



Ohio Model Health Education Curriculum Advisory Committee

Meeting One
June 21, 2018

Wireless network: Conference room
Password: 10WBroad43215!!



**The Ohio Association for Health,
Physical Education, Recreation, and Dance**



Agenda

- Welcome, introductions and role of partners
- Current status of health and health education in Ohio
- Project description
- Group discussion
- Next steps

Group introductions



Current status of health and health education in Ohio

Amy Bush Stevens
June 2018

Today

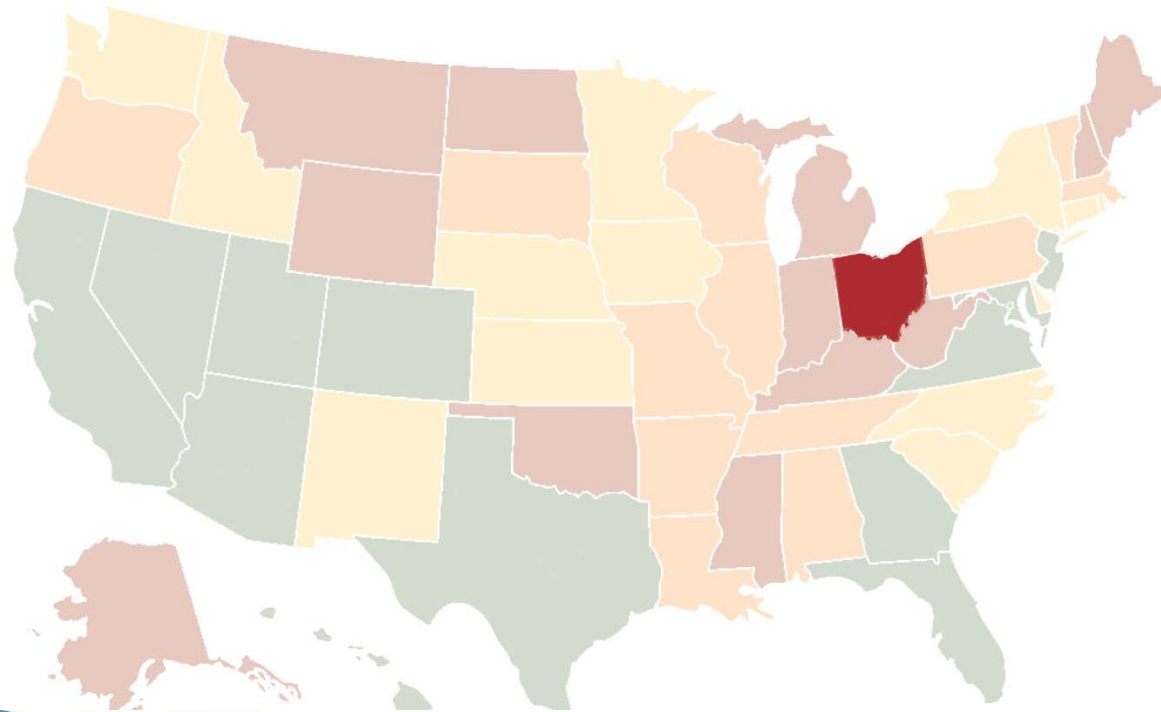
- ✓ How healthy is Ohio?
- ✓ Role of health behaviors
- ✓ Current status of health education in Ohio

