



Ohio Legislative Children's Caucus

*Learning, connecting, and problem-solving
together. Our children are counting on us.*

Skills-Based Health Education to Support a Healthy Ohio

October 24, 2022

Opening Remarks: Rep. Monique Smith



*Ohio Legislative
Children's Caucus
Co-Chair*

Health Education in Ohio

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The Why?

- Interconnectedness between **education** and **health**.
 - Healthy students have higher education performance and attainment in contrast to those with poor health.^{1,2,3}
 - Higher levels of educational attainment are associated with higher levels of health, while less educational attainment is associated with lower health outcomes.^{2,4}
 - The relationship is complex with numerous influential independent factors that can influence both education and health including income, geography, stress, adverse childhood experiences, and parenting.^{1,5}
- The interconnectedness between **schools** and their **communities**.
 - Schools are hubs of activity, yet much of the work is siloed and targeted.⁶
 - Multi-tiered level of support for already exist for academic, behavioral, special education, & health.⁷
 - Teachers are a key asset as a trusted and caring adult and supporting the development of health-enhancing behaviors.⁸

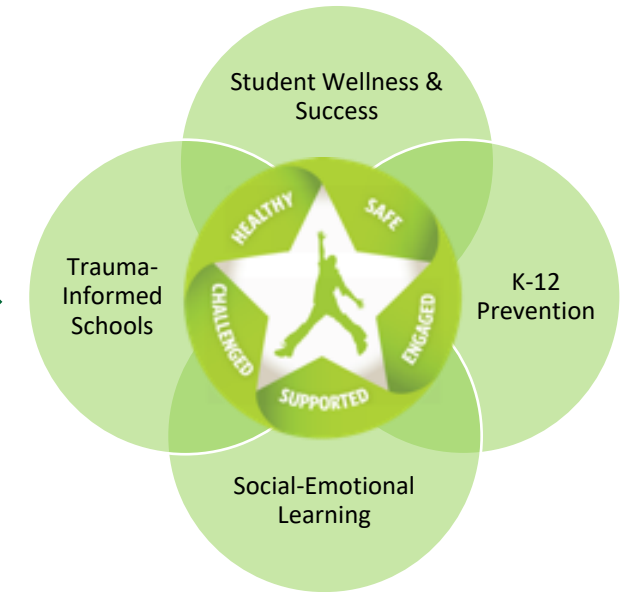
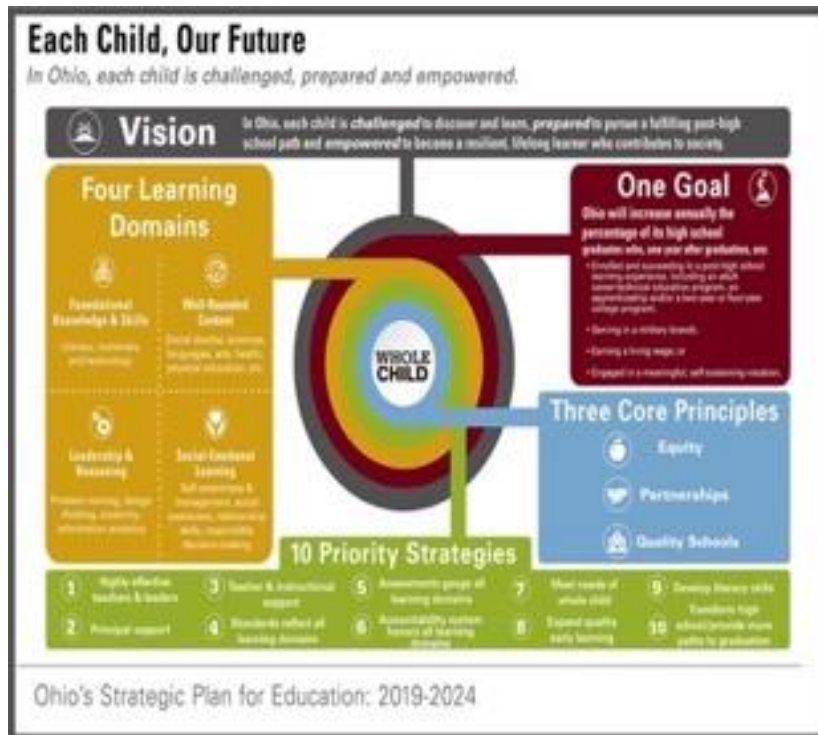


The Why?

