Ohio Model Health Education Curriculum Advisory Committee
Meeting One
June 21, 2018

Wireless network: Conference room
Password: 10WBroad43215!!
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
Where does Ohio rank?

43 Population health

+ 

31 Healthcare spending

46 Health value in Ohio

Health + Spending = Value
Ohio’s greatest health challenges:  
Selected metrics from 2017 Dashboard

<table>
<thead>
<tr>
<th>Metric</th>
<th>Ohio’s rank</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease mortality.</td>
<td>39</td>
<td>No change</td>
</tr>
<tr>
<td>Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population (age adjusted) (2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking. Percent of population age 18 and older that are current smokers (2015)</td>
<td>43</td>
<td>Moderately improved</td>
</tr>
<tr>
<td>Drug overdose deaths. Number of deaths due to drug overdoses per 100,000 population (age-adjusted) (2015)</td>
<td>47</td>
<td>Greatly worsened</td>
</tr>
<tr>
<td>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)</td>
<td>41</td>
<td>No change</td>
</tr>
<tr>
<td>Adult insufficient physical activity. Percent of adults 18 years and older not meeting physical activity guidelines for muscle strength and aerobic activity (2015)</td>
<td>31</td>
<td>Moderately worsened</td>
</tr>
</tbody>
</table>
Modifiable factors that impact health

- Social and economic environment: 40%
- Clinical care: 20%
- Health behaviors: 30%
- Physical environment: 10%
WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD

A collaborative approach to learning and health

COORDINATING POLICY, PROCESS, & PRACTICE

HEALTHY

SAFE

CHALLENGED

SUPPORTED

ENGAGED

IMPROVING LEARNING AND IMPROVING HEALTH

COMMUNITY

Family Engagement

Community Involvement

Employee Wellness

Physical Environment

Social & Emotional Climate

Nutrition Environment & Services

Health Services

Counseling, Psychological, & Social Services

Physical Education & Physical Activity
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.)
- Prevention education by health education teachers
- Prevention programs by external partners (DARE officers, ADAMH-funded organizations, LHDs, etc.)
- HOPE Curriculum
- ODE initiatives (Healthy Schools and Communities Resource Team, Ohio Interagency Council for Youth, PBIS Network, etc.)
- OHYES! and YRBS surveys
- OMHAS initiatives (PAX GBG training, Start Talking!, etc.)
- Attorney General’s Joint Study Committee on Drug Use Prevention Education
- ODE Social Emotional Learning Standards
- ODH initiatives (SHIP, Adolescent Health Partnership, etc.)
- State Board of Education Social and Emotional Learning Advisory Group (Behavioral Health Wellness Advisory Committee)
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.
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 education\(^1\):
  - 6\(^{th}\) = 30.5%, 7\(^{th}\) = 39.8%, 8\(^{th}\) = 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%

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 educators 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:** Heath 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.


P.O. = Professional Development; HED/HE = Cure + health education curriculum; DLT = district level team; R = 6th-12th grades; ED = 6th-8th grades; MO = Middle Grades; H = Health; O = Opioid; C.E.U. = Continuing Education Units

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Created: March 2018
The Model Curriculum Project

• Goal – Develop a model curriculum to support schools.
  ◦ Draft of outcomes December 2018.
  ◦ 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

- **Standard**
  - **Benchmark**
    - **Indicators**
  - **Benchmark**
    - **Indicators**
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:
  o Standard 5 – Decision Making. Model curriculum identifies the benchmark for Grade 5.
    o “Execute the steps of the decision-making process to make a healthy choice.”
  o Local curriculum identifies which topics or unit.
    o Healthy choices about prescription medication.
    o 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
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