CDC: Ohio ranks second in drug overdose deaths

Cleveland 19 News, Dec. 21, 2017

Ohio near bottom in black infant mortality

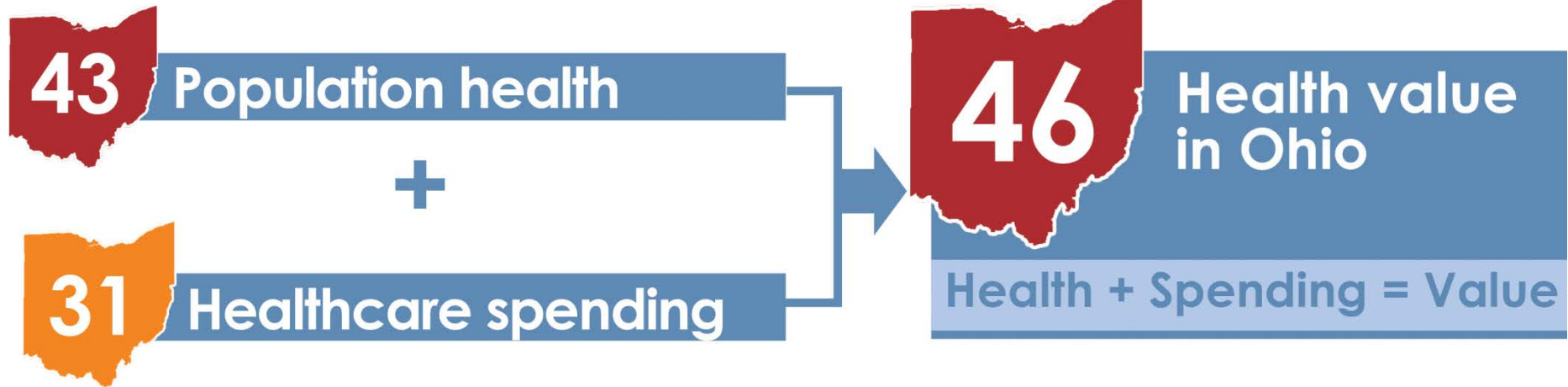
Columbus Dispatch, Jan. 4, 2018



2017

Health Value Dashboard™

Where does Ohio rank?

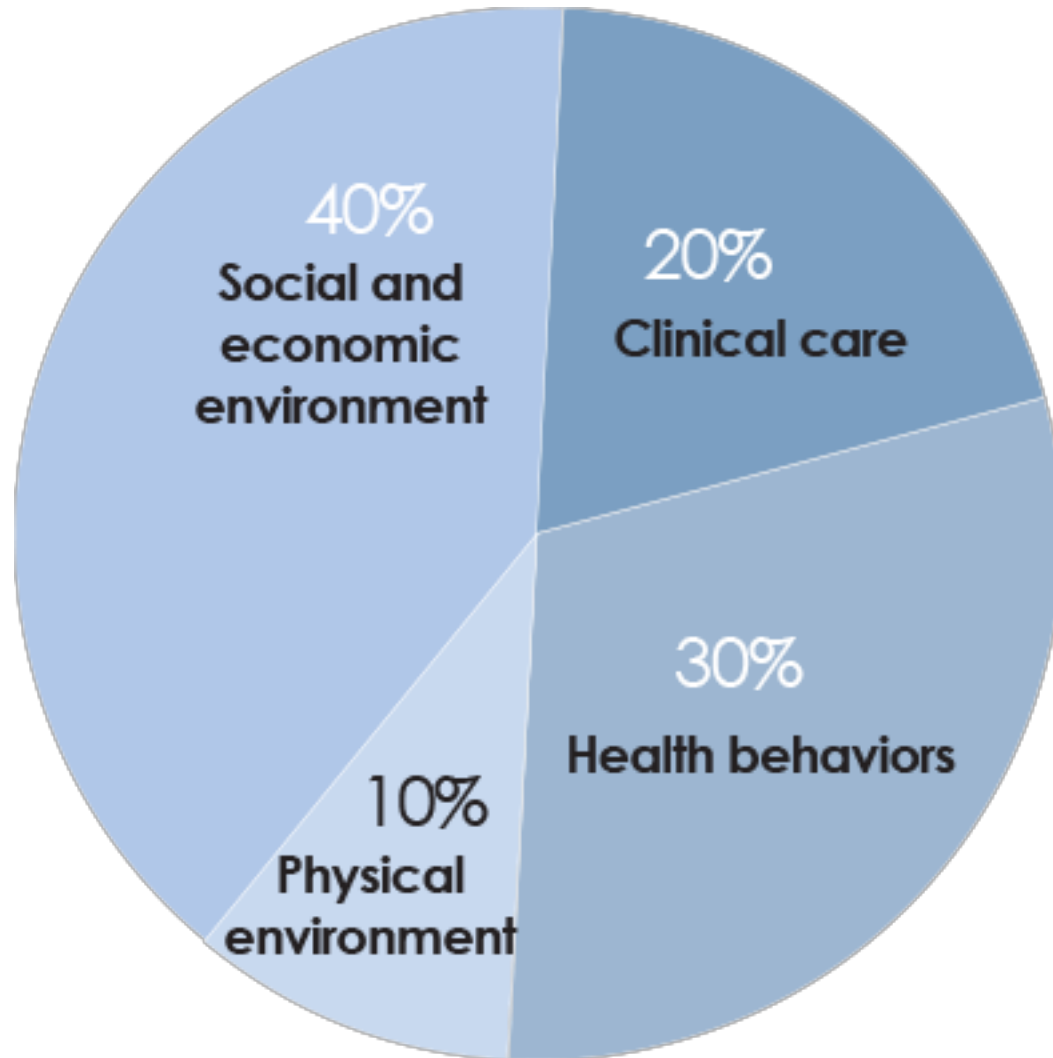


Ohio's greatest health challenges:

Selected metrics from 2017 Dashboard

Metric	Ohio's rank	Trend
Cardiovascular disease mortality. Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population (age adjusted) (2014)	39	No change
Adult smoking. Percent of population age 18 and older that are current smokers (2015)	43	Moderately improved
Drug overdose deaths. Number of deaths due to drug overdoses per 100,000 population (age-adjusted) (2015)	47	Greatly worsened
Diabetes with long-term complications. Admissions for Medicare beneficiaries with a principal diagnosis of diabetes with long-term complications per 100,000 beneficiaries, ages 18 years and older (2014)	41	No change
Adult insufficient physical activity. Percent of adults 18 years and older not meeting physical activity guidelines for muscle strength and aerobic activity (2015)	31	Moderately worsened

Modifiable factors that impact health

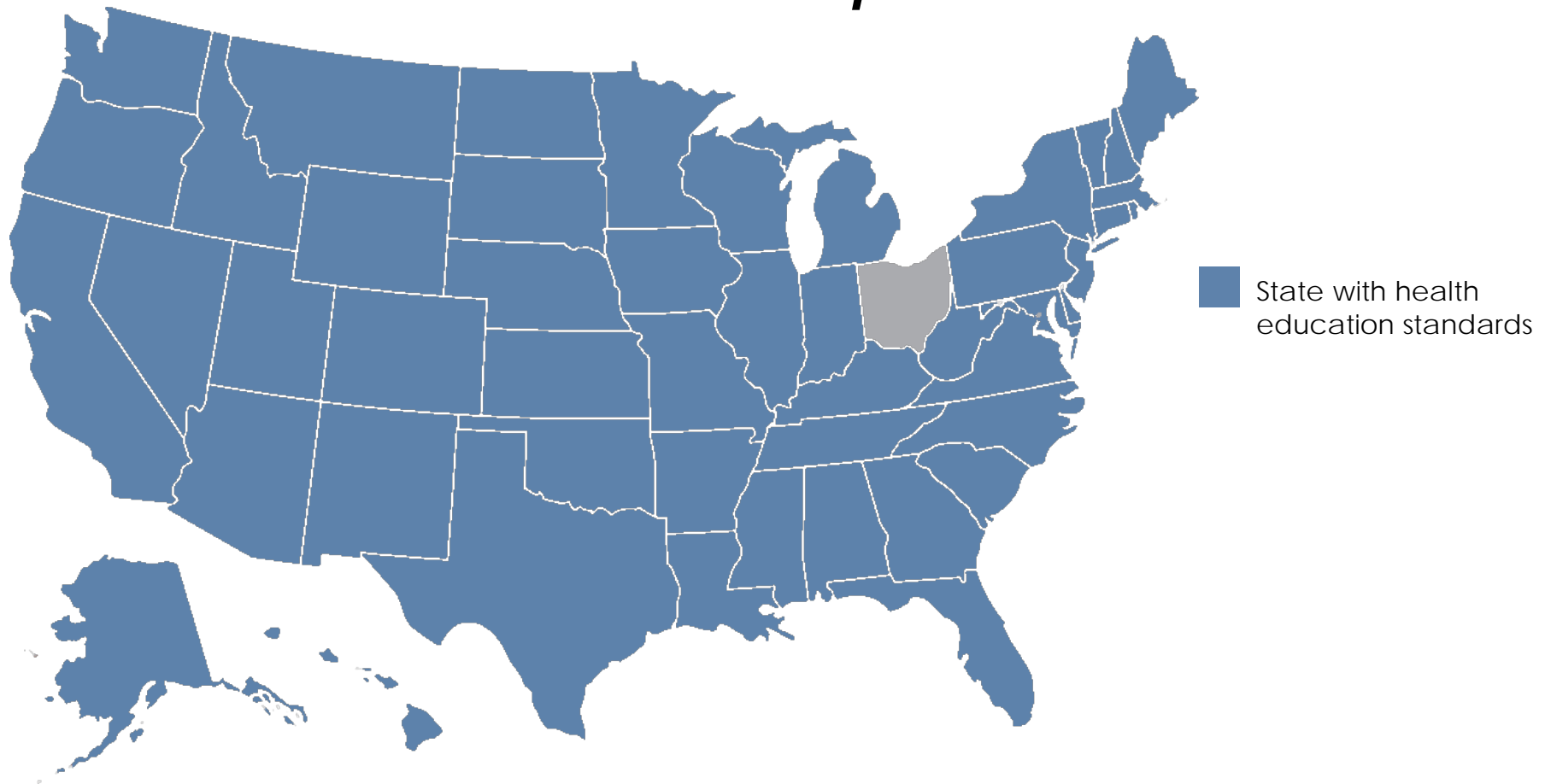


WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD

A collaborative approach to learning and health



States with health education standards, 2018




Sources: 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** 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 local curriculum, but they can provide links, resources, and model curriculum.
- Ohio is a local control state

Ohio's Health Education Requirements:

- 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.
- Harmful effect and legal restrictions against the use of *drugs of abuse, alcoholic beverages, and tobacco.*
- *Venereal disease**
- *Personal safety and assault prevention**
 - K-6: child abuse prevention,
 - 7-12: Dating violence and healthy relationships.
- Prescription opioid abuse prevention.
- Anatomical Gifts

Ohio's current approach to K-12 drug and violence prevention and mental health promotion

Statutory requirements
(HB 367, BH 19, etc.)

HOPE Curriculum

Prevention education by
health education
teachers

Prevention programs by
external partners (DARE
officers, ADAMH-funded
organizations, LHDs,
etc.)

OHYES! and YRBS
surveys

OMHAS initiatives (PAX
GBG training, Start
Talking!, etc.)

ODE initiatives (Healthy
Schools and
Communities Resource
