students would learn across the topic areas.

To be clear, Ohio needs health education standards because our schools need support to quality, skill-based quality local health education curriculum. 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.

Ohio has attempted to construct a home without a blueprint for a house first. Ohio has identified a number of topics and are even attempting to prescribe how long to teach certain topics (e.g. Sub HB 321), but this approach is the equivalent of not only telling us to build a house but also prescribing how many rooms, the color of paint, and picking out furniture. We have heard testimony from other proponents, opponents and interested parties that attempts to shift to a narrow focus on one issue. We must continue to reinforce the bill does not change existing law or practice regarding sex education in Ohio's schools. Interestingly, advocates for both comprehensive sex education and abstinence-only sex education have provided opponent testimony stating this bill doesn't do enough for them. We have provided examples of how both approaches can utilize the standards to meet their needs.

Unfortunately, the lack of leadership from the Ohio General Assembly has led to a piecemeal, crisis driven-approach to health education. What we have is a disorganized and ineffective plan to support the health of our students. Many districts struggle to meet these requirements without a blueprint or sufficient time to address all of the requirements. We need an extreme make-over home edition to align our efforts around these key skills and learning outcomes to build a lifetime of healthy behaviors. Standards are needed to clarify what students will learn, rather than what topics we talk about. Standards provide the blueprint for the house and the local districts will make it a home with input from stakeholders.

We respectfully ask the General Assembly to meet its legislated mandate to provide oversight to health education and adopt health education standards, or if it is unable to provide support to districts then use SB 121 to give that responsibility to the State Board of Education and the Ohio Department of Education. We urge you to reflect on the information provided today with a clear vision of curriculum and standards and how SB 121 would enhance local control and the health of our future.

Thank you for your time and consideration,

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Attachment 1. Disease Prevention and Personal Health & Wellness.

Disease Prevention	
Standard	Example
Standard 1. Students will comprehend concepts related to health promotion and disease prevention to enhance health.	<ul style="list-style-type: none"> • Build health literacy through the knowledge of disease transmission and prevention. What are infectious diseases? How are they spread? How do we stop the spread?
Standard 3. Students will demonstrate the ability to access valid information, products, and services to enhance health.	<ul style="list-style-type: none"> • Accessing valid and reliable health resources (e.g. CDC, Ohio Department of Health). How to identify valid health resources?
Standard 7. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<ul style="list-style-type: none"> • Handwashing skills (see Handwashing Lessons). • Disease prevention by covering coughs and sneezes.
Standard 8. Students will demonstrate the ability to advocate for personal, family, and community health.	<ul style="list-style-type: none"> • Encouraging others to practice healthy hygiene practices.

Attachment 2. Additional relevant topics within the Pandemic and aligned standards.

Other Aspects of Student Health & Well-Being	
Topic	Example
<i>Mental & Emotional Health</i>	<p><i>Standard 3</i> – Accessing valid health community and school mental health services and resources.</p> <p><i>Standard 4</i> – Communication skills including: empathy; using “I” messages; passive, assertive, and aggressive communication; listening skills; asking for help.</p> <p><i>Standard 6</i> – Goal setting.</p> <p><i>Standard 7</i> – Stress management techniques; managing emotions in appropriate ways; coping with loss and grief.</p> <p><i>Standard 8</i> – encouraging others to use stress management techniques.</p>
<i>Healthy Eating & Physical Activity</i>	<p><i>Standard 1</i> – apply the FITT principles to develop a health-related fitness workout, applying nutritional concepts (e.g nutrients, serving sizes)</p> <p><i>Standard 6</i> – goal setting for daily physical activity and healthy food choices, tracking progress, reflecting and implementing plans.</p> <p><i>Standard 7</i> – food safety; connecting disease prevention and hygiene practices; reading food labels.</p> <p><i>Standard 8</i> – encouraging others to be physically active and to make healthy food choices.</p>
<i>Healthy Relationships</i>	<p><i>Standard 4</i> – Communication skills, internet safety, bullying and empathy.</p>
<i>Alcohol, Tobacco & Other Drugs (ATOD)</i>	<p><i>Standard 1</i> – Impact of drugs, tobacco, and vaping on health, education, relationships, society and future. Awareness of medication safety principles.</p> <p><i>Standard 2</i> – Analyzing the influences that increase (e.g. association with friends who use) the likelihood of using drugs and decrease the likelihood of using drugs (e.g. participation in sports, clubs, and friends who do not use).</p> <p><i>Standard 4</i> – Developing refusal and assertive communication skills to make healthy choices. Demonstrating empathy to those who need support to make healthy choices about drugs, alcohol and tobacco.</p> <p><i>Standard 5</i> – Developing decision-making skills to make healthy choices about drugs and medicines.</p> <p><i>Standard 8</i> – Encouraging others to make healthy choices and use coping skills instead of using alcohol, drugs, and tobacco.</p>