

Ohio Health Education Model Curriculum Advisory Committee
Notes from Meeting 3 (June 17, 2019)

All meeting materials are posted on [HPIO's website](#) under Advisory Group meetings: Meeting three

Small group discussions

General feedback

- Need more labeling, explanation regarding how the documents work together (High school group)

Feedback on priority charts

Elementary group:

- Challenge related to who "owns" health education in grades K-5 – The fact that the developers of the K-2 and 3-5 pieces are not always going to be the implementers is somewhat problematic
- Double-check Human Growth & Development (HGD) standards and indicators alignment for grades 3-5 (per OAPHERD group leader)
- Advisory committee members expressed concerns about having dashes in standards 6 (goal setting) and 7 (practicing health behaviors) for Alcohol, Tobacco and Other Drugs (ATOD) in the grades 3-5 priority chart – recommend using S's instead
 - OAPHERD leader – Goal setting (standard 6) on avoidance behaviors is difficult. It could be changed to an S but not an E. Also, there really is not a skill that applies in ATOD (standard 7). There are behaviors like using prescription medicines appropriately and proper disposal, but those fit better under standard 1 (functional knowledge).

Middle school group:

- There should not be dashes for standard 5 (decision-making skills) under Healthy Eating
- Concern that if schools/teachers see dashes, they will think they don't need to teach it. We should have as few dashes as possible so that things do not get missed.
- In Mental & Emotional Health (MEH), suicide needs to be addressed in more grade bands, and social-emotional awareness should be addressed in all grades.
- Would like to see more E's for standard 7 (practicing healthy behaviors) in middle school

High school group:

- Important to include e-cigarettes/vaping/Juul as an Essential content area
- Group liked using "Supportive" rather than "Supplemental"

Large group discussion

What suggestions do you have for disseminating the Ohio Health Education Model Curriculum?

- Related to the money that is still in the budget for the schools, there is discussion of offering a framework for the schools of how that money can be used. The health education model curriculum could be included.
- Work with non-traditional partners/community partners outside of the classroom – like community programming, Boys and Girls Clubs, etc.
- The Ohio Public Health Association (OPHA) or the boards of health could help with dissemination.
- Ohio After School Networks, ASCDs (Association for Supervision and Curriculum Development) and ESCs
- National School-Based Health Alliance/Ohio School-Based Health Services Association – they are convening youth advisory groups, hosting educational sessions, etc.
- Ohio Child Care Resource and Referral Association (OCCRA) and the Ohio Association of Health Plans (OAHP)
- The Ohio Education Association (OEA) has a data collaboration each quarter. You could have someone present the model curriculum to their members.
- Professional development for those non-traditional folks – e.g., school nurses, counselors
- Prevention providers in the community through OMHAS – need them to know what it is and how it aligns with their work
- For the HOPE curriculum, holding regional forums was very helpful. People can feel threatened. Also, we need to be careful with dissemination, making sure that folks have the entire document so they can connect the dots.
- Thinking of people working in public health and adult prevention as champions and allies in the community. Agree about presenting it at an OPHA meeting so that public health stakeholders know about it.
- Look at the content areas in the model curriculum and think about who the natural allies are in each of those areas.
 - Use people in the healthcare industry (e.g., medical providers, counselors, dietitians). Make sure they know that Ohio is the only state without health education standards.
- Many advisory committee members have access to a listserv. If a “blurb” about the model curriculum was provided, advisory committee members could send it out. We would want the message to be consistent.

Who are the key decision-makers or influencers we should target for dissemination?

- Need to get it in front of policymakers. Beth Liston could be a champion.
- There are some new republican legislators that were former teachers who may be able to spread the word. Also suggest engaging with the State Board of Education, although they would have to jump through hoops with the current statute.
- Advisory committee member: Where are our colleges of education?

- OAHPERD leader – Think we align teacher prep programs around these standards. This is similar to tools they already use. This may be more difficult in K-5.
- OAHPERD leader - The University of Akron just closed their Health and PE program because of what is happening in the state of Ohio. It has happened with other universities as well.
- In some recent meetings with state board members and some legislators, I have witnessed a good deal of push-back around standards and testing
 - Have also heard about the threat of usurping the parents

What connections can you think of between the model curriculum and other state and local initiatives? Describe the potential impact on your work/organization, state initiatives and our schools.

- ODE strategic plan says that they will have standards and model curricula for each subject. Can encourage people to use it through the gov delivery (?)
- As OMHAS is working to build connections between communities and the schools, there is lots of opportunity for alignment of efforts and what they're communicating
- It aligns so well with the social-emotional learning (SEL) standards. We received lots of public comments saying, "This would fit in health."

Can you think of any creative ways that schools can use the model curriculum to partner with outside organizations to have a positive impact on health behaviors?

- I sit on a committee with the Licking County Health Department. They have health educators on staff – it would be helpful to share the model curriculum with them. Also, regional offices and ESCs will be very helpful. Finally, I will want to spend a good amount of time with the teachers and make sure they understand the standards, benchmarks and indicators – there are things the teachers will not understand and may do incorrectly.
- Will be helpful to use those partners as experts to help the teachers - especially if they don't have the knowledge to cover a topic.
- Could you offer a list of approved organizations for this? Have a resource page that gives a list of people a school could call if they need more information on a topic?
 - Would you need to have a seal of approval? (e.g., Does what they teach align with the model curriculum?) There would need to be criteria.
 - It would be challenging, but it would be valuable.
- OMHAS has certified prevention agencies.
- Encouraging schools to seek partnerships for the wrap-around services. The model curriculum is something that could be helpful with those partnerships for alignment, etc. Suggest sharing it with Anna Miller (ODE) and have her distribute it to the school health network.