

Future Focus

Ohio Journal of Health, Physical Education, Recreation, and Dance



OAHPERD

Spring/Summer 2023

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Publication Guidelines

Future Focus is the official scholarly publication of the Ohio Association of Health, Physical Education, Recreation, and Dance. *Future Focus* is a refereed journal, and manuscripts are blindly reviewed by the writer's peers unless otherwise noted (e.g., columns from OAHPERD officers, continuing special sections such as "Convention Research Abstracts" and "The Coaching Toolbox"). Manuscript guidelines and submission dates are detailed on the last page. *Future Focus* is published in an electronic form only @ www.OHAHPERD.org.

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Quarter-page ad \$75.00
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Full-page ad \$225.00
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The Ohio Association for Health,
Physical Education, Recreation, and Dance

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In preparing for the “Salute to Sheridan” (page 8), all issues since 2007 were consulted. It was noted that none of the cover photos depicted persons with disabilities involved in physical activity. The site of the photo was the Challenge Golf Course in Akron, the first facility in the U.S. to be designed specifically for persons with disabilities.

Relevance, Resilience, and Respect

Mary LaVine, OAHPERD President

As I sat down to write this column, I reflected on many things. First, it is with a heavy heart I start my presidency by calling for thoughts and prayers for our Warrior, **Pam Bechtel**, who at the time of convention was battling leukemia. Then, a few short months later, I was writing to inform everyone of Pam's passing. We lost a dedicated, kind, caring, mentoring, and determined leader, colleague, and friend. We have all been deeply touched by her leadership to OAHPERD and beyond.

Next, I reflected on the amazing moments and memories we all made in attending our **first face-to-face convention** since 2019. What struck me most was although we are all a little older, we picked up right where we left off. The energy, enthusiasm, excitement, and resilience was astounding. We weathered through the pandemic and showed just how strong we, the OAHPERD family, are when we get together. The presentations were exceptional, with all sharing new ways to engage students in Health, Physical Education, Recreation, Dance and Sport Science. We are an amazing membership, with so many amazing people who love making life better for all students of Ohio. I am both thankful and proud of all of our members.

The last thing I reflected upon was, **what will be goals for my presidency?** A scary thought as I look back on our past presidents, I have something like size 20 shoes to fill! I want you all to know I am dedicated, passionate, mission directed, and a compassionate leader, who is looking forward to this opportunity.

One initiative I am looking forward to continuing is the work of getting **Ohio Health Education Standards approved**. Ohio's students' health depends on their passage by our State legislature. I am committed and determined to work with our Advocacy Chair, committee, state leaders, and parents to get them passed. So please keep this on your radar as we will be asking for the membership to help us.

Another initiative will be to **increase our membership**. For this, I am calling on each and everyone in the Association to join me. The start to this initiative is *us*. I ask each of you to bring a colleague to the Association. We are powerful in numbers and a powerful force. So my colleagues, get going. We offer our members connections to each other, connections to research to support their programs, and professional development opportunities throughout the year.



I am also working to **make connections with other organizations** with missions and goals that are similar to OAHPERD. I believe we need to reach out and make broader connections which will create new opportunities for OAHPERD.

My presidency theme: *Relevance, Resilience, and Respect. The 3 Rs, OAHPERD style.*

There are so many members who deserve recognition. I would like to thank **Traci Grissom**, current past president, for her leadership throughout the last three years getting through COVID. She led with strength, confidence, support, and vision, and was a driving force to make our state organization the very best in a time of great uncertainty. I am grateful for her mentoring and guidance. She is my rock and I am thankful as I know I can lean on her.

Thanks also go to **our trustees** for their endless commitment to the organization. Their support, input and guidance is so appreciated and maybe we don't tell them that enough.

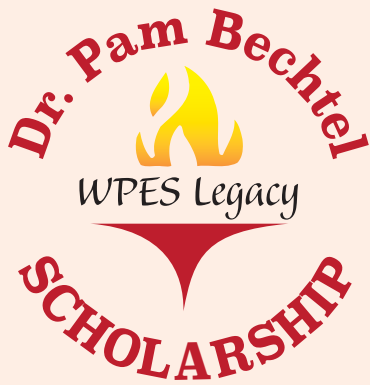
The membership needs to join me in thanking **Carol Falk and the Convention Planning Committee** for everything they did to put together our come-back convention in 2022. Carol and the team simply stated that, "if we offer a convention, they will come back." And they were so right.

