

## Ohio Health Education Model Curriculum Advisory Committee Meeting #2 (Dec. 12, 2018)

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

### Opening presentations

Amy Bush Stevens walked through the project logic model (slide 6) and asked for feedback from the advisory committee. No concerns were expressed.

Next, Kevin Lorson and the rest of the model curriculum leadership team explained the health education requirements in Ohio, described the concept of a model curriculum, explained the components of the Ohio Health Education Model Curriculum, and defined key terminology used in the curriculum documents. (OAHPERD presentation slides begin on slide 7)

They explained that the Ohio Health Education Model Curriculum:

- Uses the National Health Education standards
- Focuses on health-related skills, attitudes and functional knowledge
- Was developed using the HECAT (Health Education Curriculum Analysis Tool) and CDC's Characteristics of an Effective Health Education Curriculum
- Was developed by writing teams consisting of Ohio health educators and subject matter experts
- Incorporates the topics required by the Ohio Revised Code

Further, they explained how the Ohio Health Education Model Curriculum is organized.

It is divided into eight topic areas:

- Alcohol, tobacco and other drugs (ATOD)
- Healthy eating (HE)
- Human growth and development (HGD)
- Healthy relationships (HR)
- Mental and emotional health (MEH)
- Personal health and wellness (PHW)
- Safety (S)
- Violence prevention (VP)

Feedback captured at the Advisory Committee meeting and via an online survey (<https://www.surveymonkey.com/r/LWVCSJ6>) will go to the leadership team for consideration.

### Group Discussion Notes

#### **Do you believe the OAHPERD model curriculum will contribute to Ohio's students becoming health literate?**

- Yes – It includes lots of action words, which will lead to more than basic recall; it includes making deeper connections.

- Yes - The skills piece is very important. Having health knowledge is only one piece of health literacy. It also includes the ability to navigate and obtain health information. This will empower kids to feel that they can ask questions and get the information they need.

### **General thoughts/recommendations on the principles, guidelines, terminology, content frameworks and learning outcomes**

- General agreement that the 8 content areas are the correct ones
- Need to be very clear on what standards and model curriculum are
- Consistent messaging is important – messages need to be relayed throughout the school
- Variety and depth of knowledge is great, and it allows local districts to make links to “real life” in their community
- See natural progression across grade bands, so seems to be developmentally appropriate
- Create a quick reference/cheat sheet to make it easier for teachers to use (especially non-health educators)
- Repeat topics in various areas so they can be found easily
- Use common language as much as possible
- Glad to see advocacy skills included

### **Specific thoughts/recommendations on the principles, guidelines, terminology, content frameworks and learning outcomes**

#### Alcohol, tobacco and other drugs

- Need to include and be mindful of medical marijuana in grade 8
- Instead of calling out specific drugs (e.g., marijuana), give a list of “other drugs” and let schools decide which drugs to focus on

#### Mental and emotional health and healthy relationships

- Recommend using language consistent with the ODE Strategic Plan – “social and emotional health” instead of “mental and emotional health”
- Another participant suggested changing the “MEH” acronym – perhaps switched around to “Emotional and Mental Health (EMH)”
- Be more explicit around problem-solving and coping
- Something related to bullying should be included in K-2 (HR)
- Emotional regulation needs to be included, and social-emotional learning should be explicitly mentioned in order to show alignment with the ODE Strategic Plan
- Be more explicit about suicide in MEH grades 6-8 (One participant disagreed, saying that it should be addressed broadly so that schools can apply it to local conditions)
- When discussing “what makes up an emotionally healthy person,” it will be important to be mindful of not creating stigma

#### Healthy eating and physical activity

- Make sure we are prepared to explain why physical education is not included and how it's related
- Glad it includes link between diet and chronic disease

- Ensure that both exercise and nutrition are weighted equally
- Include info about trying different foods as part of decision-making and advocacy (in younger grades)
- Need to be mindful of how other students will react when a student brings unhealthy food to school – do not want this to turn into judging and making students feel bad
- Also need to be mindful that some parents will not be open to or have the financial means for eating healthy foods at home
- Include information on preparing healthy foods on a budget

### Sexual health and violence

- Happy with how sexual health is covered (terminology and content areas) – and think it's good that schools can pick and choose what they would like to cover
- Be more clear and explain why human growth and development (puberty) is addressed before high school
- Introduce human trafficking earlier
- Include HIV as part of STIs

### Other

- More needs to be included on the influence of screen time, social media, media consumption
- Anatomical gifts – put “organ donation” in parentheses
- Include language stressing the need for cultural competency
- One participant questioned whether the word “culture” should be included in standard 2; another felt that it should be there

### **Potential impact on committee members' work, state initiatives and Ohio schools**

- Could have a large impact – empowering kids, improving health outcomes and reducing healthcare spending
- Complements a lot of the prevention work of OhioMHAS
- Helpful to health education teachers
- Will be very helpful for schools to have the framework/foundation to know what to cover
- This type of resource is very important for local control, because local districts can pick and choose what works for them
- Need to be prepared to answer the first question that schools will ask – “How will we pay for it?” Be sure to explain what they pay-out is; communication will be very important
- Some teachers and schools will view this as “one more thing” and if it is not tested, it may not end up being taught. Teachers will need to see how it intersects.
- Teachers need to have professional development- can't just hand them the model curriculum (need to proactively teach them how to incorporate it)
- It is important to give young people the tools they need to be successful and important to have them in a school environment that supports this
- Fits well with one of the goals in the National Action Plan to Improve Health Literacy, which speaks to incorporating standards in child care and education through university

- Another tool to use to communicate with/advocate to policymakers
- Reinforces health + education message
- May be able to encourage the business community to advocate for schools to use the curriculum, as many are having difficulty finding employees that can pass a drug screen
- Believe it will help reduce mental health stigma, but we need to make sure that the group is really careful and mindful of this
- The steering committee for the Philanthropy Ohio Health Initiative has made health education standards one of their 2019 priorities

**Next steps**

- An invitation to serve on content framework writing teams had been sent out the day before the advisory committee meeting
- The leadership team will accept feedback via the online survey through the first week after the holidays (January 7<sup>th</sup>)
- Next advisory committee meeting will be in May/June 2019 (likely early June)
- OAHPERD is envisioning doing professional development before the start of the 2019-2020 school year