Examples of the connection between education and health

- Impact of opioid crisis on individuals, families, children, schools & communities⁵
 - Lower 3rd & 8th grade reading scores in schools in counties with higher drug-mortality statistics.
 - Direct and indirect effects can be moderated by families, schools, and community supports.
 - Mental and emotional health¹⁰
 - 70% of public schools have noted an increase of students seeking mental health support, but only 56% feel they can provide services to students in need.
 - A 31% increase in staff seeking mental health services.
 - Nutrition & Physical Activity¹¹
 - A strong connection exists between healthy nutrition and adequate physical activity.
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Student Success & The Whole Child: A Shared Focus



Ohio's Whole Child Framework

Our Goal: Fully prepare our students for a future including career and citizenship.

1. **HEALTHY** and learns about and practices a healthy lifestyle.
2. Learns in an environment that is physically and emotionally **SAFE** for students and adults.
3. Actively **ENGAGED** in learning and is connected to the school and broader community.
4. Access to personalized learning and is **SUPPORTED** by qualified, caring adults.
5. **CHALLENGED** academically and prepared for success in college or further study and for employment and participation in a global environment.



The Ohio Whole Child Framework

- Aligned with ASCD Whole School, Whole Community, Whole Child¹
- **Grounding Principle:**
 - Systems Thinking, Systems Change
- **Key Elements**
 - Strategic planning, components, referral system, & delivery models.
 - Sustainable Infrastructure
 - Whole Child Advisory Council
 - Whole Child Liaison
 - Educational Service Center & Community Partners

- **Our Goal:**

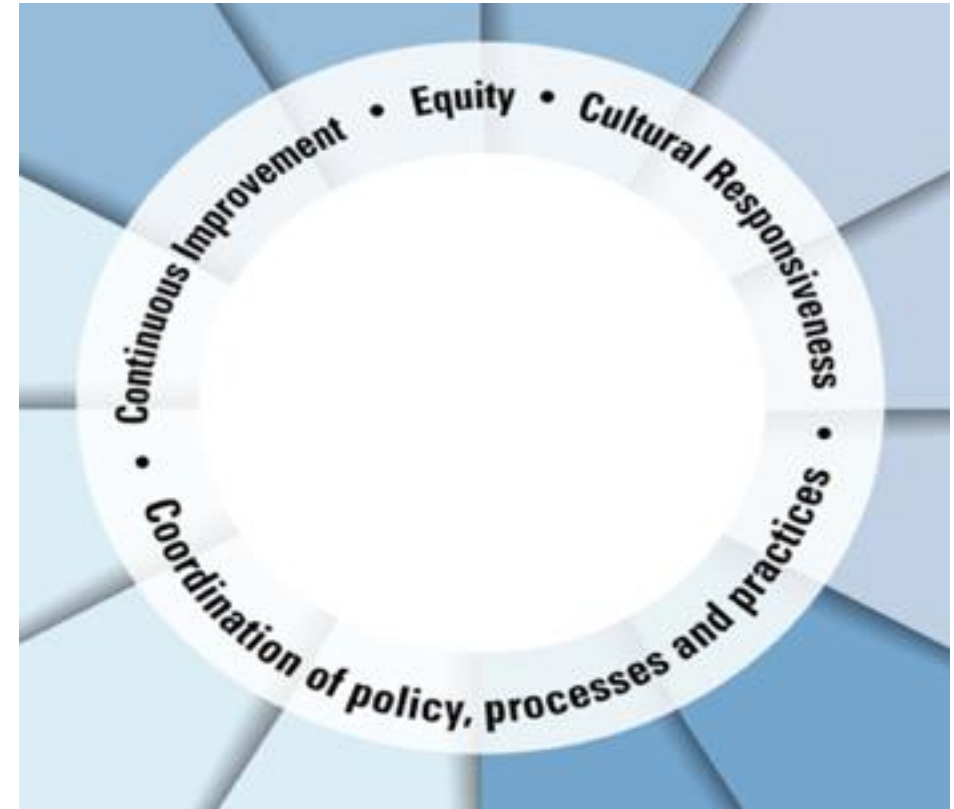


¹ASCD (2015)

Ohio Whole Child Framework

Key Principles

- Equity
- Cultural Responsiveness
- Continuous Improvement
- Coordinating policy, processes, and practices



Ohio Whole Child Framework Components

12 components organized into 4 categories:

- Healthy Behaviors
- Healthy Environment
- Health Services
- Community & Family Engagement