Team, Ohio Interagency
Council for Youth, PBI
Network, etc.)

ODH initiatives (SHIP,
Adolescent Health
Partnership, etc.)

ODE School Climate
Guidelines

ODE Social Emotional
Learning Standards

Attorney General's Joint
Study Committee on
Drug Use Prevention
Education

State Board of Education
Social and Emotional
Learning Advisory
Group (Behavioral Health
Wellness Advisory
Committee)



**7th GRADE
LESSON 3**

Decision Making

Purpose of the Lesson

The purpose of this lesson is for students to review the **STOP, THINK, CHOOSE** decision-making model and analyze the possible outcomes of a decision. Students will also identify various influences on the decisions we make and how to combat them to make the healthiest choice.

National Health Education Standards

Standard 5: Decision Making

Performance Indicator 5.8.4: Explain how family, culture, media, peers and personal beliefs affect a decision related to drug use.

Performance Indicator 5.8.6: Predict the potential outcomes of healthy and unhealthy alternatives to a decision related to drug use.

Performance Indicator 5.8.7: Choose a healthy alternative when making a decision related to other drug use.

Performance Indicator 5.8.8: Analyze the effectiveness of a final outcome of a decision related to other drug use.

Healthy Behavior Outcome (HBO)

Evaluate decisions to lead to healthy choices.

Protecting Ohio's Families

RESOURCE GUIDE



 **MIKE DEWINE**
OHIO ATTORNEY GENERAL

Contact

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Ohio's Health Education Model Curriculum

A PROJECT FUNDED BY THE MT. SINAI FOUNDATION



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 instruction
- Different from a program?



Effective Health Education Curriculum

- Focused on Health-related Skills, Attitudes, and Functional Knowledge for students to adopt and maintain healthy behaviors.
 1. Emphasizing health-enhancing beliefs and norms
 2. Analyzing peer pressure as well as media pressure
 3. Helping students to develop competency and self-efficacy in health-enhancing skills
- Skills v. Information Approach to Health Education:

Why develop a Model Curriculum for Ohio?

