Physical Education & Health Education in Ohio's Schools

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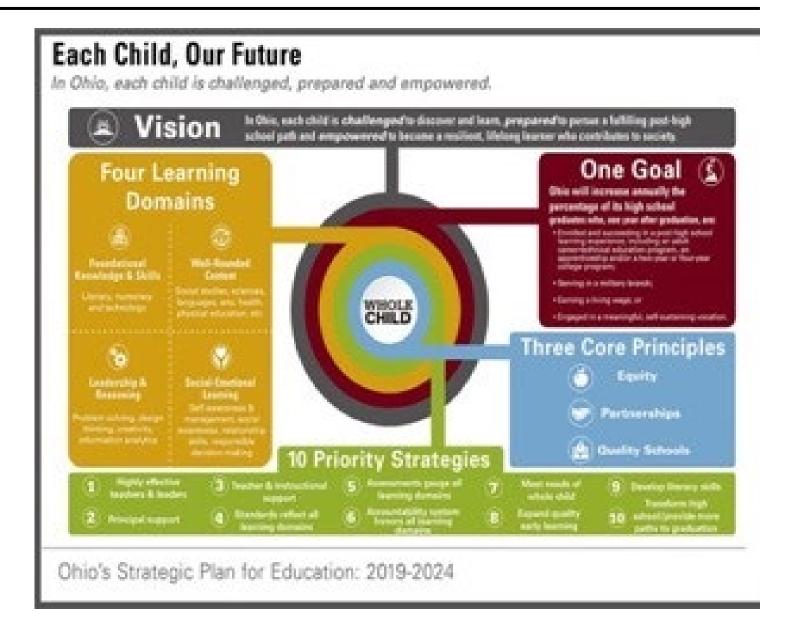


Today's Goals

The participants will......

- 1. Understand Ohio health education and physical education requirements, outcomes, and student learning outcomes.
- 2. Value the role of health education and physical education in developing, supporting, and enhancing healthy behaviors within a whole school, whole community approach.
- 3. Access resources and guidance to develop quality health education and physical education curriculum for students in Grades K-12.
- 4. Realize opportunities to engage partners and advocate for healthy behaviors using a whole school, whole community approach aligned with the Ohio Whole Child Framework.
- 5. The participants will identify resources to align health education and physical education with other health, SEL, and whole child initiatives.

The Whole Child: A Shared Focus



Ohio's Whole Child Framework

Our Goal: Fully prepare our students for a future including career and citizenship.

- HEALTHY and learns about and practices a healthy lifestyle.
- Learns in an environment that is physically and emotionally SAFE for students and adults.
- Actively ENGAGED in learning and is connected to the school and broader community.
- 4. Access to personalized learning and is SUPPORTED by qualified, caring adults.
- 5. CHALLENGED academically and prepared for success in college or further study and for employment and participation in a global environment.



Ohio Whole Child Framework:

Supports, Resources & Initiatives

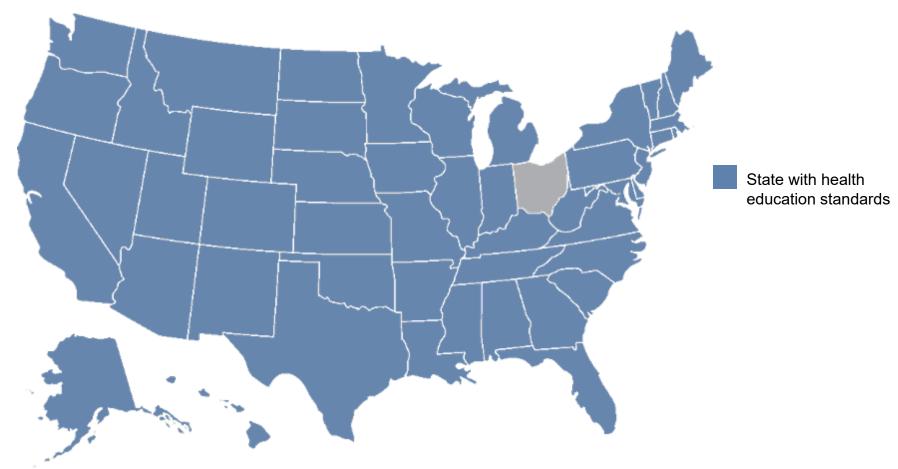
- Ohio Whole Child Network
- Ohio Whole Child Advisory
- Ohio Whole Child Start-Up Guide

