

House Bill 572
Behavioral Health Education in Teacher Preparation
Interested Party Testimony

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Dear Higher Education Committee,

Chairman Young and other committee members, thank you for the opportunity to testify as an interested party for HB 572. Specifically, I am here to share perspectives about mental health education in health education and health education teacher preparation. I am a health education and physical education teacher education professor and author of the [Health, Opioid Prevention & Education \(HOPE\) Curriculum](#) and the Behavioral Health Education Lesson Plans (HELPS) Project. Both of those projects provide curriculum and resources to health education teachers in Grades K-12 to enhance healthy behaviors by developing functional knowledge and skills. I have also worked with OMHAS, ODEW, ODH, and ODHE on various committees and advisory groups on school health issues.

My testimony is to raise awareness of the importance of health education, health education teacher preparation, and how we can use a whole school, whole community, whole child approach to enhance our students' behavioral health outcomes. I hope the testimony would create some context for HB 572 as well as guide key questions to consider as we hope to learn more about how best to prepare our teachers and align our efforts to support the whole child. HB 572 is an opportunity to convene stakeholders to consider Ohio's strengths, areas to improve, align efforts, and maximize our resources to realize our potential.

Mental Health Education in Health Education

Together we have a shared goal of a healthy and physically active Ohio where everyone can realize their fullest potential. I am proud that Ohio has many tools, resources, and supports to be sure that each child is healthy, safe, engaged, supported and challenged to realize their potential. We have the Ohio Whole Child Framework (OWCF - [LINK](#)) and Ohio Student Assistance Program ([LINK](#)) that support a comprehensive and tiered system of supports using a whole school, whole community, whole child approach. The OWCF (See Figure 1) has 12 components organized in 4 categories. The four categories are Healthy Behaviors, Healthy School Environment, Health Services, and Parent & Family Involvement that work collaboratively with the whole school and community to enhance the five tenets (healthy, safe, engaged, supported and challenged). The Healthy Behaviors category includes health education, physical education, and social emotional learning. I would like to share additional information about the Healthy Behaviors category, specifically health education.

The state of health education in Ohio is not healthy. Ohio is also the **only** state without health education standards. Health education is the **only** required academic content area in without standards. Currently the General Assembly has oversight for health education and has only provided additional requirements for topics to address within local curriculum ([LINK](#)). The requirements do little to support and guide local school districts and teachers to develop effective, relevant, and meaningful health education curriculum that build skills to enhance healthy behaviors. Standards are needed to clarify what students will learn, rather than what topics we talk about. Standards (See Attachment 1) would promote a skills-based approach that would develop skills that could be applied across topics, issues, or situations.

In behavioral health we ground our work in developing functional knowledge and skills to recognize, reach out and use resources to enhance our health. In a substance use prevention unit the key skills would be communication (e.g. refusal skills), decision-making (e.g. stop-think-choose), analyzing influences on decision-

making (e.g. risk and protective factors), and accessing valid health resources (e.g. trusted adults, community resources). In mental health students will learn to recognize, reach out and use resources. Mental health education targets recognizing our feelings and emotions and reaching out to resources for support. Resources could be a trusted adult, mental health professional, information or community mental health education resource. Both substance use prevention and mental health education share a focus on reducing stigma and barriers to accessing support for our behavioral health.

Multiple surveys of the status of health education in Ohio found that most students receive health education for one semester in 9th grader, approximately 1/2 of middle school students receive health education, and K-5 students receive little health education instruction.^{1,2} The only time requirement for health education is the 60-hour graduation requirement for high schools. No additional time requirement exists for Grades K-8, but schools must provide a curriculum that meets the topics of ORC 3313.60. The lack of standards and oversight of health education has led to outdated and ineffective local health education curriculum that does not always meet best practice or the ORC health education mandates (See Figure 2). The School Health Profiles Study¹ only 70% of districts reported having a written health education curriculum with only 42% of schools updating their curriculum within the last 5 years. The other 58% of districts either have a curriculum older than 5 years (31%) or have no idea where they might find their curriculum (27%).² Teachers lack professional development in key topics and curriculum development, only 42.6% of teacher had professional development in the last two years in alcohol, tobacco, and other drugs.