- Middle school students receiving health education¹?
 - 6th = 30.5%, 7th = 39.8%, 8th = 37.0%
- Only 35.7% of teachers were provided with key materials to teach health.
- Only 57.3% reported having a health education curriculum.
 - Elements: goals (67.2%), scope & sequence (46.3%), assessments (50%).
- Curriculum focused on skills = 48%
- Professional Development
 - AOD - received PD 2 years before = 29.6%; request = 68.4%
 - Emotional & Mental Health – PD = 37.28%; request = 67.8%
 - Healthy Eating – PD = 29%; request = 66%

¹Ohio Department of Health (2015). Ohio School Health Profiles.

<https://www.odh.ohio.gov/en/odhprograms/chss/schh/Ohio-School-Health-Profiles>

In a perfect world, trauma-informed schools ... (3-5 year goals)

- Teachers will be understanding of the student's home life
- Strong relationships between staff/students
- Good support from community organizations / Strong tie w/ school
- Stronger Bonds w/ parents
- Earlier intervention for mental health resources
- HOPE & other curriculum integrated into other classes/grade levels
- Breaking the cycle of poverty by getting students to see the bigger picture; making good decisions
- Trauma interventions that keep the family together



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Concrete Next Steps 9-12 HE

Teacher	District	State
offer curriculum assistance to elementary teachers (< in district PD) peer-to-peer 10th-12th	Provide teachers with PD. make health ed. a priority	Adopt Standards Require 4.01 credit of Health



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9th-12th
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THE MESSAGE IS CLEAR: WE NEED STATEWIDE HEALTH EDUCATION STANDARDS

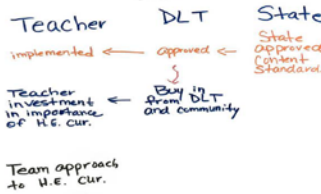
In a perfect world, K-8 health education in Ohio would look like...

- Standards
- health classroom teacher - don't put PE and health together
- curr + pacing guides
- life skills curr.
- must be qualified to teach health - CEUs in drug/alcohol/prevention
- be able to present in WEL
- use outside sources



Jordan Hill
Lifeskills teacher
6th-8th grades
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Concrete Next Steps



Karen Kubota
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Recently, health educators, school nurses, and guidance counselors in Southeast Ohio met to discuss short-term visions of health education in their schools, along with next steps to take (see callout figures for examples of both). Notably, all described the potential of health education to help youth develop into healthy, capable and worthwhile citizens who are connected to their families, peers, and communities.

They all also advocated for Ohio lawmakers to adopt standards for health education to enhance the credibility of schools as a resource for teaching health. Findings from a study of Ohio's health educators¹ also support adopting state health education standards.

- Standards would encourage using updated, evidence-based health education curriculum and refocus efforts for ongoing health skill development.

Study results: Health educators report using outdated curriculum; having limited access to professional development; and relying on non-credentialed speakers for teaching. Standards would help facilitate a renewal in using modern curriculum and teaching methods.

- Standards would offer state and local legitimacy for schools to educate youth on health topics by clarifying what students will learn.

Study results: Health educators seriously doubt that state and local policy makers value health education. Guidance from the state through standards would validate teaching youth skills to make lifelong healthy choices.

- Standards would provide guidance for schools to provide developmentally appropriate K-12 health education that meets Ohio's requirements.

Study results: Currently, Ohio schools are not meeting the minimum requirements for health education. Standards would support consistently teaching health skills across grade levels.

¹ Raffle, H., Ware, L. J., Lorson, K., & Blinsky, B. (2017). Portrait of middle and high school health education in Ohio. Paper presented at the convention of the Ohio Association for Health, Physical Education, Recreation and Dance, Sandusky, Ohio.

PD. = Professional Development; HLTH ED/H.E. Curr.=health education curriculum; DLT=district level team; K-8=kindergarten to eighth grade; PE.=physical education; HOPE=Health and Opioid Abuse Prevention Education curriculum; C.E.U.s = Continuing Education Units

For more information, contact: Kevin Lorson, Professor Wright State University, kevin.lorson@wright.edu
Created: March 2018



The Ohio Association for Health, Physical Education, Recreation, and Dance

The Model Curriculum Project

- Goal – Develop a model curriculum to support schools.
 - Draft of outcomes December 2018.
 - Draft of curriculum documents June 2019.
 - Published to the OAHPERD website August 2019
- Role of the Advisory Committee
 - Future Advisory Meetings – December 2018, May 2019
- Writing Teams
 - Overall Curriculum – Grade Band Groups
 - Topic Writing Teams

