Health Education in Ohio: Standards, Curriculum, & Advocacy

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Today’s Objectives

- **Objective 1:** Describe the current status of health education in Ohio including policy, course offerings, curriculum and teachers.

- **Objective 2:** Describe the barriers, supports, and advocacy strategies to enhance health education in Ohio’s schools.

- **Objective 3:** Describe how the OAHPERD Health Education Model Curriculum can support local health education curriculum.

- **Objective 4:** Describe the role of health education in connecting with other health initiatives at the state and local levels to align efforts to build a climate and culture that supports the whole child and student health.
States with health education standards, 2018

Sources: Health Policy Institute of Ohio. CDC School Health Policies and Programs Study (2006) and updated environmental scans from Wright State University and The Mt. Sinai Health Care Foundation (2018)
Each Child, Our Future
In Ohio, each child is challenged, prepared and empowered.

Vision
In Ohio, each child is challenged to discover and learn, prepared to pursue a fulfilling post-high school path and empowered to become a resilient, lifelong learner who contributes to society.

Four Learning Domains
- Foundational Knowledge & Skills: Literacy, numeracy and technology
- Well-Rounded Content: Social studies, sciences, languages, arts, health, physical education, etc.
- Leadership & Reasoning: Problem-solving, design thinking, creativity, information analytics
- Social-Emotional Learning: Self-awareness & management, social awareness, relationship skills, responsible decision-making

One Goal
Ohio will increase annually the percentage of its high school graduates who, one year after graduation, are:
- Enrolled and succeeding in a post-high school learning experience, including an adult career/technical education program, an apprenticeship and/or a two-year or four-year college program;
- Serving in a military branch;
- Earning a living wage; or
- Engaged in a meaningful, self-sustaining vocation.

Whole Child

Three Core Principles
- Equity
- Partnerships
- Quality Schools

10 Priority Strategies
1. Highly effective teachers & leaders
2. Principal support
3. Teacher & instructional support
4. Standards reflect all learning domains
5. Assessments gauge all learning domains
6. Accountability system honors all learning domains
7. Meet needs of whole child
8. Expand quality early learning
9. Develop literacy skills
10. Transform high school/provide more paths to graduation

Ohio’s Strategic Plan for Education: 2019-2024
State Initiatives

• HB 166
  – $675 million for student wellness and supports

• RecoveryOhio Plan
  – #23 Health Education Standards

• OMHAS Funding
  – $18-million for prevention programming
  – $2-million for professional development through ESCs.

• Department of Education
  – Strategic Plan
  – School-Based Health Services Toolkit
  – PBIS
  – SEL Standards
Student Wellness & Success Funds

- Approved $675-million in July 2019 with HB 166.
- More information & to find your school’s allocation visit: Student Wellness and Success

**Initiatives**

1. Mental health services
2. Services for homeless youth
3. Services for child welfare involved youth.
4. Community liaisons
5. Physical health care services
6. Mentoring programs
7. Family engagement & support services
8. City Connects programming
9. Trauma-informed care professional development
10. Cultural competence professional development.
11. Student services provided prior to or after the regularly scheduled school day or any time school is not in session.

**Partners**

- A board of alcohol, drug and mental health services.
- Educational service center.
- County board of developmental disabilities.
- Community-based mental health treatment provider.
- Board of health of a city or general health district.
- County department of job and family services.
- Non-profit organization with experience serving children.
- A public hospital agency.
Health Education in Ohio

• Ohio is the **ONLY** state without health education standards.
• Health Education is the **ONLY** academic content area without academic content standards.
• General Assembly has oversight of health education, not the Ohio Department of Education (ODE).
  – **NO** ODE health education consultant.
• ODE cannot develop or publish curriculum, but they can provide links and resources.
• Ohio is a local control state.
• Ohio has physical education standards, assessment system & required data reporting.
Ohio’s Health Education Requirements:

- Graduation Requirement\(^1\): One-half unit (60 hours)
- K-8: NO Time Requirement, but......
- ALL Schools **MUST** have a health education curriculum that includes:
  - Nutrition - including natural and organically produced foods, the relation to health and the use and effects of food additives.
  - Drugs of abuse, alcoholic beverages, and tobacco - harmful effects and legal restrictions against
  - Venereal disease*
  - Personal safety and assault prevention
    - K-6: child abuse prevention
    - 7-12: Dating violence & healthy relationships.
  - Prescription opioid abuse prevention.
  - Anatomical Gifts

\(^1\)[http://education.ohio.gov/Topics/Learning-in-Ohio/Health-Education]
Profile of Health Education in Ohio

- Course Offerings
  - K-5
    - Limited to specific topics.
  - Middle School
    - Usually a semester or quarter in Grade 7 or 8.
    - No grade higher than 7th grade = 40.3%.
  - High School
    - Met requirement in Grade 9 or 10.
    - Little or none after Grade 10.

Profile of Health Education in Ohio

• Curriculum Update\(^1\)
  – Last 5 years = 42.2%
  – More than 5 years = 30.6%
  – “Don’t know” = 27.2%

• Professional Development in last 2 years\(^2\):
  – All topics except for Violence Prevention (62.1%) under 50%:
    • Safety (39.7%); Suicide Prevention (29.7%); ATOD (29.6%); Nutrition (29.0%); STD Prevention (21.7%).

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OAHPERD Health Education Model Curriculum Project

• Goal – Develop a model curriculum to support schools.
  – Published to the OAHPERD website August 2019

• Components
  – Introduction
  – Learning Outcomes
  – Priority Charts
  – Content Frameworks
Development Process

• Leadership Team
  – Lead learning outcomes
  – Develop guidelines, principles and formatting.

• Writing Teams
  – Learning Outcomes
  – Content Frameworks

• Advisory Team
  – Health Policy Institute of Ohio
  – State stakeholders

Advisory Team Members

Buckeye Association for School Administrators
The Center for Community Solutions
Children’s Defense Fund – Ohio
EVERFI
Interact for Health
Live Healthy Appalachia
Local Matters
Miami Valley Hospital
Mission2Move
Mt. Sinai Health Care Foundation
Nationwide Children’s Hospital
Northwest Local School District
Ohio Association of Community Health Centers
Ohio Department of Education
Ohio Education Association
Ohio Attorney General’s Office
Ohio Academy of Family Physicians
Ohio Afterschool Network
Ohio Association of Elementary School Administrators
Ohio Chapter, American Academy of Pediatrics
Ohio Department of Health
Ohio ExceLS
Ohio PTA
Ohio School Boards Association
Ohio School Counselors Association
Ohio Senate
Ohio Society of Public Health Education
Ohio University
Ohio Mental Health and Addiction Services
Prevention Action Alliance
St. Vincent Charity Medical Center
The Center for Balanced Living
The Ohio State University
University of Cincinnati
What is Curriculum?

• Health Education Curriculum
  – Refers to those teaching strategies and learning experiences that provide students with opportunities to acquire the attitudes, knowledge, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others.

• Model Curriculum –
  – Tool that provides educators with information that clarifies the learning standards for planning and developing

• Different from a program?
Finding Balance: Guidance & Local Control

- Model Curriculum WOULD:
  - Identify what students will learn.
  - Guide development of local curriculum and scope & sequence.
  - Determine relevant & developmentally appropriate outcomes
    - Policy and legislation
  - Align local needs & local data to inform instruction to meet student needs.

- Model Curriculum would NOT:
  - Identify topics to that MUST be taught.
  - Direct how to teach? When to teach? How long to teach?
  - Provide lesson plans or unit plans.
  - Be an exhaustive list of classroom activities
  - Replace your district’s decisions, policy, and direction.
Model Curriculum: Key Terms

• Standard
  – Overreaching goal for the K-12 curriculum.
  – Aligned with NHES

• Benchmark
  – Outcome to be achieved by the end of the grade band
  – Aligned with HECAT grade band outcomes.
  – Grade bands – K-2, 3-5, 6-8, 9-12.