A big thank you to **Kevin Lorson and the Advocacy Committee** for their endless work, behind the scenes at the State House, creating opportunities for the organization to knock on and open more doors. I would also like to thank Kevin and those he led to SHAPE America SPEAK OUT DAY in Washington, DC.

Finally, I express my admiration and respect for **Lisa Kirr**, our Executive Director, for everything she and her organization do for us on a daily basis. I would be lost without her guidance and support. She is committed to our association in every way possible. She continues to move us forward and opens us to new opportunities.

If I have missed anyone, please know I thank you too.

Now let's not waste time, get up, get moving, and get that colleague to OAHPERD. I am looking forward to seeing everyone at our Summer Institute, SPEAK OUT OHIO DAY, and Convention 2023. If there are any other opportunities of which I and our association should be aware, please reach out to us and share.



The Dr. Pam Bechtel WPES Legacy Scholarship

The Dr. Pam Bechtel WPES Legacy Scholarship provides funds to help undergraduate Physical Education, Health, Exercise Science, Athletic Training, Sport Science, Dance, Recreation, and Health majors and/or beginning young professionals in career positions related to the mission of OAHPERD to attend professional conferences or other professional development opportunities.

This scholarship was initiated through a start-up donation from the Ohio College Association-Women's Physical Education Section. Members of this group donated the remaining funds from their treasury to OAHPERD in December 2013. In December 2022, the OAHPERD Board of Directors unanimously voted to rename the scholarship the Dr. Pam Bechtel WPES Legacy Scholarship in honor of Past-President and Honorary Life Member, Dr. Pam Bechtel (1956–2023).

Donate to The Dr. Pam Bechtel
WPES Legacy Scholarship

[Donate here!](#)

Apply for The Dr. Pam Bechtel
WPES Legacy Scholarship

[Apply here!](#)

Corporate and Institution Recognition

Companies and organizations can support and be involved in OAHPERD.

Corporate membership includes:

- Complimentary exhibit booth and special recognition at Annual Convention
- Complimentary Quarter page ad in *Future Focus*. Logo included in convention mobile app.
- Recognition and link on OAHPERD's website
- 10% discount on sponsorships



The Daily Mile
Gopher



Justice for Sierah



QuaverEd



The following colleges and universities have committed to the HPERD profession by joining OAHPERD as an institutional member. Benefits include savings for students, student leadership opportunities, advertising opportunities, convention activity involvement, and much more.

Kent State University

Ohio University

The Ohio State University,
Health Science PAES

University of Mount Union

Wright State University

Teacher of the Year Nominations

OAHPERD is seeking nominations for Teacher of the Year and the other awards listed below. The recipient of the awards will be honored at the annual state convention. Some of the opportunities are highlighted in this issue (e.g., Legacy Award, Memorial Scholarship, Ohio Gold, Research Grants, OAHPERD Scholar, Student Writing Award). To initiate the awards process, [Start here!](#)

Further information can be obtained by contacting the Chair of the Awards Committee, Stacy Slackford Barnes (sbarnes@aurora-schools.org).

Specific Opportunities

- Adapted Physical Educator of the Year
- Dance Educator of the Year
- Elementary Physical Education Teacher of the Year
- Health Professional of the Year
- High School Physical Educator of the Year
- Middle School Physical Educator of the Year
- Recreation Professional of the Year
- Young Professional of the Year
- Honor Award
- Honorary Life Award
- Legacy Award
- Memorial Scholarship
- Meritorious Award
- Ohio Gold Award
- OAHPERD Research Grant
- OAHPERD Scholar
- Student Writing Award



Deadline: September 1, 2023

OAHPERD Association News, Spring 2023

Lisa Kirr, OAHPERD Executive Director

The Mission and Vision of OAHPERD states, “The Ohio Association for Health Physical Education, Recreation and Dance is committed to keeping Ohioans healthy and active by providing life-long learning and professional development, leadership, service and advocacy.” Here are ways the association is providing opportunities to its members to live the mission and vision this year!