- Additional School Health Resources
 - Ohio Healthy Students Profile
 - Ohio School Based Healthcare Toolkit
 - <u>OHYES!</u> Ohio Healthy Youth Environment Survey
 - Ohio K-12 Prevention Initiative
 - ODE Required Annual Reporting for Prevention Activities
 - Ohio Student Wellness & Success

Health Education

- Encompasses planned learning experiences that provide the opportunity for students to acquire functional knowledge and skills needed to adopt and maintain healthy behaviors.
- Incorporates a variety of physical, social, emotional, and other components focused on reducing health risk behaviors and promoting healthy decision-making.
- Emphasize a skills-based approach to help students practice and advocate for the health needs of themselves, their families, and their communities.
- Students must have opportunities within a daily health education class in Grades K— 12 led by a licensed health education teacher to gain the content knowledge and practice the skills that will lead to the adoption and maintenance of healthpromoting behaviors.

Health Education in Ohio.....



Sources: Health Policy Institute of Ohio. 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 <u>ONLY</u> 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.
- Ohio is a local control state.
- ODE cannot develop or publish curriculum, but they can provide links and resources.
 - o 2021 Ohio Budget Bill banned ODE from publishing model curriculum in health education.

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.
- 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

- 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.

*SHAPE America is revising the NHES. Anticipated 2024

Ohio Law Ohio Revised Code

- Section 3313.60 defines Prescribed
 Curriculum
 - "The board of education of each city, exempted village, and local school district and the board of each cooperative education school district shall prescribe a curriculum for all schools under its control."
- Prescribed Curriculum includes:
 - Health Education
 - Plus additional topics to address
 - Physical Education

- Graduation Requirements
 - Health Education
 - .5 credit = 60 hours of instruction
 - Physical Education
 - .5 credit = 120 hours of instruction

Ohio's Health Education Requirements:

- Graduation Requirement¹: One-half unit (60 hours)
- K-8: <u>NO</u> Time Requirement, but.....

ALL Schools <u>MUST</u> 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.
- Drugs of abuse, alcoholic beverages, and tobacco including electronic smoking devices
 harmful effects and legal restrictions against.
- Prescription opioid abuse prevention.
- Venereal disease*
- Personal safety and assault prevention
 - K-6: Child abuse prevention
 - 7-12: Dating violence & healthy relationships.
- Anatomical Gifts High School (30 minutes)

Profile of Health Education in Ohio

- When was your district curriculum last updated?
 - O Last 5 years = 42.2%
 - O More than 5 years = 30.6%
 - "Don't know" = 27.2%

¹ Raffle, H., Ware, L., Lorson, K., Blinsky, B., & Wainwright, A. (2019). A profile of the current state of school health education in Ohio. Future Focus, 39, 1, 22-32.

State Mandates & Health Education: A Disconnect¹

- Percentage of health education teachers receiving professional development in last 2 years¹:
 - All topics except for Violence
 Prevention (62.1%) were under
 50%:
 - Safety (39.7%)
 - Suicide Prevention (29.7%)
 - ATOD (29.6%)
 - Nutrition (29.0%)
 - STI Prevention (21.7%)

- Teachers would like more professional development²:
 - Alcohol & Other Drugs (68.4%)
 - Emotional & Mental Health (67.8%)
 - Nutrition (66%)
 - Sexuality (57.7%)

¹Raffle, H., Ware, L., Lorson, K., Blinsky, B., & Wainwright, A. (2019). A profile of the current state of school health education in Ohio. Future Focus, 39, 1, 22-32.

