

Ohio Health Education Model Curriculum project overview

Prepared by the Health Policy Institute of Ohio

Ohio ranks 46th on health value, meaning that Ohioans are less healthy and spend more on health care than people in most other states.¹ Examples of Ohio's greatest health challenges include its high rates of adult smoking, drug overdose deaths and cardiovascular disease. Multiple factors, including healthy behaviors, influence these outcomes. Health education builds health knowledge and skills, increasing health literacy and encouraging healthy decisions.

for health education without approval by the Ohio legislature. This means:

- Schools have no guidance from the state for developing or selecting health education curricula, and teachers lack guidance on how to teach health topics
- There is no uniformity in health education across Ohio and no clear sense of what students are learning

Status of health education in Ohio

Ohio law requires students to earn one-half unit (i.e., complete 60 hours) of health education to graduate from high school. In addition, schools must:

- Teach health education in grades K-8 (no explicit time requirement)
- Have a health education curriculum that includes specific, mandated topics (such as nutrition and "venereal disease")

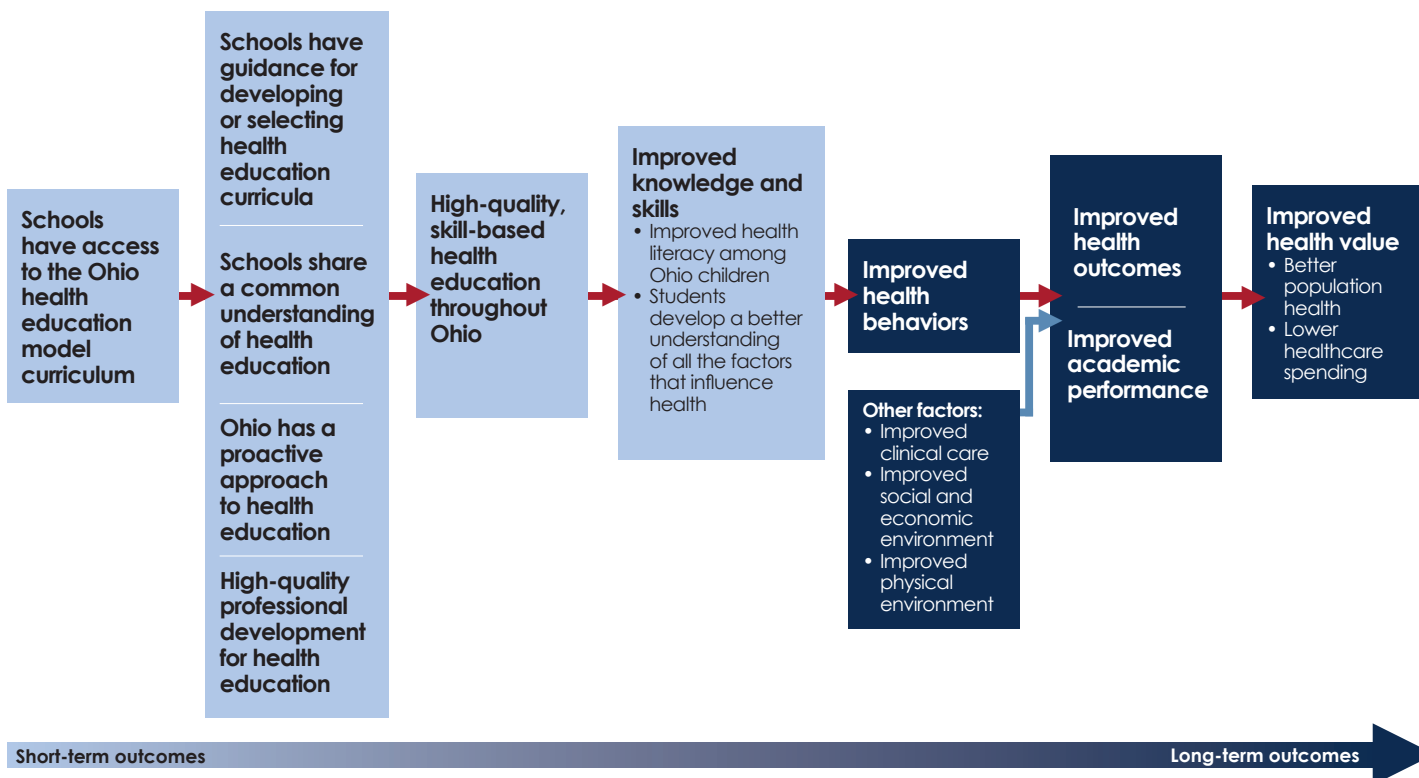
For subjects other than health, such as English Language Arts, mathematics, technology and financial literacy, Ohio schools have access to academic content standards and model curricula through the Ohio Department of Education (ODE). ODE is not permitted to adopt standards or disseminate a model curriculum

