

Sub. H.B. 123
School Security & Youth Suicide Awareness/Training
Interested Party Testimony

Dr. Kevin Lorson (kevin.lorson@wright.edu)
Professor, Wright State University
308 Nutter Center, 3640 Col. Glenn Hwy, Dayton, OH 45435
Advocacy Chair, Ohio Association for Health, Physical Education, Recreation and Dance (OAHPERD)



Dear Senate Education Committee,

Chairwoman Lehner and members of Senate Education committee, thank you for the opportunity to provide interested party testimony for Sub HB 123. I am a health and physical education professor from Wright State University, a parent, and a representative of the Ohio Association of Health, Physical Education, Recreation and Dance (OAHPERD), an organization of over 600 of the state's health and physical education teachers. I am here today because school health education and health education teachers are directly impacted by Sub HB 123. OAHPERD's role in this issue is to raise awareness of the importance of school health education, advocate for a healthy and physically active Ohio, help to build consensus about how health education can support mental and emotional health, and support schools and teachers by providing professional development. We encourage and support legislation that will align resources, programming, and initiatives to maximize finite school resources to promote all aspects of health and wellness, including mental and emotional health.

HB 123 is well-intentioned, but we have concerns with the unintended consequences and limited impact of continuing to use a piecemeal approach to health education. Sub HB 123 is narrowly focused on suicide prevention in Grades 6-12, health education rather than a more comprehensive K-12 approach to mental and emotional health. Our concern with this state mandate is the narrow focus solely on suicide prevention could continue to perpetuate a crisis-driven approach to health education, suicide prevention, and mental/emotional health. The result is health education teachers and other providers delivering ineffective and piecemealed curriculum and programming filled with ineffective scare tactics and a focus on merely memorizing information. In addition to the topic specific concerns, we expect to see challenges similar to those of the other required topics in health education including a lack of resources, time, professional development, and support for health education. OAHPERD supports and values local control and the 1-hour or class period requirement is insufficient promote student learning. The General Assembly has oversight for health education, so our expectations for HB 123 are similar to the other health education mandates. We anticipate limited state support to develop local curriculum and professional development for teachers to implement these unfunded mandates from Columbus.

As you know, we are strong supporters of SB 121 which would give authority to ODE to adopt health education standards, which local school districts could then use as guidance for their curriculum

development and adoption (with the exception of sexual health education, which would remain unchanged and the General Assembly would retain control under SB 121). SB 121 would enable ODE to enhance support for local schools and health education teachers. SB 121 could very well be the best vehicle to address suicide prevention by establishing standards and learning outcomes that can be applied across lessons, topics, and grade levels to enhance students' knowledge and skills leading to improved mental and emotional health outcomes.

Quality health education builds the skills to make healthy choices. Health education encompasses planned learning experiences that provide opportunities for students to acquire functional knowledge and skills needed to make healthy decisions and reduce health-risk behaviors. Mental and emotional health instruction should focus on developing knowledge about mental and emotional health, analyze influences on mental and emotional health; develop attitudes and beliefs about mental and emotional health including reducing the stigma association with mental health; recognize trusted adults and other resources to support mental health; demonstrate decision-making skills, use communication skills to promote mental health including help-seeking and empathy; demonstrate stress management skills; and encouraging others to make positive mental/emotional health choices. Within health education the infrastructure is already in place to build the essential skills for mental and emotional health through health education standards and reinforced by Ohio's Social-Emotional Learning Standards. The OAHPERD Health Education Model Curriculum has clear outcomes that not only address suicide prevention, but also aligns with mental and emotional health for students in Grades K-12. We believe effective suicide prevention is best developed as part of a holistic, comprehensive, and coordinated approach mental and emotional health in Grades K-12. OAHPERD prioritizes developing all dimensions of health and wellness, and as such, included mental and emotional health in the OAHPERD Model Curriculum even though it is **not** a state mandate.

In closing, health and wellness are key elements to Ohio's future. School health education plays a critical role in developing our students' knowledge and skills for a healthy future. Health education is one component of a comprehensive or Whole School, Whole Community, and Whole Child (ACSD, 2019) approach to healthy schools and healthy students. A WSCC approach aligns with the Ohio Department of Education's Strategic Plan #OurFuture by incorporating programs and opportunities to enhance health including a safe and healthy school environment, health education, prevention programming, social-emotional learning, physical education and physical activity programs, health services, health-related programs for families and staff, and the establishment of strong family and community connections. I would encourage the General Assembly and ODE to support the efforts of HB123 and consider how to align the efforts with the Student Wellness and Success Funds by looking for opportunities for Colleges and Universities to support districts in building out a Comprehensive School Mental Health system through a strategic planning process. Such a system includes a tiered system of supports that provides Tier 1 prevention programs and curriculum; Tier 2 - programs and services for focused groups with specific needs; and Tier 3 - mental and behavioral health services.

OAHPERD will continue to support suicide prevention efforts in schools by providing quality health education curriculum using the OAHPERD Model Curriculum as a tool to develop local curriculum and guide professional development. 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 standards. Even greater benefits can be achieved by adopting a Whole Child, Whole School, Whole Community approach. These efforts would be enhanced by the creation of a Center that would facilitate professional development and provide technical support to schools as we continue the state's efforts to create healthy schools for Ohio's future. We also encourage the General Assembly to consider how to support initiatives, including SB 121, to attack these issues from a strategic, comprehensive angle, as opposed to the crisis-driven approach currently in place.

Thank you for your time and consideration.

A handwritten signature in black ink, appearing to read "K. Lorson". The signature is fluid and cursive, with a small dot above the "i" in "Lorson".

Kevin Lorson
OAHPERD Past-President, Advocacy Chair
Professor, Wright State University