²Ohio Department of Health. (2015). 2014 Ohio School Health Profiles Summary: An Overview of Ohio Middle and High School Health Policies and Programs. Columbus, OH: Author.

Revisions to Health Education Requirements Sub HB 110 – The Budget Bill (2021)

- Venereal Disease Education:
 - o Abstinence is the only protection that is 100% effective against unwanted pregnancy, sexually transmitted disease, and sexual transmission of a virus that causes acquired immunodeficiency syndrome.
 - (a) Stress that students should abstain from sexual activity until after marriage
 - (b) Teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage;
 - (c) Teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;
 - (d) Stress that sexually transmitted diseases are serious possible hazards of sexual activity;
 - (e) Advise students of the laws pertaining to financial responsibility of parents to children born in and out of wedlock;
 - (f) Advise students of the circumstances under which it is criminal to have sexual contact with a person under the age of sixteen pursuant to section 2907.04 of the Revised Code;
- Any additional instruction requires parent opt-in and materials must be made available upon request
- ODE must conduct an annual audit of this section including a list of organizations providing venereal disease education.

Opt-in or Opt-out in 3313.60

- Topics with an Opt-out
 - *Venereal Disease
 - Personal Safety & Assault Prevention
 - Dating Violence Prevention
 - Suicide Prevention (Fall 2023)
 - Social Inclusion

- Topics with an Opt-in
 - *Venereal Disease

Health Education Update: SAVE Students Act (HB 123)

- Elements
 - Suicide Prevention
 - 2. Social Inclusion
 - Safety Training /Violence Prevention (ORC 3313.60)
- Requirements
 - One-hour or one class session annually in Grades 6-12
 - Parent opt-out
 - Begins at start of 2023 school year

Other considerations:

- Training programs approved by ODE:
 - Evidence-based
 - Address learning outcomes
- May use student assemblies, digital learning and homework can satisfy the requirement.

Comprehensive School Suicide Prevention

- Developing a School Suicide Prevention Plan
 - Stakeholders & Representative Team
 - Meetings and Resources
 - Messaging and communication
 - Stages of Change

- Multi-Tiered System of Support
 - Primary Prevention
 - Intervention Steps
 - Postvention Steps

Comprehensive School Suicide Prevention

- Primary Prevention
 - Suicide Prevention in the Health Education Curriculum
 - Faculty & Staff Education
 - Collaboration and Referral System
 - Peer Leadership or Assistance Program
 - School Connectedness

Resource – <u>Erika's Lighthouse</u>

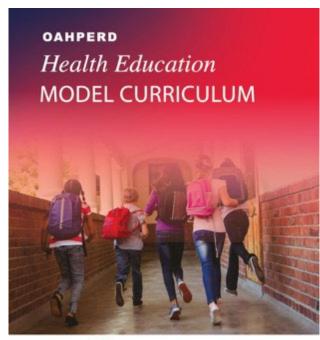
- Intervention Steps
 - Safety, assess student's risk, services, care, parent engagement, debriefing faculty & Staff
- Postvention Steps
 - Informing students, staff, families
 - Services & counseling
 - Monitoring the ongoing school climate & addressing media requests

Health Education Resources

- District (K-12) Curriculum Resources
 - OAHPERD Model Curriculum
 - Health Education Curriculum Analysis Tool
 - Curriculum Development Process
 - Characteristics of Effective Health Education
 - Skills-Based Health Education
- Over half of Ohio's health education teachers reported they either do not know when their curriculum was updated or even if the district has a curriculum.
- Most health education teachers have not received topic specific health education professional development.

