



ORAL  
HEALTH  
OHIO

*Summary  
Report*

# Ohio Pre K-12 Health Education Standards



**HEALTHPATH**

*Fiscal Agent for Oral Health Ohio*

# *What Are National Health Education Standards?*

Education standards set the expectations for what students should know and be able to demonstrate in various topics. These standards set the framework, and then each school district is able to choose or design their curriculum and educational materials to help their students best achieve these standards. Standards describe the outcomes students should reach without dictating the curriculum or the way the material is actually taught to students.

The development and implementation of standards-based school health education is one objective of the US Department of Health and Human Services' Healthy People 2020 initiative. Healthy People recommends, among other things, 40 hours per year of health education instruction for pre-K through second grade and 80 hours of instruction for grades 3-12 per academic year.<sup>1</sup>

Health Education Standards were first created by the Centers for Disease Control and Prevention (CDC) in the mid-1990s to “establish, promote and support health-enhancing behaviors for students in all grade levels—from pre-kindergarten through grade 12.” The National Health Education Standards (NHES) were released in 1995 with expectations for student proficiencies in promoting personal, family and community health. These standards were further revised in 2007.<sup>2</sup>

# The Eight Education Standards

Most states' health education standards closely follow the National Health Education Standards (NHES) set by the CDC.

## *Standards are:*

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

# Incorporation of Oral Health Education

While “health” is defined broadly in the National Health Education Standards above, a 2013 Policy Statement from the Association of State and Territorial Dental Directors (ASTDD) clearly asserts that an oral health component should be included in any comprehensive school health curriculum.

## *The policy statement reads:*

“ The Association of State and Territorial Dental Directors fully supports and endorses the integration of oral health education into health education curricula in schools. Good oral health can positively impact a child’s ability to learn and concentrate in school.”<sup>4</sup>



# Where Ohio Stands

**Simply put:** Ohio law does not allow the State Board of Education to adopt Health Education Standards.<sup>5</sup>

In the 1990s, the General Assembly in the state of Ohio removed the Board of Education's ability to set health education standards for the students of Ohio. The Ohio Revised Code (O.R.C.) 3301.0718 states that, "the state board of education shall not adopt or revise any standards or curriculum in the area of health unless, by concurrent resolution, the standards, curriculum, or revisions are approved by both houses of the general assembly."<sup>6</sup> This rule decrees that health education standards are controlled by the legislative body (Ohio General Assembly) with any changes requiring at least one public hearing on the standard followed by approval of both houses. Ohio, along with Minnesota, New Mexico, Rhode Island and Wisconsin, are the only states where the state legislative body sets health education standards.<sup>7</sup>

Likely because of this requirement for health education standards to be dictated by the legislature, Ohio is the only state in the United States that does not have pre-K through 12 health education standards. The Ohio Board of Education has adopted standards on every subject area except health education.<sup>8</sup>

Although Ohio has no health education standards, the Ohio Revised Code does deliver some direction regarding health topics that must be covered in secondary schools.



***Section 3313.60 (A)(5) of the O.R.C. requires secondary schools to provide one-half unit (60 total hours) of instruction in seven different areas of health education instruction, including:***

1. The nutritive value of foods, including natural and organically produced foods, the relation of nutrition to health, and the use and effects of food additives;
2. The harmful effects of and legal restrictions against the use of drugs of abuse, alcoholic beverages, and tobacco;
3. Venereal disease education, except that upon written request of the student's parent or guardian, a student shall be excused from taking instruction in venereal disease education;
4. In grades kindergarten through six, instruction in personal safety and assault prevention, except that upon written request of the student's parent or guardian, a student shall be excused from taking instruction in personal safety and assault prevention;
5. In grades seven through twelve, age-appropriate instruction in dating violence prevention education, which shall include instruction in recognizing dating violence warning signs and characteristics of healthy relationships.
6. Prescription opioid abuse prevention, with an emphasis on the prescription drug epidemic and the connection between prescription opioid abuse and addiction to other drugs, such as heroin.
7. The process of making an anatomical gift under Chapter 2108. of the Revised Code, with an emphasis on the life-saving and life-enhancing effects of organ and tissue donation.<sup>9</sup>

These seven items are specific topics to be covered, rather than the broad health education standards recommended by the CDC and adopted in other states.

# Oral Health Curriculum Resources

Because the state of Ohio has not adopted health education standards, advocacy efforts could instead focus on the implementation of exemplary curricula for oral health education.

## *Several model resources are available:*

**The American Dental Association (ADA)** has produced *Smile Starts!*, a dental health curriculum program designed for students in Pre-Kindergarten through 8th grade. It provides lesson plans that include materials, demonstrations, activities and extensions for various oral health education topics free of charge.<sup>10</sup>

**The Association of State and Territorial Dental Directors (ASTDD)** do not go so far as to create a set curriculum, but do suggest topics to be included in any comprehensive oral health education program. They recommend the curriculum be designed to help children and adolescents understand:

- Good oral hygiene and healthy eating behaviors
- The importance of fluorides and fluoridation, dental sealants, using mouth guards in sports, and accessing dental care on a regular basis
- The impact of tobacco use on the mouth
- Risks of oral piercing
- HPV and oral cancer
- How tooth decay forms
- Other oral health topics.

**The ASTDD** also provides extensive resources on their website detailing how to integrate oral health education into school health programs, including a list of 27 oral health curriculum resources.<sup>11</sup>



## Oral Health

# Curriculum Resources

**The National Maternal and Child Oral Health Resource Center** has put together a collection of oral health education resources. This manual includes curriculum materials, educational sources, tips for working with schools, and a list of organizations that are connected to oral health education.<sup>12</sup>

In addition, many states have developed toolkits for incorporating oral health education into the health education curriculum. Two examples are those from California and Virginia:

**The California Dental Association** created a training curriculum for children in grades pre-K through 5th grade. It includes training objectives, activities, game/puzzles, vocabulary, and additional resource materials for educators to deliver oral health education to students.<sup>13</sup>

**The Division of Dental Health within the Virginia Department of Health** developed a curriculum for oral health education, the Saving Smiles series: Healthy Mouth, Healthy Body. This oral health curriculum was created for children in kindergarten through 5th grade. It includes age appropriate lessons, discussion topics, questions, activities, assessments and additional resources for various oral health topics.<sup>14</sup>

Links to all suggested resources can be found in the following *Sources* section.

# Sources

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9. Prescribed Curriculum. Ohio Revised Code 3313.60 (A)(5): <http://codes.ohio.gov/orc/3313.60>
10. ADA Smile Starts! Curriculum: <https://www.mouthhealthy.org/en/resources/lesson-plans/smile-smarts>
11. ASTDD tools: <https://www.astdd.org/integrating-oral-health-into-coordinated-school-health-programs>
12. National Maternal and Child Oral Health Resource Center information: <https://www.mchoralhealth.org/PDFs/resguideschooloh.pdf>
13. California Dental Association resources: <https://www.eda.org/portals/0/pdfs/dentalhealthguide.pdf>
14. Virginia Department of Health curriculum: [www.vdh.virginia.gov/content/uploads/sites/30/2016/08/Saving\\_Smiles\\_Series.pdf](http://www.vdh.virginia.gov/content/uploads/sites/30/2016/08/Saving_Smiles_Series.pdf)



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