

HEALTH EDUCATION AND LOCAL CONTROL

The goal of Health Education is health literacy - students developing the skills to adopt or maintain health behaviors. In health education, students have an opportunity to practice skills to make informed health decisions, communicate effectively, use health products, access valid and reliable health information, set achievable health goals and advocate for their own health. A recent poll of parents in the U.S. found that over two-thirds believe that topics traditionally included in health education curricula definitely should be taught in their child's school including: physical activity (76%), drug and alcohol abuse (75%), healthy eating (71%), and sex education/pregnancy prevention (70%)¹. Ohio is the only state in the nation that does not have health education standards to guide local health education curriculum. Ohio has the opportunity to learn from other states' experience and put in place best practice standards to ensure Ohio youth are healthy, college and career ready, and develop lifelong health habits.

This guidance document is designed to: clarify Ohio's rules and regulations for health education; describe local control, standards and curriculum; and explain how schools can develop a standards-based health education curriculum that addresses a variety of topics to meet local needs to develop health literacy.

HEALTH EDUCATION IN OHIO OHIO'S HEALTH EDUCATION REQUIREMENTS

- *Graduation Requirements.* Students must complete a minimum of one-half unit of health education in high school. One half-unit is equal to a minimum of 60 hours of instruction.
 - Online Health Education – Online health education curriculum must align with the district's health education curriculum and meet all of the Ohio health education required topics.
 - Credit Flexibility – Please see [credit flexibility guidelines](#) from the Ohio Department of Education for information.
 - Advanced Credit – Middle school students must complete the high school curriculum to earn graduation credit. Middle school students must complete the middle school curriculum at an advanced level before earning high school credit.
- *K-8 health education:* No minimum time requirement but school districts shall prescribe a health education curriculum for **all** schools that includes the following topics:

K-12 Required Topics:

- Nutritive value of foods (including natural and organically produced foods, the relation of nutrition to health and the use and effects of food additives);
- Harmful effects and legal restrictions against the use of drugs of abuse, alcoholic beverages, and tobacco;
- Prescription opioid abuse prevention

Grades K-6

- Personal safety and assault prevention*

Grades 7-12

- Dating violence prevention* education including: instruction in recognizing dating violence warning signs and characteristics of healthy relationships.
- Venereal disease education* - For additional information about venereal disease requirements ([HERE](#)):
- Anatomical gifts

These legislative requirements in the Ohio Revised Code provide minimal guidance for topics to address within a health education curriculum, but Ohio's students are not receiving effective health education. These requirements are focused on only addressing topics with a knowledge/information focus rather than skills-based learning outcomes.

¹Beyond Sex Ed: Parents want more health topics covered in school. National Poll on Children's Health. C.S. Mott Children's Hospital. Vol. 27, Issue 4, 2016.

*parent exemption. Source: Ohio Department of Education. <https://education.ohio.gov/getattachment/Topics/Learning-in-Ohio/Health-Education/9-12-Health-Education-Curriculum.pdf.aspx>; <http://education.ohio.gov/Topics/Learning-in-Ohio/Health-Education>; ORC 3313.60.)

Ohio is the **only** state that does not have K-12 Health Education Content Standards that guide teaching and learning. Health Education Content Standards:

- Identify the expectations for student learning. They specify what a student needs to know and be able to demonstrate related to required content areas;
- Are a necessary tool to guide and plan a comprehensive and developmentally appropriate K-12 curriculum;
- Do not prescribe a particular curriculum, instructional methods or topics.

Without direction from the state, schools lack clear expectations for student learning;

- The curriculum does not have a focus on skills-based health education.
- There is limited use of evidence-based and best practice curricula.
- There is a lack of professional development for health teachers.
- Many schools are not meeting ORC requirements.

LOCAL CONTROL AND HEALTH EDUCATION STANDARDS

Ohio, like many states is considered a local control state. This means that local school boards, not the Ohio Department of Education (ODE), has the authority to determine policy, select curriculum, and establish procedures for many areas in accordance with Ohio school law. It is the role of the ODE is to provide guidance using standards and data informed policy. In most subject areas, including Math and English, ODE approves the standards after completing a comprehensive process that includes development by an educator writing team, opportunities for public feedback, and finally approval by the State Board of Education. For additional information about Ohio's learning standards visit education.ohio.gov. Local districts then develop a health education curriculum aligned with the standards and state requirements to best fit local needs.