OAHPERD Model Curriculum

- Introduction
 - Executive Summary from HPIO
 - Overview of Health Education in Ohio
 - Teaching & Learning
 - Quality Health Education
 - Model Curriculum Development Process
 - Diverse Learners
 - Instructional Technology
 - Assessment
 - Development Local Curriculum







Topic Areas

- ATOD = Alcohol, Tobacco, & Other Drugs
 - Includes Opioid Prevention*
- HE = Healthy Eating
- HGD = Human Growth & Development
 - Human Sexuality & Puberty
- HR = Healthy Relationships
- MEH = Mental & Emotional Health

- PHW = Personal Health & Wellness
 - Includes Anatomical Gifts* in High School
 - STIs / Venereal Disease*
- S = Safety
- VP = Violence Prevention*

* denotes a required topic from ORC



High School OAHPERD Health Education Standards Alignment Chart Grade Band Overview

	Content Area	ATOD	HE	HR	MEH	PHW	s	VP
	Grade	HS	HS	HS	HS	HS	HS	HS
	1	E	E	E	E	E	E	E
ard	2	S	S	E	S	S	S	E
Standard	3	s	E	S	E	E	s	s
Education	4	E	S	E	s	E	E	E
	5	E	S	E	s	s	E	s
Ohio Health	6	*	E	*	S	S	E	S
Ohio	7	*	S	S	E	E	E	S
	8	E	s	S	E	s	s	s

Tips for Developing Local Curriculum:

Advocate with colleagues, district leadership, as well as community and health partners.

Examine local data to leverage resources & to create a meaningful and relevant curriculum that meets <u>your</u> local needs.

Determine needs & readiness.

Who are your resources, supports, & stakeholders?

Examine current curriculum.

Is this a refinement or reboot?

Shift to a skills-based approach that aligns with the Characteristics of Effective Health Education.

Look for opportunities to develop and reinforce skills that enhance health behaviors within health education and across the curriculum in a whole school, whole community approach.

Ohio Physical Education Requirements

- Ohio Core
 - Ohio Revised Code: Section 3313.603 (A) (2)
 - Students must earn $\frac{1}{2}$ unit of credit in physical education as part of graduation requirement.
 - ½ unit means a minimum of 120 hours of instruction to meet the graduation requirement.
- Elementary & Middle School
 - Must provide PE as part of a well-rounded curriculum

Ohio Physical Education Requirements

Substitution

- Local boards may adopt policy
- ONLY for interscholastic athletics (2 full seasons), marching band, cheerleading, show choir, & ROTC.
- Student must select another ½ unit, consisting of at least 60 hrs of instruction in another course of study.

- Credit Flexibility
 - Must provide evidence of proficiency in the course and/or standards
 - Must complete the state PE evaluations
 - Cannot simply log PA time

"Advanced" Health & Physical Education

- Class must be of high school level curriculum or higher in rigor.
- Must be taught by a certified 9-12 physical education licensed teacher.
- Should have some way of determining that the students are both cognitively and physically ready for the advancement.
- Should not be setting students up for failure (this class goes on high school transcript no matter what the grade is, because it is a high school level course).
- All students taking the class have been evaluated and submitted previously at the 6-8 grade band.
- Must receive 60 hours or more of instruction (a full semester) to receive .25 high school credits for physical education.
- Physical Education students should be complete the High School Physical Evaluation and have their data submitted with the other High School data.

Ohio Physical Education Academic Content Standards (2015)

- The physically literate individual......
- 1. Demonstrates competency in a variety of motor skills and movement patterns.
- 2. Applies knowledge of concepts, principles, strategies and tactics related to movement and performance.
- 3. Demonstrates the knowledge and skills to achieve and maintain a healthenhancing level of physical activity and fitness.
- 4. Exhibits responsible personal and social behavior that respects self and others.
- 5. Recognizes the value of physical activity for health, enjoyment, challenge, selfexpression and/or social interaction.