Ohio does not require schools to teach mental health education. Schools must also meet the requirements for suicide prevention, violence prevention and social inclusion via health education or a minimum of 1-hour of instruction ([LINK](#)). In our most recent survey, we found that over half of the health education teachers did not know how the SAVE Students Act was being implemented in their school. Highlighting the continued need to coordinate health education with school-wide wellness initiatives.

Health Education Teachers and Teacher Preparation

Health education is a multi-age (K-12) license in Ohio. Teacher preparation programs either license teachers in both health and physical education or a physical education license with a health education license requiring additional coursework. In April 2023, the [Ohio Department of Education](#) presented data to the State Board of Education on the significant teacher shortages in all areas of Teacher Education. Health education teachers are leaving the profession at a rate similar to other content areas (ODE, 2023). The report highlighted a significant gap between the number of health education teachers and physical education leaving the profession and newly licensed teachers in the last 5 years. Physical education had a 595-teacher gap between those leaving and joining the teaching profession, while health education had a 393 gap of teachers. It is concerning the limited number of new health education teachers entering the profession. The gap will only grow with the deactivation of undergraduate physical education teacher preparation programs at The Ohio State University, Youngstown State University, and Cleveland State University. A limited number of Ohio's public universities remain to provide an undergraduate degree in physical education with opportunities to add a health education license. Each of those programs have been designated as "low enrollment" program and may join the other deactivated programs. Health education is specialized content area with sensitive topics and limited curriculum supports. Non-licensed or alternative licensed teachers are less likely to deliver skills-based health education that reduces stigma, provides support and access to resources that would enhance healthy behaviors. How will Ohio develop the next generation of high-quality health education teachers?

Teacher Preparation and Behavioral Health

All teacher candidates are required to receive instruction in opioids and other substance abuse prevention. Wright State University has provided an opioid module for other teacher education programs at Wright State and Cleveland State. An initial review of the assessment data shows that candidates feel more confident in recognizing student needs than they are reaching out and using resources.

Recognizing the growing needs of our students and prioritizing the whole child, Wright State requires each teacher candidate to complete Mental Health First Aid during their preparation program. Early childhood candidates receive instruction in our HED 3310 course to enhance healthy behaviors and apply the Ohio Whole Child Framework. We are currently examining all teacher preparation programs as we consider how best to maximize student success through a whole school, whole community, whole child approach.

A Whole School, Whole Community Approach

We must apply the Ohio Whole Child Framework to engage in a coordinated approach of instruction, services and supports so every student is healthy, safe, engaged, supported, and challenged to achieve their fullest potential. Using the OWCF I would expand the audit to include the preparation of school health staff including school social workers, school counselors, school psychologists, and school nurses. I would also encourage the General Assembly to explore funding school health or whole child coordinators to implement the coordinated whole child approach.

Thank you for your time and consideration,



Kevin Lorson

Professor, Health and Physical Education Teacher Education

References

¹Center for Disease Control and Prevention. *School Health Profiles 2020: Characteristics of Health Programs Among Secondary Schools*. Atlanta: Centers for Disease Control and Prevention; 2022.

²Raffle, 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.

Figure 1. Ohio Whole Child Framework



Figure 2. Student Assistance Program (SAP)