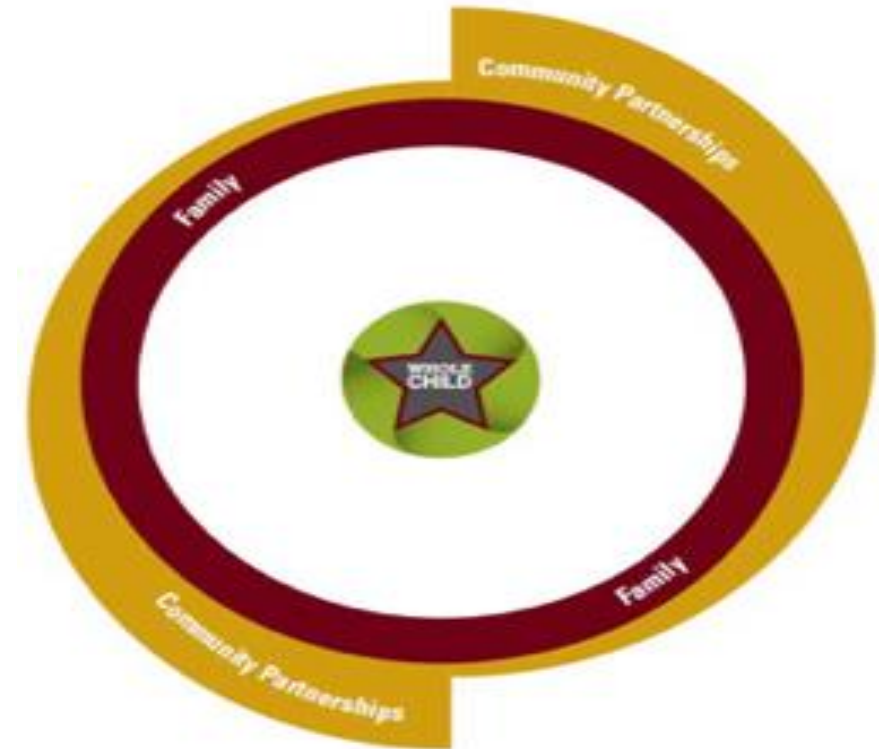


A Whole School, Whole Community Approach

- Community Partnerships
- Families

Key Questions:

1. How can the school's whole child approach support families and the community?
2. How can families and the community support the whole child?



Health Education

- Encompasses planned learning experiences that provide the opportunity for students to acquire functional knowledge and skills needed to adopt and maintain healthy behaviors.
 - Incorporates a variety of physical, social, emotional, and other components focused on reducing health risk behaviors and promoting healthy decision-making.
 - Emphasize a skills-based approach to help students practice and advocate for the health needs of themselves, their families, and their communities.
 - Students must have opportunities within a daily health education class in Grades K–12 led by a licensed health education teacher to gain the content knowledge and practice the skills that will lead to the adoption and maintenance of health-promoting behaviors.
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Ohio Law


Ohio Revised Code



- Section 3313.60 defines Prescribed Curriculum
 - “The board of education of each city, exempted village, and local school district and the board of each cooperative education school district shall prescribe a curriculum for all schools under its control.”
 - Prescribed Curriculum includes:
 - Health Education
 - plus additional topics to address
 - Physical Education
 - Graduation Requirements
 - Health Education
 - .5 credit = 60 hours of instruction
 - Physical Education
 - .5 credit = 120 hours of instruction
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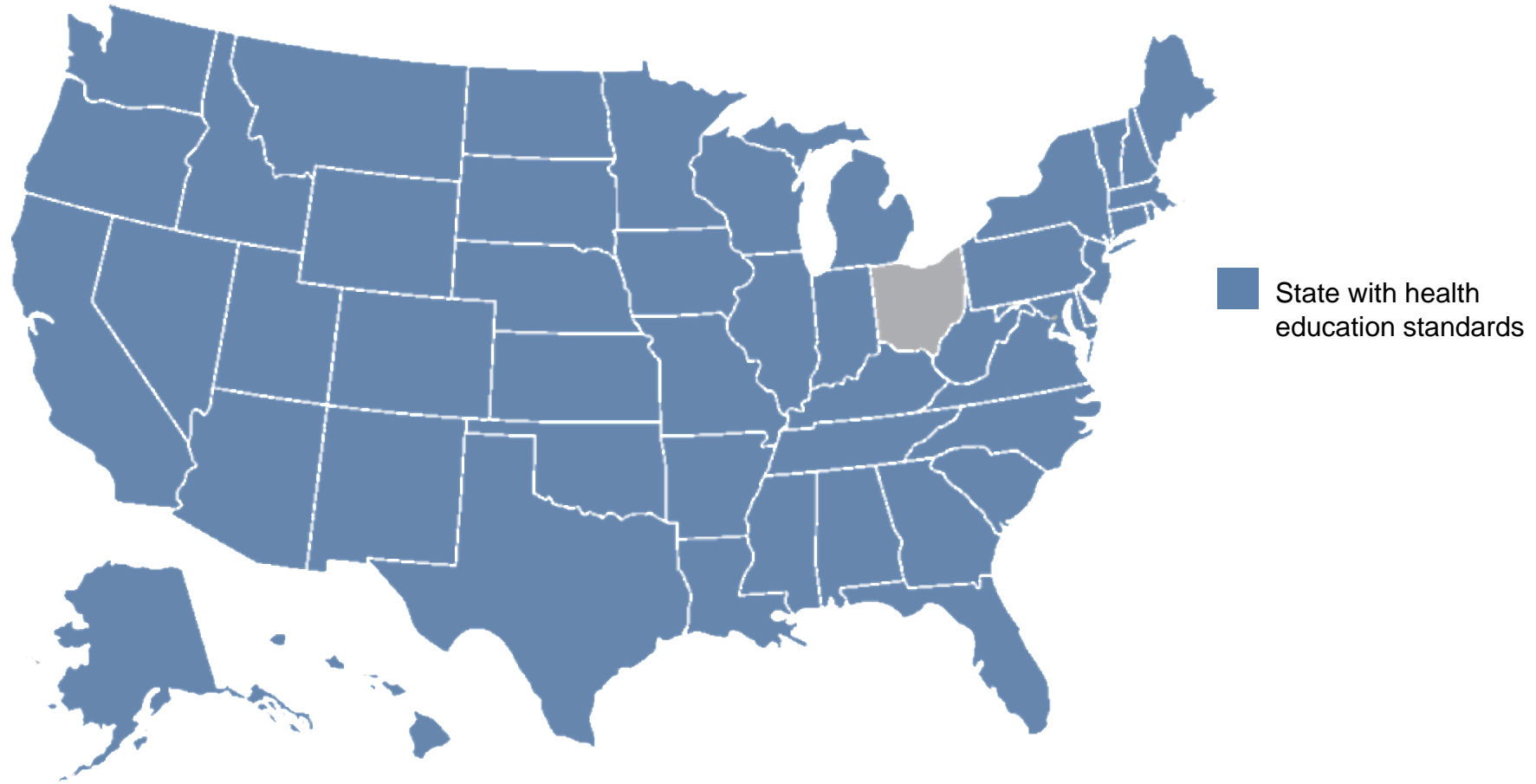
Ohio's Health Education Requirements¹²:



- Graduation Requirement = 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
 - including harmful effects and legal restrictions against
- Prescription opioid abuse prevention.
- Venereal disease*
- Personal safety and assault prevention
 - K-6: Child abuse prevention
 - 7-12: Dating violence & healthy relationships.
- Anatomical Gifts – High School (30 minutes)

¹²<http://education.ohio.gov/Topics/Learning-in-Ohio/Health-Education>

Health Education in Ohio.....



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)

Health Education in Ohio

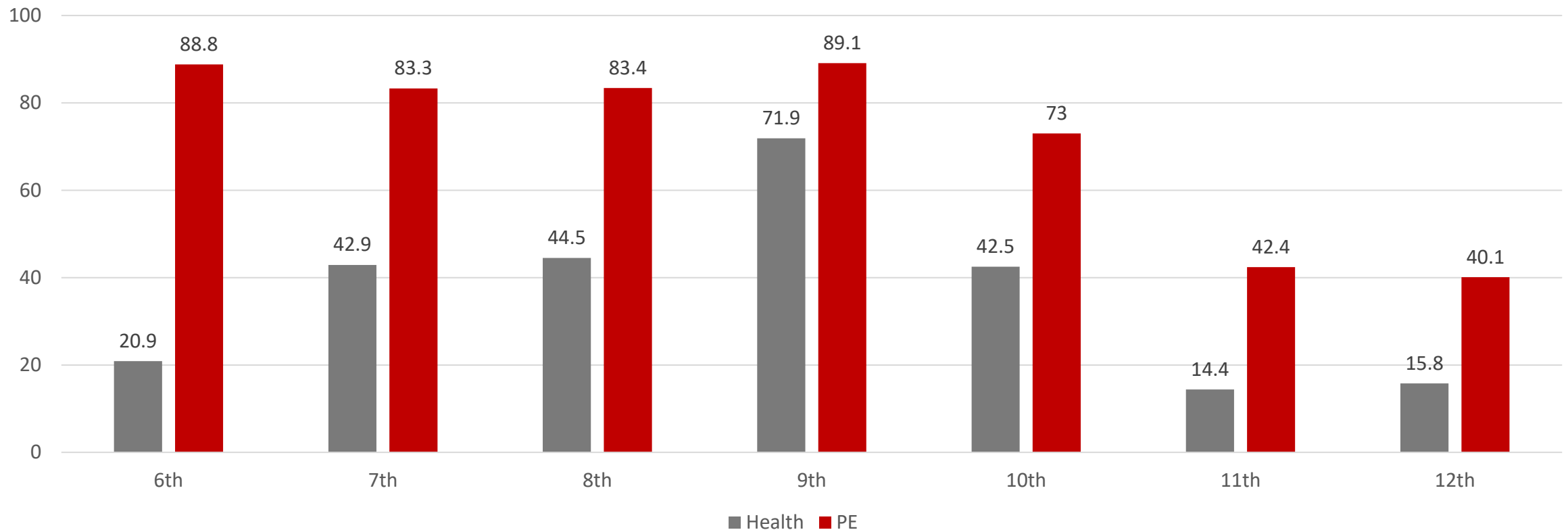


- Ohio is the **ONLY** state without health education standards.
 - Health Education is the **ONLY** content area without academic content standards.
 - General Assembly has oversight of health education, not the Ohio Department of Education (ODE).