• Indicator
  – Grade level outcomes
  – Associated with health topics
Topic Areas

- **ATOD** = Alcohol, Tobacco, & Other Drugs
  - Includes Opioid Prevention*
- **HE** = Healthy Eating
- **HGD** = Human Growth & Development
  - Human Sexuality & Puberty
- **HR** = Healthy Relationships
- **MEH** = Mental & Emotional Health
- **PHW** = Personal Health & Wellness
  - Includes Anatomical Gifts* in High School
  - STIs / Venereal Disease*
- **S** = Safety
- **VP** = Violence Prevention*

* denotes a required topic from ORC
Human Sexuality

• Can be found:
  – Human Growth & Development (HGD)
  – Personal Health & Wellness (PHW)
  – Violence Prevention (VP)
  – Healthy Relationships (HR).

• Districts best determine how to deliver the content:
  – Follow ORC guidance
  – Meet local needs
    • Data driven
  – Skill-building
# K-2 Grade Band OAHPERD Health Education Standards Alignment Chart

## Grade Band Overview

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# Grade Band 3-5, OAHPERD Health Education Standards Priority Chart

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### Grade Band 6-8, OAHPERD Health Education Standards Priority Chart

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# High School OAHPERD Health Education Standards Alignment Chart

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What is a Content Framework?

• Detailed explanation of the knowledge and skills represented in the learning standards.

• It’s not a unit plan, but it provides the framework to develop one.

• Learning Outcomes

• Essential Understandings

• Content Elaboration
  – Explanation of the benchmarks, indicators, and content
  – Progression of content within the topic

• Instructional Resources
OAHPERD Model Curriculum

• Introduction
  – Executive Summary from HPIO
  – Overview of Health Education in Ohio
  – Teaching & Learning
  – Quality Health Education
  – Model Curriculum Development Process
  – Diverse Learners
  – Instructional Technology
  – Assessment
  – Development Local Curriculum
Making Connections:

1. How does the Model Curriculum and Health Education connect to your efforts?
   – What opportunities exist?
   – What might be potential barriers

2. How could it help you connect with schools?
Impact of the Model Curriculum? How to support schools?

• Guidance for developing a local skills-based curriculum.
• Curriculum Development & Revisions Process
• Quality Health Education
  – Shifting to a skills-based approach

• Professional Development
  – Content
  – Skills to teach a skills-based approach
  – Assessment
  – Utilizing local data
  – Connecting community resources
Health Education Legislation

• House Bill 165
  – Rep. Liston (D) & Rep. Galonski (D)
  – Primary & Secondary Education Committee
  – Adopt health education standards:
    • AAHE or ODE created
    • No carve out for venereal disease

• Senate Bill 121
  – Sen. Sykes (D) & Sen. Kunze (R)
  – Senate Education Committee
  – Remove General Assembly oversight
  – State Board of Ed create and approve standards like all other content areas.
  – No change to venereal disease requirements.

• Other Bills
OAHPERD Advocacy

• Advocacy Committee
• SpeakOut Day
• Legislative Action Center
• Building partnerships with Ohio SOPHE, education, and community organizations.

• Materials & Resources
  – OAHPERD Model Curriculum
  – Advocacy Documents:
    • OAHPERD Standards-based health education
    • Local Control
    • Quality Health Education
    • Why we need standards
Next Steps

• State Initiatives & Policy
  – How does the emphasis on the Whole Child impact health and physical education?
    • HB 166 Student Wellness & Success
    • $675-million for student supports and wellness initiatives
  – OMHAS Funding for prevention education

• Activate local advocacy efforts
  – Educational Associations
  – Empowering teachers

• Health Education Model Curriculum
  – Statewide professional development
  – Technical support

• Health Education Standards
Tips for Developing Local Curriculum

• Advocate with colleagues, district leadership, as well as community and health partners.

• Examine local data to leverage resources for curriculum.

• Determine needs & readiness.
  – Examine resources & supports for your efforts

• Examine current curriculum.
  – Refine or restart?

• Shift to a skills-based approach.

• Connection to other activities, programs, or opportunities to build skills.
  – Advisory and connections to other programming for healthy schools.