House Bill 230
Fentanyl Prevention Education
Interested Parties Testimony

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Dear Homeland Security Committee,

Mr. Chairman and other committee members, thank you for the opportunity to testify as an interested party for HB 230. Specifically, I am here to speak about the potential amendments involving ORC 3313.60 (Fentanyl Awareness Education). I am a health education and physical education professor from Wright State University, a parent, representative of the Ohio Association of Health, Physical Education, Recreation and Dance (OAHPERD) and author of the Health, Opioid Prevention & Education (HOPE) Curriculum.

My testimony is to raise awareness of the importance of skills-based health education, give voice to health education teachers on pertinent legislation, advocate for a healthy and physically active Ohio, and support schools and teachers by providing quality resources and professional development. We encourage and support legislation that will align resources, curriculum, programs, and initiatives to maximize finite school resources to promote all aspects of health and wellness including substance use prevention. My testimony provides insight regarding the impact of this bill on our students and teachers, as well reminding the committee about the persistent unaddressed need to support quality health education by becoming the 50th state to adopt health education standards. I am supportive of efforts to provide a whole school, whole community, and whole child approach to prevent substance use and the harmful of effects of fentanyl. I am here to push back against any additional requirements for health education teachers without addressing the underlying factors impacting health education. Ohio already requires instruction of opioid and substance use prevention in ORC 3313.60. The proposed amendments are repetitive to existing ORC and violate the principal of local control. The current health education requirements in ORC 3313.60 would address fentanyl prevention (see "(g) Prescription opioid abuse prevention, with an emphasis on the prescription drug epidemic and the connection between prescription opioid abuse and addiction to other drugs, such as heroin"). Additionally, ORC 3333.0414 already "requires teacher education programs to include instruction in opioids and other substance abuse prevention." Wright State University and Ohio State both provide these modules for teacher education programs.

Together we have a shared goal of a healthy and physically active Ohio where everyone can realize their fullest potential. I would like to share additional context and suggestions of how the General Assembly could support schools, health education, and our students. Ohio is also the **only** state without health education standards. Health education is the **only** required academic content area without standards in Ohio. Currently the General Assembly has oversight for health education and has only provided additional requirements for topics to address within local curriculum. The requirements do little to support and guide local school districts and teachers to develop effective, relevant, and meaningful 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. In opioid prevention the key skills would be **communication, decision-making, accessing valid health resources and advocating for healthy choices**. A standards-based, skills-focused curriculum would shift the burden from the specific details about fentanyl, that might not be essential for each student, to a focus on functional knowledge that is applied with skills to demonstrate healthy behaviors.

To consider additional requirements for health education, you must understand the current context for health education including course offerings, curriculum, and oversight. Additional requirements would have little impact when you consider how little health education students receive. The only time requirement for health education is the 60-hour graduation requirement for high schools. There is no additional time requirement for Grades K-8, but schools must provide a curriculum that meets the topics of ORC 3313.60. The School Health Profiles (see Figure 1) as well as my research shows 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.

Additionally, there is lack of oversight for the implementation of the topic requirements. Only one topic, venereal disease, has a reporting requirement to the Department of Education. 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 Study[1] only 70% of districts reported having a written health education curriculum. A 2018 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%).[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. The driving force behind effective health education curriculum are standards. We have seen the positive impact of state standards for physical education (See Figure 2) where 85.5% of districts reported a physical education curriculum, we expect similar success for health education when we adopt standards.[1] Health Education in Ohio needs health education standards because our schools need guidance to provide quality, skill-based quality health education that leads to healthy behaviors.

We assert the General Assembly's approach to continue to expand the Ohio Revised Code Requirements (ORC) for health education is untenable and local districts should determine the topics and instructional strategies that produce a curriculum that is meaningful and relevant to their students' needs. Consistently ORC 3313.60 highlights curriculum topics but fail to clarify what skills students should learn within these topics. This topic-driven approach has not included health education teachers and has resulted in a crisis-driven, outdated curriculum that suggests health education is only about addressing a topic without concern for student learning. HB 230 amendments are a missed opportunity to provide guidance that would ignite efforts to support districts and health education teachers through professional development and resources to update local curriculum towards a skills-based approach to health education. Skills, along with functional health knowledge, are key to promoting sexual abuse prevention.

As the General Assembly continues to add topic requirements, understand that these state mandates are not implemented because of limited time and resources for health education. We would like the committee and members of the General Assembly to understand the time required for health education is limited to 60-hours in high school and very little allocated time to Grades K-8. As the General Assembly continues to increase the topic requirements there must be thoughtful consideration of expanding health education to at least 120 hours in high school and strategies to expand health education in Grades K-12. We

must develop policy that applies 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.

