

Chair Lehner, Vice Chairman Brenner, ranking member Sykes and members of the Senate Education Committee, thank you for offering the opportunity to share concerns over the proposed Senate Bill 121, 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 programming required by Ohio law in our schools.

We are all concerned about providing opportunities for our children to maintain health and wellness. Senate Bill 121'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, Senate Bill 121 would work to strip such protective oversight from the directly elected representatives of Ohio parents. This is due to the fact that there are many more areas in the health curriculum where sensitive or controversial concepts may be brought forward than in just the venereal disease education portion.

Additionally, creating two different tracks for how schools will have to handle teaching health (through either a state-delivered set of standards or through local district initiative) creates a devaluing of the importance of teaching venereal disease education. State created standards have historically generated state testing in the subject area. Having a bifurcated standards development means the locally-developed venereal disease education provisions will not be part of future state testing, which means that schools will be indirectly encouraged to lessen the amount of focus on those standards, in order to “teach to the tests”. We believe that this is an unwise provision of this bill.

Next, the bill requires the State Board of Education to adopt standards in the other areas of health. A number of special interest groups are strongly advocating the adoption of the most recent national health education standards, which were last updated in 2007, including your colleagues in the House who have introduced House Bill 165. As you might be aware, these standards are actually now a project of the federal Centers for Disease

Control and can be found on their website. The likely outcome is for the State Board to develop Ohio standards that may be strongly influenced or 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.

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 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 health education standards in place currently?

It seems that now 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 there, simply by visiting the CDC's website and downloading the lists.

Ultimately, Senate Bill 121 appears to be a proposal that would nudge Ohio, through the State Board of Education, to adopt non-Ohio-based standards, and to actually remove protections and oversight of the Assembly in a highly sensitive and often controversial subject area.

We would respectfully ask the members of this committee to move away 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.