Standard	K-2	3-5	6-8	9-12
Standard 1: Motor Skills & Movement	A: Locomotor & non-locomotor skills.	A: Combine locomotor and non-locomotor into movement patterns.	A: Movement skills and patterns in a variety of activities.	A: Combined movement skills and patterns in authentic settings.
Patterns	Locomotor Skills Assessment	Movement Pattern - Jump Rope, Gymnastics, Dance	Locomotor Activity Skills (Fitness, Dance, Ind. Perf. Activity)	Specialized Locomotor Skills
	B: Fundamental manipulative skills.	B: Fundamental manipulative skills in basic settings.	B: Specialized manipulative skills in a variety of settings.	B: Specialize manipulative skills in a variety of settings.
	Manipulative Skills Assessment	Manipulative/Sport Skill	Invasion, Net/Wall, Striking, Target Skill Assessments	Invasion, Net/Wall, Striking, Target Skill Assessments
Standard 2: Knowledge of movement	A: Knowledge of movement concepts.	A: Movement concepts and principles of movement.	A: Apply tactical concepts and performance principles.	A: Apply tactical concepts and performance principles in authentic settings.
concepts, principles, strategies and tactics.	Movement concepts performance	Game Performance Assessment: Positioning & Decision- making	Game Performance Assessment: Open space, defending space & decision-making	Analytical Portfolio Tactics & Strategies
	B: Knowledge of critical elements.	B: Knowledge of critical elements.	B: Knowledge of critical elements & biomechanical principles.	B: Apply biomechanical principles.
	Critical Elements Test Bank	Skill Analysis & Practice Plan	Skill Analysis & Biomechanical Principles	Biomechanical principles & Practice plan

Standard	K-2	3-5	6-8	9-12
Standard 3: Physical Activity & Fitness	A: Physical activity (PA) & PA opportunities	A: Current levels, PA Opportunities & Calorie Balance	A: Plan to meet PA recommendations	A: Lifetime physical activity plan
	PA Opp in school & Nutritional choices	PA Opportunities & Calorie Balance	Analyze PA & Physical Activity Plan	PA & Lifetime PA Plan
	B: Components, principles & practices of fitness.	B: Components, principles & practices of fitness	B: Uses principles & practices to design fitness plan	B: Health-related fitness & nutritional plan
	Fitness Questions	Fitness Components, Principles Questions	Personal Fitness Plan & Food Choices	Personal Fitness Plan & Food Choices & Exercise
Standard 4: Personal and	A: Personal Responsibility	A: Personal Responsibility	A: Personal Responsibility	A: Personal Responsibility
social behavior	Safety & Self-direction observation	Safety & Self-direction observation	Safety & Self-direction observation	Safety & Self-direction observation
	B: Cooperation & consideration of others.	B: Cooperation & respect.	B: Communicate and respect others	B: Communication and social responsibility.
	Social Responsibility Observation Assessment	Social Responsibility Observation Assessment	Social Responsibility Observation Assessment	Social Responsibility Observation Assessment
Standard 5: Recognize the values physical	A: Health Benefits for PA	A: Health benefits of PA	A: PA & physical, mental, & social benefits	A: Physical, emotional, intellection & social benefits of PA
activity	Picture assessment	Letter, paragraph, presentation advocating for PA	Physical Activity Advocacy	Physical Activity Multimedia Campaign
	B: Reasons to enjoy PA	B: Reasons to enjoy PA	B: Reasons to enjoy PA: social, challenge, expression	B: Reasons to enjoy PA: social, challenge, expression
	Picture assessment	Advocacy	Physical Activity Advocacy	Physical Activity Marketing

Ohio Physical Education Evaluation

- All public and community schools are required to assess every student once per grade band (K-2, 3-5, 6-8, 9-12).
- There is <u>NO</u> waiver for the evaluation, schools are obligated to complete the requirements and report the data to EMIS.
- Results of the Ohio Physical Education Evaluation will be included on the building and district report card.
- The measure is not a factor on your building or district performance rating.