A Whole School, Whole Community Approach

Adopting a skills-based approach aligned with the National Health Education Standards is an essential ingredient developing a lifetime of healthy behaviors. HB 230 in its current format missed an opportunity to adopt a whole school, whole community approach. We believe effective substance use prevention curriculum is best delivered as part of a holistic, comprehensive, and coordinated approach to skills-based health education. A whole school, whole community approach aligned with the Ohio Whole Child Framework would not only prioritize health education but also coordinate the substance use prevention efforts to include parent engagement and community involvement. Parent education would be an important element to support, reinforce, and practice the skills learned in health education. Community involvement is essential in prevention efforts, developing trusted adults, and providing access to community resources that promote healthy, safe, engaged, supported, and challenged students. The impact of HB 230 would be greatly enhanced by looking at policy that would require schools to develop a standards-based, skills-focused K-12 health education curriculum supported by a whole school, whole community approach.

OAHPERD will continue to support quality health education by using the OAHPERD Model Curriculum to develop local curriculum and guide professional development for substance use prevention. We hope you recognize the gap between legislated mandates for health education and implementation in schools. The General Assembly must act on legislation and policy to support quality health education in grades K-12 through a skills-based curriculum aligned with the adoption of health education standards. Even greater benefits can be achieved by adopting a Whole Child, Whole School, Whole Community approach aligned with the Ohio Whole Child Framework, so students are healthy, safe, engaged, supported, and challenged to achieve their fullest potential.

Thank you for your time and consideration,

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References

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

[2] Raffle, 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. Curriculum materials provided by the district

