

OHIO'S HEALTH EDUCATION STANDARDS

STATEMENT OF ISSUE

Health education is the **ONLY** content area in Ohio that does not have academic content standards. Ohio is the **ONLY** state without health education standards. Currently Ohio law does not permit the State Board of Education to adopt Health Education Standards, but legislation (ORC 3313.60) requires schools to teach content including: Including natural and organically produced foods; Drugs of abuse, alcoholic beverages and tobacco; Venereal disease (* parent exemption); Personal safety and sexual abuse prevention* (K-6), sexual violence prevention* (7-12); First Aid; Prescription opioid abuse prevention; Anatomical gifts.

WHAT ARE STANDARDS? WHY DO WE NEED THEM?

- Standards identify clearly the expectations for student learning.
- Standards are a necessary tool for schools to plan a comprehensive and developmentally appropriate skill-based health education curriculum.
- Without Health Education Standards Ohio's students are more likely to receive health education that is of poor quality, lacks direction, not based on data-driven curricular decision making, lacks a skills-based focus, and reduces the likelihood of the implementation of evidence-based and best practice curricula.
- Teachers may lack professional development to address important legislated content areas such as demonstrating a skills-based approach to opioid abuse prevention.
- Standards are needed to facilitate the shift in focus from only knowing about health to demonstrating skills that lead to health literacy.

PROPOSED OHIO 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 & RELIABLE 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.
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.

ADDITIONAL INFORMATION ABOUT THE HEALTH EDUCATION STANDARDS BILL:

- Local control:
 - Standards do not prescribe content or how to teach content, standards are learning outcomes that can be achieved across all health education topics.
 - Local districts decide how best to teach each of the required topics or any additional topics.
- No additional time requirement for health education or changes to the graduation requirements.
- No change to existing legislation for sex education or other required topics.
- Development and approval of health education standards would follow the same process as all other academic content areas.
- Cost to develop the standards and provide resources and professional development to school districts would be similar to the cost of the physical education standards.

RECOMMENDATION

OAHPERD and its partners seek legislation that will:

Authorize the State Board of Education to adopt Health Education Standards for grades K-12 applying the same methodology used to develop standards in other academic content areas.