Lifelong Learning & Professional Development:

- Attend the Summer Institute June 6 & 7 at Cherry Valley Hotel in Newark for 2 days of professional development, sharing, networking, and FUN!
- Attend the Annual State Convention, November 29–December 1 at Kalahari Resort in Sandusky.
- Submit a proposal to present a session at the Annual State Convention. First time? Contact me and I can connect you with a presenter-mentor to support you along the way.
- Apply for a scholarship, grant, or award for yourself or your school! Information and forms can be found on the OAHPERD website under the “About” tab.

Leadership:

- Join an OAHPERD committee or become a member of the Board of Directors. [Complete this form](#) and a board member will be in touch with you.
- Nominate a deserving colleague for a Teacher-of-the-Year Award. Go to the [website](#) for instructions on nominating.

Service:

- Incorporate the SHAPE America *health.moves.minds* fundraiser into your program! No other fundraiser directly impacts your school or OAHPERD the way that the *health.moves.minds* fundraiser can. Go to the [SHAPE America website](#) for information, lesson plans, and instructions.

Advocacy:

- Advocate for your profession by attending Speak Out Day at the Ohio Statehouse on June 8. Get

to know legislators from your district while educating them on the importance of Physical Education and Health.

- Encourage your colleagues to join the association!

Or **contact me!** If you have any ideas or improvements for the association, or wish to become more involved, please call or email me.

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Excellence in
Physical Education Award

The Ohio Gold Excellence in Physical Education Award Program is designed to recognize those schools whose policies and practices reflect a high priority and quality for Physical Education in schools. The program is sponsored by the Ohio Association for Health, Physical Education, Recreation and Dance. The Ohio Gold Awards program will accept applications and rank schools based upon their progress to achieve a “gold” standard in Physical Education.

Deadline: October 14, 2023. [For more info or to apply click here!](#)

OAHPERD Scholar

The Ohio Association for Health, Physical Education, Recreation, and Dance is accepting credentials from all candidates who qualify for the “OAHPERD Scholar” award. The OAHPERD Scholar designation will recognize OAHPERD’s research leaders by honoring their achievement in HPERD-related scholarship disseminated through OAHPERD. The OAHPERD Scholar designation is intended to (a) be one of distinction within OAHPERD and Scholars’ own academic communities, and (b) encourage high standards of research and other forms of scholarship among OAHPERD’s members.

There is no voting process associated with this scholarly recognition; there is simply a qualification process. Members qualify as OAHPERD scholars upon attaining a certain scholarly record. **Minimum criteria** (both A & B below) must be met:

A. Publications: All OAHPERD Scholars must have published at least 5 refereed articles in the OAHPERD journal, *Future Focus*.

B. Presentations: All OAHPERD Scholars must have made 5 presentations at the annual OAHPERD convention.

Announcement of newly recognized OAHPERD Scholars will take place at the annual OAHPERD awards ceremonies.

Credentials/Materials Required:

1. List Name, Rank and/or Title, Professional Affiliation, Research Areas/Interests, Address, Phone and Fax Numbers, and e-mail address.
2. List publications in APA format and attach a scanned copy of the *Future Focus* “Table of Contents” page for each publication.
3. List presentations in APA format and, if available, attach a copy of the OAHPERD Convention Program page containing name and presentation title for each presentation.
4. Mail all materials to the current *Future Focus* Editor no later than October 1 of the application year.

E-mail to the *Future Focus* Editor, Robert Stadulis: futurefocus.res@gmail.com



Membership Form

(Effective Date 2023–2024)

Online Membership Registration is available at www.ohahperd.org

New Member Renewal OAHPERD Member (_____ Years)

Company Name (For Corporate Membership only)

Last Name (or “Referred by” OAHPERD Member—Corp. Mbrship only)

First Name (or Contact Person for Corporate Membership)

Preferred Mailing Address

City

State _____ Zip _____

Home Telephone _____ Work Telephone _____

School/Agency/College

Levels (K–6, 7–9, etc.)