Components of the Model Curriculum

- Curriculum
 - Standards, Benchmarks & Indicators
 - Curriculum Map – Year/semester at a glance including units, approximate time frames, assessment practices, and standards.
- Unit Organizer – (Required & Recommended)
 - Benchmarks & Indicators aligned with Standards.*
 - Assessments & Assessment Practices*
 - Time Frame*
 - Instructional Strategies - (presented for overall)
 - Technology
 - Strategies for Diverse Learners
 - Instructional Shifts

Ohio Academic Content Standards Framework

Standard

Overarching goals and themes

Benchmark

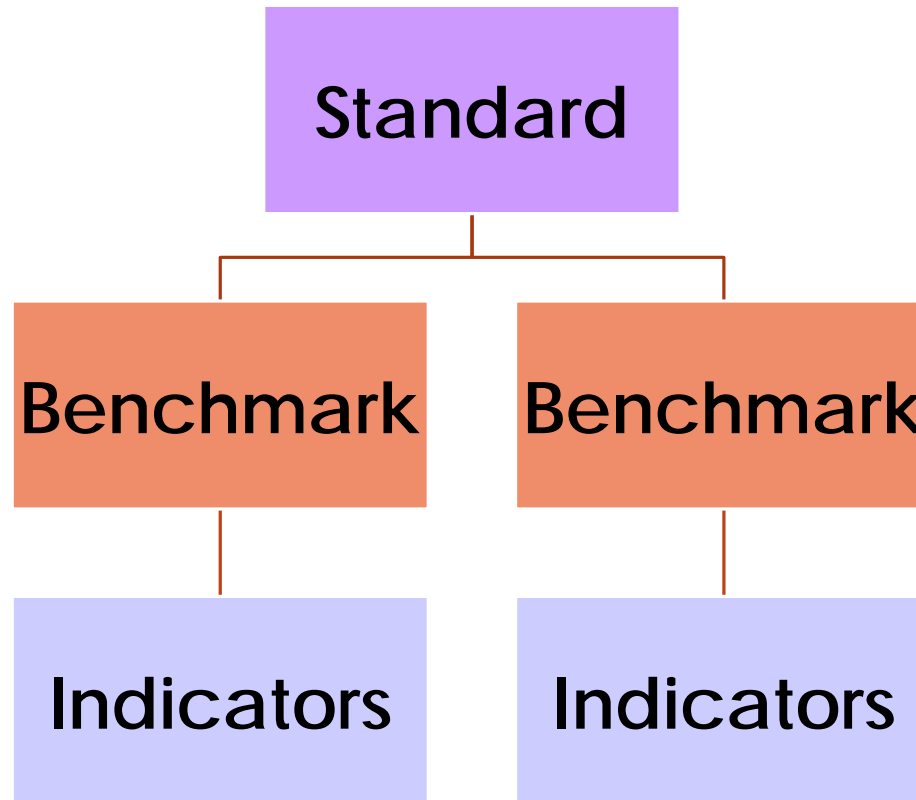
What all students should know and be able to do at the end of each grade band

Indicator

What all students should know and be able to do at each grade level



Ohio Academic Content Standards Framework



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:**

- What topics to teach
- Direct how to teach? When to teach? How long to teach?
- Provide lesson plans or unit plans.
- Include an exhaustive list of classroom activities
- Act as a resource to replace your district's decisions and direction.

Example of Local Control in Health Education

- Example of Standards & Local Control:
 - Standard 5 – Decision Making. Model curriculum identifies the benchmark for Grade 5.
 - “Execute the steps of the decision-making process to make a healthy choice.”
 - Local curriculum identifies which topics or unit.
 - Healthy choices about prescription medication.
 - Healthy choices for a food and beverage before, during or after exercise.
- How would the model curriculum actually *enhance* local control?

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.

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.

What is the impact of the Model Curriculum?

How to support schools?

- 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

Group discussion

1. What problems are we aiming to solve by developing a model health education curriculum?
2. What will be different if we are successful?
3. How can we provide guidance and structure that supports local control?
4. How can this project best connect to and support related initiatives led by state agencies and others? (e.g., Attorney General Joint Study Committee toolkit, HOPE curriculum, ODE strategic plan, State Health Improvement Plan, etc.)
5. What barriers/challenges may arise and how can they be overcome? (time permitting)

Next steps

Contacts



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