 - Ohio is a local control state.
 - **NO** ODE health education consultant to support local districts and teachers.
 - ODE cannot develop or publish curriculum, but they can provide links and resources.
 - General Assembly (HB 110) banned ODE from publishing model curriculum in health education.
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Profile of Health Education & Physical Education in Ohio



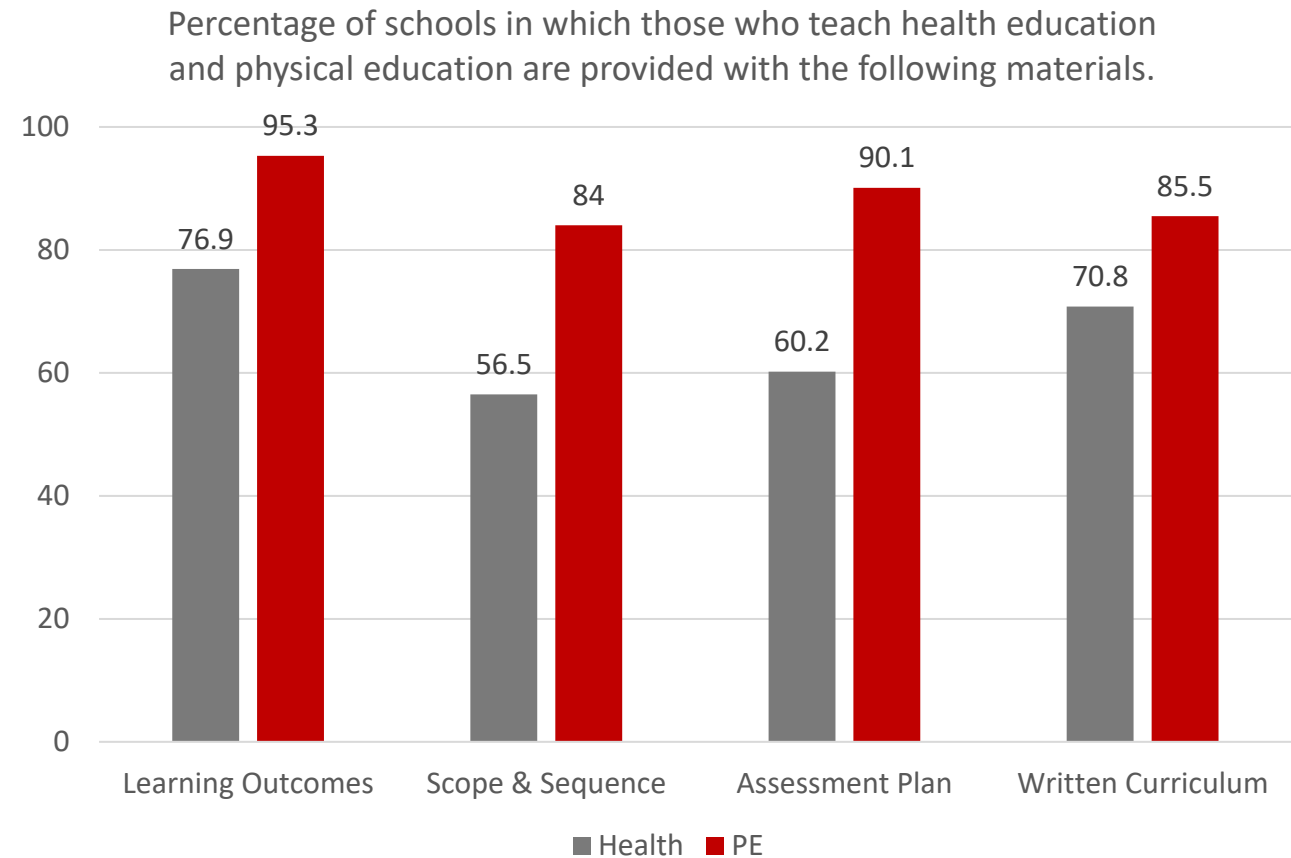
Percentage of schools that taught a **required** health education and physical education course in each of the following grades².



Profile of Health Education in Ohio



- When was your district curriculum last updated?
 - Last 5 years = 42.2%
 - More than 5 years = 30.6%
 - “Don’t know” = 27.2%



¹ 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.