HOW WOULD HEALTH EDUCATION STANDARDS SUPPORT OHIO STUDENTS IN BEING CITIZEN/CAREER/COLLEGE READY?

Standards:

- Guide educators in creating a scope and sequence
- Guide educators to develop units, lessons and assessments
- Guide what is age-appropriate for grade level or grade band
- Align guidance to policy and laws related to teaching health education
- Allow educators to align the state standards with local needs and local data to inform instruction.

Standards do NOT:

- Identify the topics be taught.
- Direct how or for how long topics are taught, that decision rests with local districts.

Examples of the relationship between local control, standards and curriculum:

- Example of Standards and Local Control: English Language Arts
 - English Language Arts: Writing Standards – (Standard W.5.1).
 - Write opinion pieces on topics or texts, supporting a point of view with reasons and information.The standard does not dictate to teachers or schools the topics or text to be used, as local districts would determine those aspects. The standard does not identify the opinion or the point of view the student must take. It only clarifies that the student must state an opinion, present an organizational structure in which ideas are logically grouped to support the writer's purpose. The standard **only** clarifies what the student should be able to do at the completion of 5th grade.
- Example of local control, standards and health education in Ohio
 - The Archdiocese of Cincinnati, which represents all of the Catholic schools in southwest Ohio, adopted a revised health education curriculum in 2015 that aligns with the national health education standards. The Archdiocese was able to use the standards to guide the curriculum development process while also aligning the curriculum with the Catholic Identity.
- Example of local control, standards, and health education in Kentucky
 - Health education standards are included in the Kentucky Academic Standards (KAS). The KAS are adopted by the state and approved by the State Board. Curriculum selection is a locally controlled decision. Local schools and district determine the actual curriculum, content and programs that will be

RECOMMENDATIONS FOR EFFECTIVE HEALTH EDUCATION CURRICULUM

Local districts are empowered to develop a standards-based health education curriculum. To help students adopt or maintain healthy behaviors and health literacy the following recommendations for health education curriculum development and implementation include:

1. Develop a Standards-based Health Education Curriculum using the following approach:

Use a clear process for curriculum development to have a skills-based approach that supports the legislated content areas:

1. Review and analyze local/regional Youth Risk Behavior Survey data to determine how to address concerning data points in the health education classroom.
2. Identify how much time, on average, is allotted to health education at each grade level span.
3. Determine what National Health Education Standards will address the concerning data points to get at health promoting behaviors.
4. Determine Centers for Disease Control and Prevention's Health Education Curriculum Analysis Tool (HECAT), Healthy Behavior Outcomes that will address the concerning data points at each grade level span.
5. Review what [content areas are required](#) by Ohio Revised Code.
6. Identify what concepts and skills will be taught during each grade level span and write as grade level benchmarks.
 - An example of this includes how interpersonal communication skills, like negotiation skills may be introduced and practiced in 3rd grade within a bullying prevention unit, as well as reinforced in middle school within a unit on alcohol prevention and finally mastered in high school during a unit on healthy family relationships.

2. Provide Professional Development for educators teaching health around the following topics:

- Developing skills in health education.
- Utilizing the HECAT to refine or revise local health education curriculum
- Characteristics of Effective Health Education Curricula.
- Equipping health educators with the skills to create data driven lessons, units and assessments based on state or local data needs.
- Addressing controversial content through awareness, strong leadership, systems change, addressing resistance and creating support.
- Answering Difficult Questions - Protocol which demonstrates the range of beliefs and builds empathy as well as understanding of differing opinions/values/beliefs.

The Ohio Association for Health, Physical Education, Recreation and Dance (OAHPERD) can be another resource to provide professional development for teacher, as well as support to ensure schools are meeting the health education requirements outlined in Ohio Revised Code. Please visit www.ohahperd.org or contact Lisa Kirr at lisa@assnoffices.com for additional information and professional development workshops.

3. Utilize the CDC's Health Education Curriculum Analysis Tool (HECAT) to review and revise local health education curricula:

The HECAT contains the following sections to help school districts review health education curricula to ensure the best fit for local needs.

- Accuracy
- Acceptability
- Feasibility
- Affordability
- Curriculum layout and design
- Learning Objectives
- Teacher guidance and preparation
- Instructional strategies and Materials
- Teaching Health Skills
- Student Assessment
- Promoting Healthy Norms
- Content- specific modules