Finding your School's Report Card:

- 1. Ohio Department of Education
- 2. Select School or District
- 3. Select School Details
- 4. Scroll Down to Wellness & Physical Education

District Outcomes

Wellness and Physical Education

The extent to which students are successful in meeting the benchmarks contained in Ohio's physical education standards	Moderate Success
Compliance with the federal requirement for implementing a local wellness policy	©
Elected to administer BMI screening	⊛
Participation in Physical Activity Pilot Program	®

School Outcomes

Primary - Moderate

Elementary – Moderate

Junior High – High

High School - Moderate

State-wide Data Reflection:

- A majority of schools scored in the moderate category
- Expect higher scores in future years as students achieve benchmarks in elementary grade bands.
- Scoring system based on overall student averages
 - Student would have to score at least 90% of the possible points possible.
- Limited time allocated to physical education.
- Impact of data collection and reporting to ODE
 - o 422 additional schools reported data in 2014 than 2013 (18.4% to 9.4%)

Physical Education Evaluation:

Using your Data for Advocacy

- Student Totals reports the progress of each student
 - Advanced Average benchmark score of 2.75 or higher
 - Proficient Average benchmark score between 2.74 and 1.75
 - Limited Average benchmark score less than
 1.74
 - "Count of Students Not Evaluated" The number of students not evaluated due to an extenuating circumstance (e.g. moving, injury, etc.).
- Benchmark Totals useful to show how your school is achieving each benchmark

- Data for ODE Your overall score to report to EMIS
 - High = Avg. Student Score of 3.0 2.7
 - Moderate = 2.69 1.75
 - Low = less than 1.74

Use your data to:

- 1. Improve your curriculum
- 2. Advocate for physical education:
 - Your students are meeting the standards!

Ohio's Whole Child Framework

Our Goal: Fully prepare our students for a future including career and citizenship.

- HEALTHY and learns about and practices a healthy lifestyle.
- Learns in an environment that is physically and emotionally SAFE for students and adults.
- Actively ENGAGED in learning and is connected to the school and broader community.
- 4. Access to personalized learning and is SUPPORTED by qualified, caring adults.
- 5. CHALLENGED academically and prepared for success in college or further study and for employment and participation in a global environment.



Social-Emotional Learning, Health Education, & Physical Education: Alignment & Opportunities

SEL	Health Education	Physical Education
Self-Awareness	Standard 8: Advocacy Standard 2: Analyzing Influence Standard 3: Accessing Valid Health Resources	Standard 4: Personal Responsibility
Self-Management	Standard 7: Self-Management Skills Standard 6: Goal Setting	Standard 4: Personal Responsibility Standard 3: Fitness & Physical Activity
Social-Awareness	Standard 2: Analyzing Influences Standard 8: Advocacy Standard 4: Communication	Standard 4: Social Responsibility
Relationship Skills	Standard 4: Communication Standard 5: Decision-Making	Standard 4: Social Responsibility
Responsible Decision- Making	Standard 5: Decision-Making Standard 2: Analyzing Influence Standard 8: Advocacy	Standard 4: Personal & Social Responsibility

Proposed Bills impacting Health & Physical Education

- **HB 616** Regards promotion, teaching-divisive, inherently racist concepts
- **HB 237** Teaching Divisive Topics
- **HB 529** Online posting of school curricula
- **HB 105** Erin's Law/Sexual Abuse Prevention
- **HB 639** Self-Defense Instruction

*Sign-up for Advocacy updates from the Ohio Alliance for Arts Education



Need assistance?

OAHPERD

- Advocacy or policy issues
- Technical Support and assistance for strategies and resources.
- Kevin Lorson
 - kevin.lorson@wright.edu
- Traci Grissom
 - <u>oahperdpresidentgrissom@gmail.com</u>

Ohio Department of Education

- Physical Education
 - Helpful for clarification of requirements
 - Assistance with Physical Education Evaluation, Waiver, & Credit Flexibility
 - Randi Myers
 (Randi.Myers@education.ohio.gov)
- Health Education
 - Ohio Department of Education
 - Website shares requirements
 - General Assembly has oversight so limited support from ODE