State Mandates & Health Education: A Disconnect¹



- Percentage of health education teachers receiving professional development in last 2 years¹:
 - All topics except for Violence Prevention (62.1%) were under 50%:
 - Safety (39.7%)
 - Suicide Prevention (29.7%)
 - ATOD (29.6%)
 - Nutrition (29.0%)
 - STI Prevention (21.7%)
- Teachers would like more professional development:
 - Alcohol & Other Drugs (68.4%)
 - Emotional & Mental Health (67.8%)
 - Nutrition (66%)
 - Sexuality (57.7%)

¹Raffle, 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.

Health Education Standards



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.
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Health Education Standards



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.
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Standards & Local Curriculum: An Overview



- Ingredients of a local curriculum:
 - Learning outcomes
 - Assessments
 - Scope & Sequence
 - Standards guide the planning process
 - Focus instruction on developing skills that transfer across topics/issues.
 - Seek co-curricular, extra-curricular and family education opportunities to practice, develop and reinforce skills in a whole school, whole community approach.
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Skills-Based Health Education Example

- **Scenario:** Your friend hasn't been himself since his parent's divorce. He has been skipping basketball practice, not turning in homework assignments, and wear long sleeves even when it is 90+ degrees outside. You went up to him after school to see how he is doing and he lashed out at you and yelled, "Mind your own business."

Discussion Questions:

1. Identify signs of substance misuse you might recognize in the scenario.
2. Steps or strategies you will use to help.
3. Write what you will say to help this person (or when you are contacting a person who can help).
4. Identify specific resources (people, organizations, etc.) you can use to help support others who need help.

Health Standards at Work: Kentucky



- Impact of state standards on students, health education teachers, schools, and health/education partners
- Role of the Kentucky Department of Education in the development and supports associated with the state health education standards.
- Aligning efforts and supporting healthy behaviors in a whole school, whole community approach.



Health Education Standards as a Policy Strategy to Enhance Public Health

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Prevention

Ohio University's Voinovich School of Leadership and Public Service

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Objectives

1. How the creation of health education standards represents good public health policy that is aligned with other initiatives taking place outside of schools.
2. How health education standards complement other evidence-based prevention strategies taking place to help our state reach its full potential and ensure Ohioans are living healthier lives

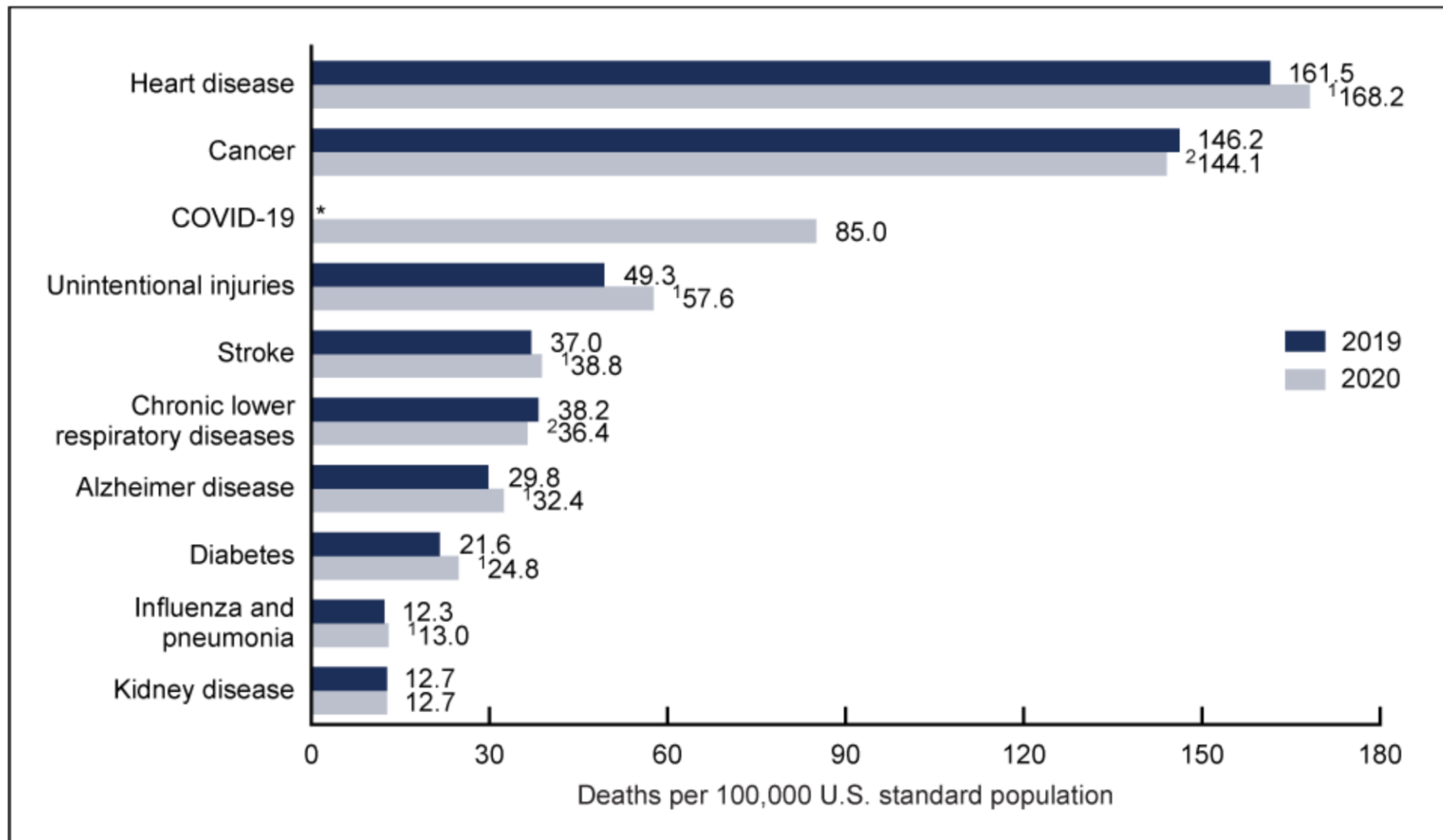
Health Education Standards are good public health policy.