Ohio Health Education Model Curriculum project

The Ohio Association for Health, Physical Education, Recreation and Dance (OAHPERD)² regularly receives requests from schools for health education curriculum guidance. In order to assist these schools, OAHPERD convened expert writing teams, made up of Ohio educators and other specialists, to develop a model curriculum for health.

A model curriculum is in-depth guidance on the skills and knowledge students should learn in each grade. It is an optional tool that school districts and educators can use to develop local curricula and instructional plans and structure professional development.

Figure 1. Purpose of the health education model curriculum project



Purpose

The primary objective of this K-12 model curriculum is to guide Ohio schools to adopt a comprehensive, skill-based approach to health education. This will provide young Ohioans with the knowledge and skills needed to develop health literacy and become successful learners and healthy, productive adults (see figure 1).

Long-term outcomes of the model curriculum include improved health behaviors, health outcomes and academic performance. Achievement of these outcomes will require partnerships and alignment with efforts at the local and state levels.

The health education model curriculum aligns with ODE's 2019-2024 Strategic Plan and complements other state agency work. It is also a tool schools can use to collaborate with community and health partners, such as Boys and Girls Clubs, after-school programs, public health departments and healthcare providers.

Process and stakeholder engagement

In addition to the expert writing teams, an advisory committee provided input on the creation, components and structure of the model curriculum. The committee included representatives from more than 60 health and education organizations around the state. Any stakeholders expressing interest were invited to

participate. The committee met three times, and members were given several opportunities to submit comments on the model curriculum drafts. OAHPERD contracted with the Health Policy Institute of Ohio to assist with stakeholder engagement and meeting facilitation, as well as write this summary.

Final Ohio Health Education Model Curriculum

The final health education model curriculum is available on the [OAHPERD website](#). It includes standards aligned with the National Health Education Standards (see box below), prioritization charts outlining which standards are most important for focus in each grade and topic area, and additional materials to support local curriculum development.

The expert writing teams developed detailed student learning outcomes (i.e., benchmarks and indicators) based on Ohio's unique needs. Learning outcomes and content frameworks focus on eight topic areas³:

- Alcohol, tobacco and other drug prevention
- Healthy eating
- Human growth and development
- Healthy relationships
- Mental and emotional health
- Personal health and wellness
- Safety
- Violence prevention

National Health Education Standards

The National Health Education Standards were first developed by the Joint Committee on National Health Education Standards in 1995 and have since been reviewed and revised.

Students will:

1. Comprehend concepts related to health promotion and disease prevention to enhance health.
2. Analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Demonstrate the ability to access valid information and products and services to enhance health.
4. Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. Demonstrate the ability to use decision-making skills to enhance health.
6. Demonstrate the ability to use goal-setting skills to enhance health.
7. Demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
8. Demonstrate the ability to advocate for personal, family, and community health.⁴

Notes

1. Health Policy Institute of Ohio. *2019 Health Value Dashboard*. April 2019.

2. OAHPERD represents over 600 Ohio health education and physical education teachers committed to a healthy and physically active Ohio.

3. All topics which Ohio law requires schools to teach are included.

4. *National Health Education Standards: Achieving Excellence*. Joint Committee on National Health Education. Atlanta, GA: American Cancer Society, 2007.