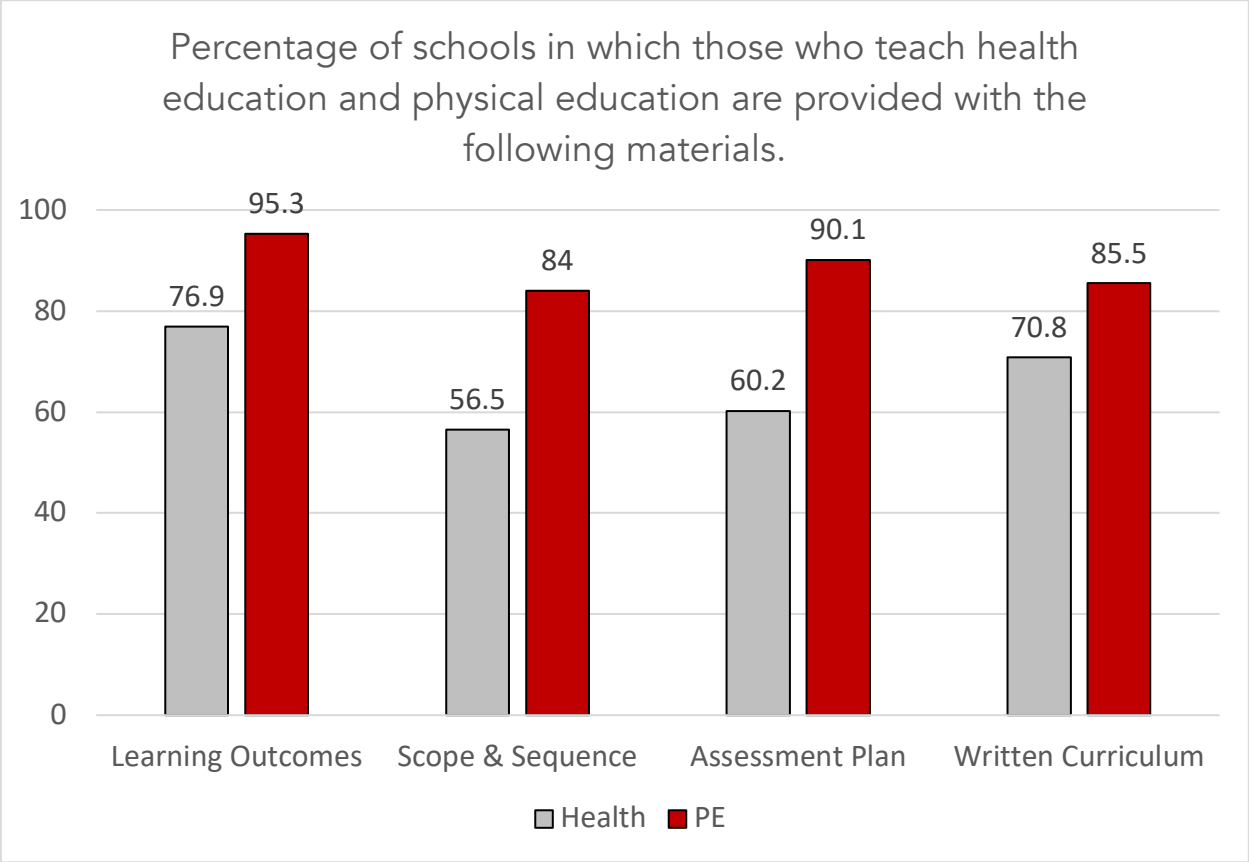
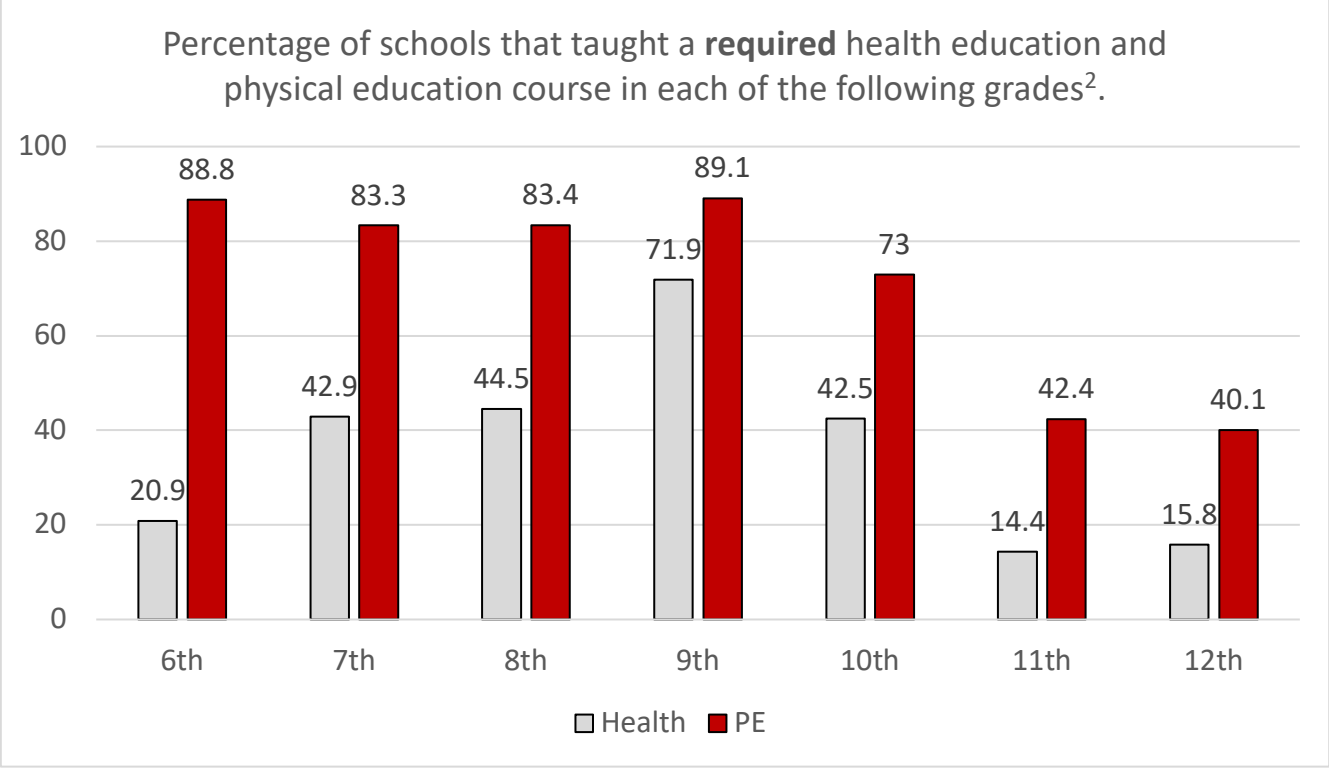


Figure 2. Course offerings for health education and physical education in Ohio



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Attachment 1. Example Learning Outcomes for Substance Use Prevention

1. **KEY CONCEPTS*** – comprehend concepts related to health promotion and disease prevention.

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

3. **ACCESSING VALID HEALTH RESOURCES *** - access valid information, products, and services.

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

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

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

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

8. **ADVOCACY SKILLS** - advocate for personal, family, and community health.