- Schools influence both health and education.
- Schools are positioned to determine the future well-being and economic productivity of the students they serve.
- Health Education Standards are an essential component of creating a coordinated approach that links the P-12 education system to the achievement of positive physical and mental health outcomes.

Why are Health Education Standards good public health policy?

- Healthier children learn better, and more educated adults are healthier.
- The major causes of death are often influenced by behaviors acquired and reinforced during childhood and adolescence.
- Many of the leading causes of death are preventable when skills are developed to make health-promoting decisions, achieve health literacy, adopt health-enhancing behaviors, and promote the health of others.

Figure 4. Age-adjusted death rates for the 10 leading causes of death in 2020: United States, 2019 and 2020



* COVID-19 became an official cause of death in 2020; rates for 2019 are not applicable.

¹Statistically significant increase in age-adjusted death rate from 2019 to 2020 ($p < 0.05$).

²Statistically significant decrease in age-adjusted death rate from 2019 to 2020 ($p < 0.05$).

NOTES: A total of 3,383,729 resident deaths were registered in the United States in 2020. The 10 leading causes of death accounted for 74.1% of all deaths in the United States in 2020. Causes of death are ranked according to number of deaths. Rankings for 2019 data are not shown. Data table for Figure 4 includes the number of deaths for leading causes and the percentage of total deaths. Access data table for Figure 4 at: <https://www.cdc.gov/nchs/data/databriefs/db427-tables.pdf#4>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Health Education Standards make economic sense.

90% of the nation's \$4.1 trillion in annual health care expenditures are for people with chronic and mental health conditions.^{1,2}



How can Health Education Standards support the health of Ohioans?

- The ORC requires health education already. Why does Ohio need Health Education Standards?
- Health Education Standards would explicate HOW the health education topics in the ORC are taught and place emphasis on **skills acquisition**.
- With health behavior change, education to increase health knowledge is rarely needed. Instead, people need to both fully understand WHY a change needs to be made (attitude) and HOW to make that change (skills).

National Health Education Standards

HIGH



SM

Self Management



AV

Advocacy



IC

Interpersonal Communication



DM

Decision Making



GS

Goal Setting



AI

Accessing Information



INF

Analyzing Influences

LOW



CC

Core Concepts

Content Areas



AOD



INJ



NUT



PA



FLS



TOB



MH



PCH



CEH

Health Education Standards and Health Literacy

The Swiss Cheese Model for Ending TB

Health Education Standards



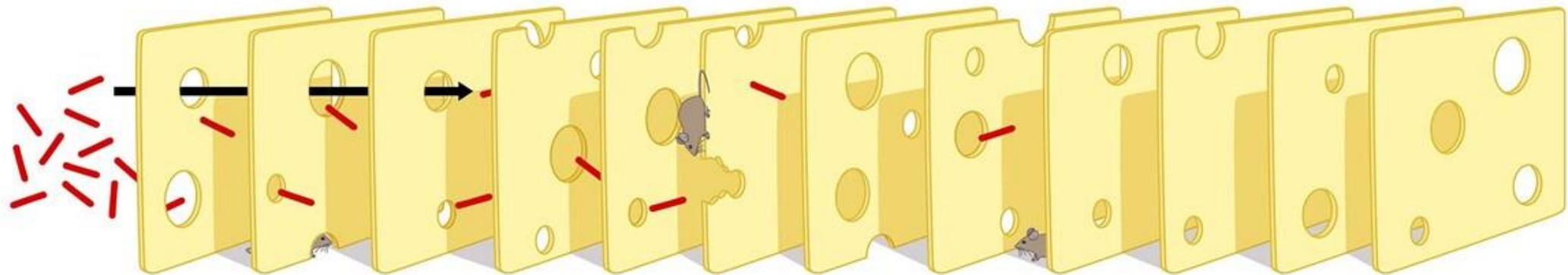
Tackle social determinants and inequities (poverty, crowding, malnutrition, etc.)
BCG and newer vaccines