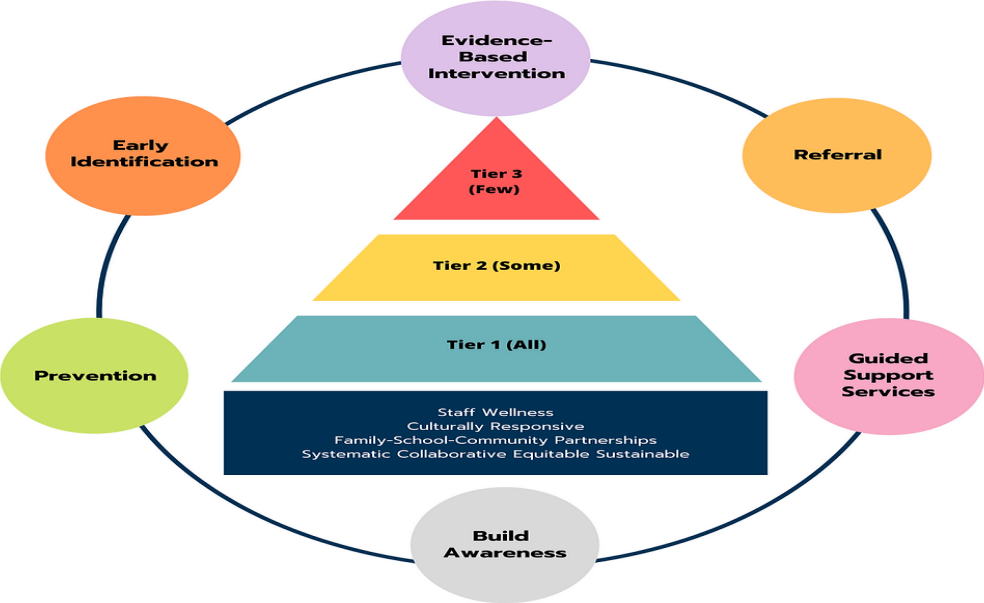


Figure 3. Curriculum materials provided by the district

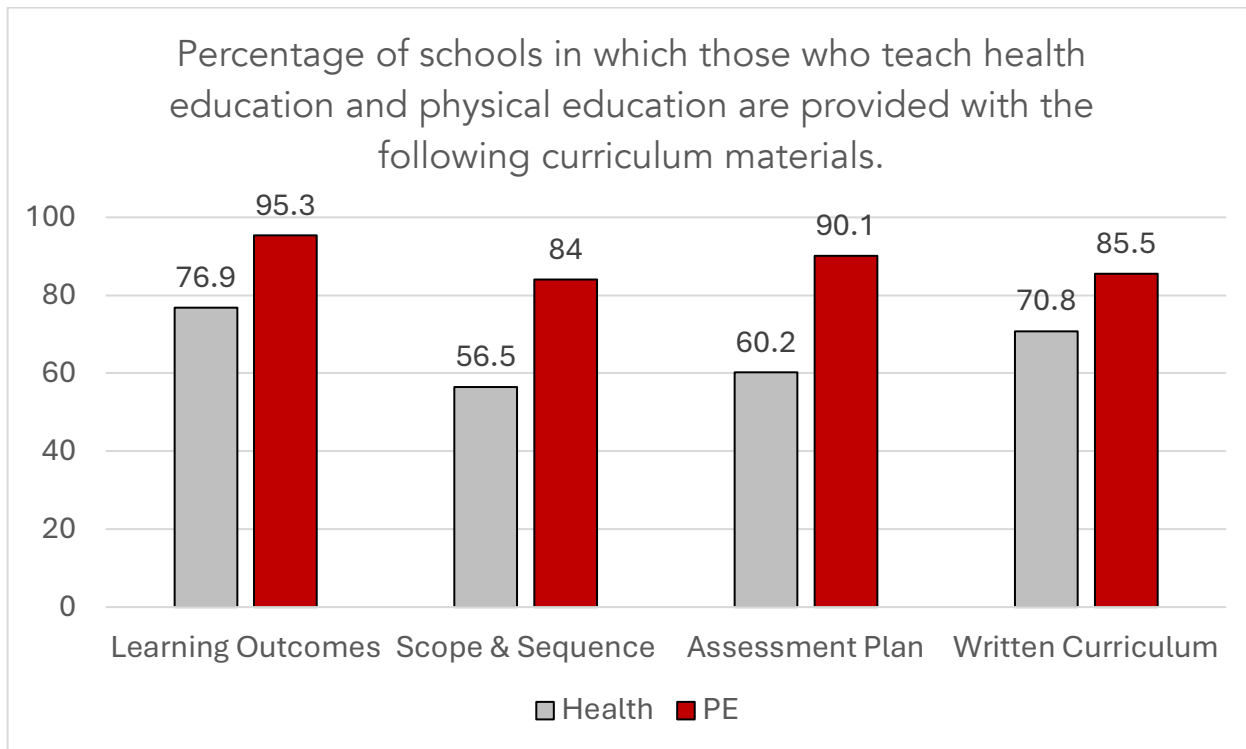
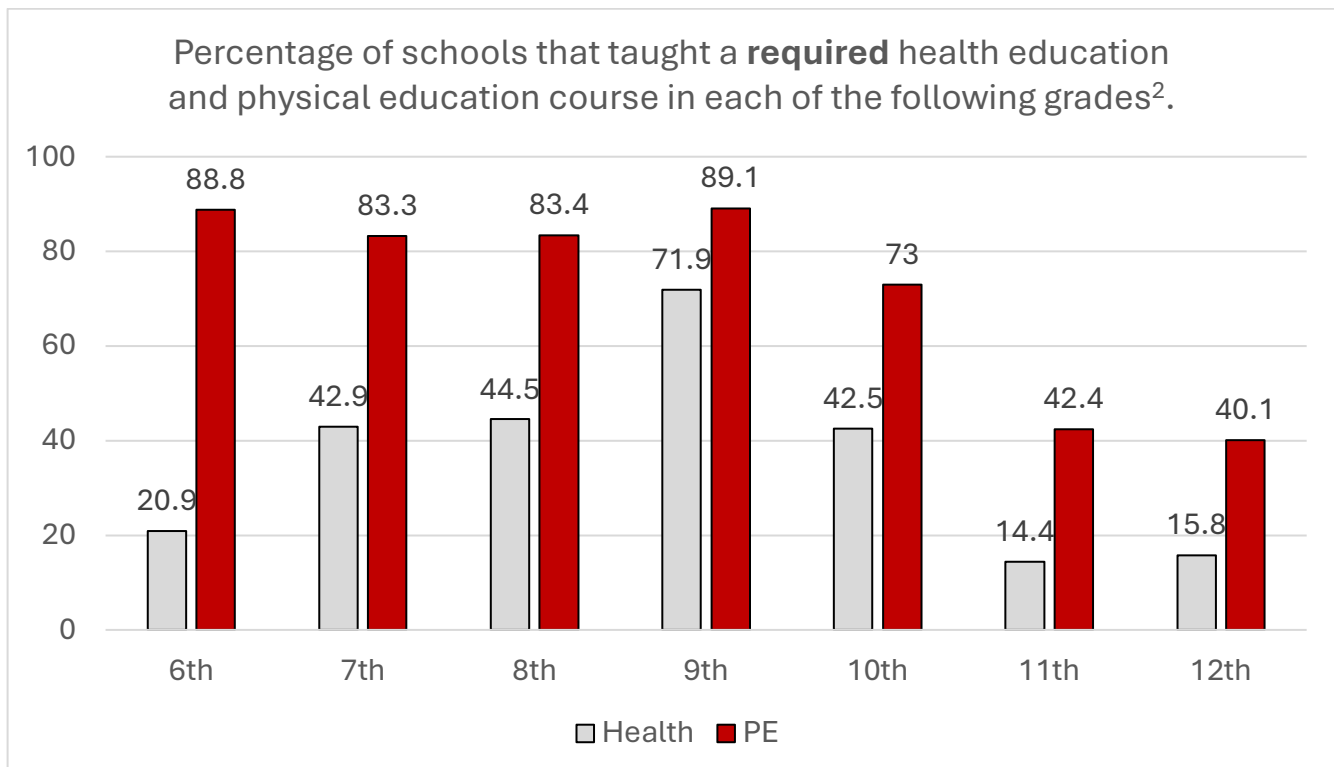


Figure 4. Course offerings for health education and physical education in Ohio



Attachment 1. Example Learning Outcomes for Mental Health Education

1. **KEY CONCEPTS*** – comprehend concepts related to mental health including recognizing feelings, emotions, mood; overwhelming feelings and urgent warning signs; stress; and mental health conditions.
2. **ANALYZING INFLUENCES** – analyze the influence of others, culture, media, technology on our mental health.
3. **ACCESSING VALID HEALTH RESOURCES ***- access valid information, products, and services including trusted adults, mental health professionals, community resources and supports.
4. **INTERPERSONAL COMMUNICATION SKILLS*** - use interpersonal communication skills to enhance health and avoid or reduce health risks including asking for help and demonstrating empathy.
5. **DECISION-MAKING SKILLS** - use decision-making skills to enhance health.
6. **GOAL-SETTING SKILLS** - use goal-setting skills to enhance health including managing time.
7. **SELF-MANAGEMENT SKILLS** – demonstrate health-enhancing behaviors to avoid or reduce health risks including stress management and regulation.
8. **ADVOCACY SKILLS** - advocate for mental health (personal, family, and community) by reducing stigma and removing barriers to resources and supports.