

In a perfect world, trauma-informed schools.... (3-5 year goals)

- Teachers will be understanding of the student's home life
- Strong relationships between staff/students
- Good support from community organizations / Strong tie w/ school
- Stronger Bonds w/ parents
- Earlier intervention for mental health resources
- HOPE & other curriculum integrated into other classes/grade levels.
- Breaking the cycle of poverty by getting students to see the bigger picture & making good decisions
- Treatments/interventions that keep the family together.



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Concrete Next Steps
9-12 HE

Teacher	District	State
offer curriculum assistance to elementary teachers (in district P.D.) peer to peer H.H. → ed.	Provide teachers with P.D. make health ed. a priority	Adopt Standards Require full credit of Health



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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 educators¹ 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Study results: Health educators report using outdated curriculum; having limited access to professional development; and relying on non-credentialed speakers for teaching.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: Health 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.

¹ Raffle, H., Ware, L. J., Lorson, K., & Blinsky, B. (2017). Portrait of middle and high school health education in Ohio. Paper presented at the convention of the Ohio Association for Health, Physical Education, Recreation and Dance, Sandusky, Ohio.

P.D. = Professional Development; HLTH ED/H.E. Curr.=health education curriculum; DLT=district level team; K-8=kindergarten to eighth grade; P.E.=physical education; HOPE=Health and Opioid Abuse Prevention Education curriculum; C.E.U.s = Continuing Education Units

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THE MESSAGE IS CLEAR: WE NEED STATEWIDE HEALTH EDUCATION STANDARDS

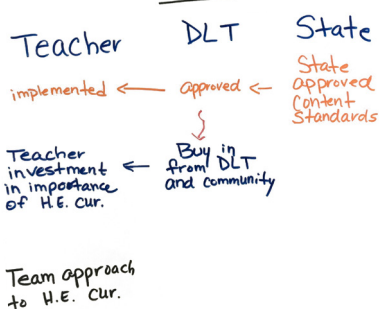
In a perfect world, K-8 health education in Ohio would look like...

- Standards
- health classroom teacher - don't put P.E. and health together.
- curr. + p.ing guides
- life skills curr.
- must be qualified to teach health - CEU's in drug/alcohol/prevention
 - be able to present well
 - use outside sources



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Concrete Next Steps



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