Public education, community engagement and stigma reduction
Early care seeking for TB symptoms or if exposed

Face masks, cough etiquette
Screening for infection and disease
TB preventive therapy

Early detection of TB disease using POC and molecular dx
Quality care, incl. safe & effective regimens
Patient support (sick leave, cash, nutrition, social & mental health)

Manage comorbidities (e.g. HIV, diabetes, malnutrition)
TB infection control



**Each intervention (layer) has imperfections (holes).
Multiple layers improve success.**



Misinformation mouse

Ohio is ready for Health Education Standards.

- Health Education Standards complement existing policy in the ORC.
- Higher education is ready.
- P-12 education is ready.
- School Health Educators are ready.
- Community Health Educators and Credentialed Prevention Specialists are ready.



Developing Local Curriculum:

Meeting student,
school &
community needs

Advocate with colleagues, district leadership, as well as community and health partners for a skills-based approach to developing healthy behaviors.

Examine local data to leverage resources & to create a meaningful and relevant curriculum that meets your local needs.

Determine needs & readiness.

Who are your resources, supports, & stakeholders?

Examine current curriculum to determine a revision or reboot.

Design down the curriculum starting with standards

Professional development, training, & outreach to implement skills-based health education within a whole school, whole community approach.

Health Education Resources



- District (K-12) Curriculum Resources
 - OAHPERD Model Curriculum
 - Health Education Curriculum Analysis Tool
 - Curriculum Development Process
 - Characteristics of Effective Health Education
 - Skills-Based Health Education

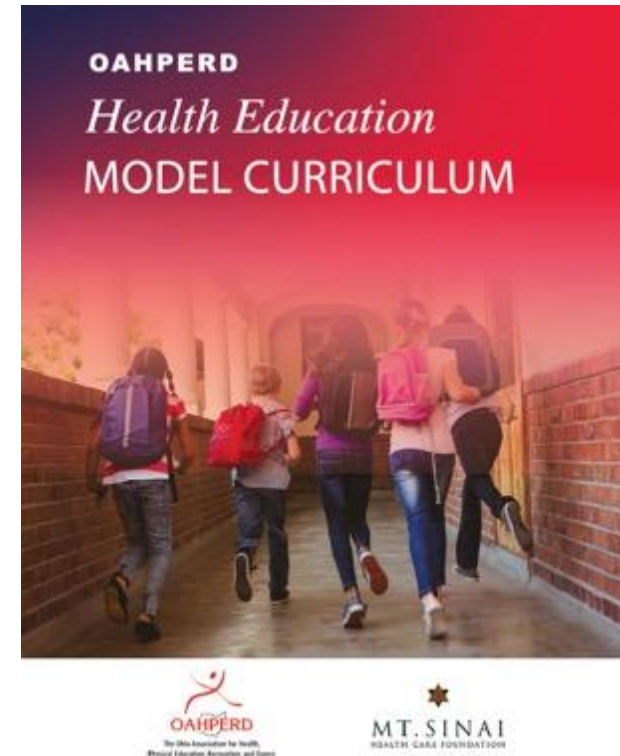
- Remember.....

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- Over half of Ohio's health education teachers reported they either do not know when their curriculum was updated or even if the district has a curriculum.
 - Most health education teachers have not received topic-specific health education professional development.

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



Our Ask:



- Develop a healthy and physically active Ohio
 1. Support quality health education by creating Ohio health education standards.
 2. Enhance local control by eliminating topic requirements in ORC 3313.60
 3. Use a whole school, whole community, whole child approach to health issues impacting students, families, and communities.
 4. Value teachers and the work they do to support student success through safe and supportive environments that maximize student learning.
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Questions & Answers

*Moderated by Hannah Ross,
Legislative Aide for Rep. Smith*

*For legislators and legislative staff,
please feel free to unmute
yourselves to ask questions or
share feedback.*

*For all other participants, please
use the chat or Q&A feature, and
we will do our best to answer in
the time allotted.*



*Thank you for joining
today's webinar!*

For more information on upcoming
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