Position

E-mail Address

Corporate Website

Scholarship Gift \$ _____ Memorial Gift \$ _____

Make Check Payable To: **OAHPERD**

Mail To: OAHPERD, 400 W. Wilson Bridge Rd., Ste. 120,
Worthington, OH 43085

Questions? Call **614-228-4705** or OAHPERD@AssnOffices.com

Division Interest

Rank from (1–3)

_____ Adult Development

_____ Dance

_____ Health

_____ Higher Education

_____ Physical Education

_____ Recreation

_____ Sports Sciences

_____ Student Division

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Personal Check

O.E.A. Payroll Deduction

Honorary Life Member

Please charge my: Visa MasterCard Discover Amer. Express

Name as it appears on card _____ Exp. date: _____

Card No:

3-digit security code on back of card:

Signature: _____

Send information on OAHPERD services for ethnic minorities, individuals with disabilities and women. (Checking this box is strictly voluntary)

Membership Type

1 Year CORPORATE \$550

1 Year First-Time Professional \$35

1 Year Professional \$50

2 Year Professional \$95

3 Year Professional \$140

1 Year Student \$25

1 Year Sr. Student \$40*

1 Year Institution Student \$20**

1 Year Institution \$200

1 Year Retired \$25

*Senior student two-year membership option includes one year professional membership

**Students—receive a \$5 discount if your institution is a member of OAHPERD. Please verify membership before mailing reduced fee.

Editor's Comments

Bob Stadulis

I always look forward to the Spring/Summer issue of *Future Focus* as it coincides with the promise of Spring weather. This year is one that also feels like a normal time with an in-person convention finally in recent memory and the promise of another come next November. There is even the realization that next year at this time Ohio may have had the annual Shape America Convention in Cleveland.

Future Focus welcomes President LaVine with her first President's Message. President LaVine offers many goals in her message. Let's give her our full support.

Executive Secretary Kirr continues to provide the association members with information about the many opportunities to share in the association's efforts and in one's own professional development in her message.

Our refereed article represents an updating of the status of Health and Physical Education in Ohio schools. Lorson and Traylor use the data collected by the CDC to assess how Ohio compares to national data on policies, programs, and practices that support healthy students. Immediately following the refereed article is a book review by Adekanbi. The book authored by Lynch focuses on the teaching of physical education from socio-cultural and holistic perspectives. Many of the variables of comparison and interest to the Lorson and Traylor paper are also of interest in Lynch's book. For example, both papers



discuss the importance of community involvement in promoting physical activity and health. While not planned, it is a happy coincidence that these two offerings have been submitted for consideration in the same issue.

As far as I can determine, the presence of a book review has been a rare occurrence in the journal. I would encourage others to consider following Adekanbi's lead and review other works that might be of interest to OAHPERD members.

In my very first meeting at the beginning of my graduate program at Teachers College, Columbia University, my advisor Dr. Larry Locke introduced the new government sponsored program in which I was a student as one that aimed to prepare professionals who could "bridge the gap" between research and practice in physical activity and sport. One of the outstanding examples of how that can be achieved has been epitomized for the last 15 years through the contributions of Mike Sheridan and his "Coaching Toolbox" column. Unfortunately, Mike has decided to retire from this effort. As a salute to all his fine work, a history of the series is offered with thematic quotes to highlight the messages of these columns. I thank Mike for his continued excellence of each column. While he leaves the column, I hope he will continue to serve on the Editorial Committee. His skills in reading and evaluating research are outstanding.

2023 CONVENTION
SAVE the DATE
11.29.2023-12.01.2023
KALAHARI RESORTS
SANDUSKY, OH

A graphic for the 2023 convention. It features a red border with white dotted patterns at the corners. The text is centered and includes the dates 11.29.2023-12.01.2023 and the location Kalahari Resorts Sandusky, OH. There are red arrowheads pointing right at the top and bottom right.

WANTED:
Applicants for the Memorial Scholarship
Ohio colleges & universities with HPERD programs are invited to nominate one or two senior (undergraduate) students (2022–2023 school year) for this scholarship (maximum of two nominees from any institution).
For more info, click here!

A yellow graphic with a white border. The text is centered and includes the title "WANTED: Applicants for the Memorial Scholarship" and a call to action "For more info, click here!".

OAHPERD SPEAK OUT!
Day
THURSDAY, JUNE 8
REGISTRATION NOW OPEN
WWW.OAHPERD.ORG

A graphic for OAHPERD Speak Out! Day. It features a photo of the Ohio Statehouse building at the top. Below the photo is the OAHPERD logo. The text is centered and includes the date Thursday, June 8 and the website www.oahperd.org. There are images of sneakers at the bottom.

\$ RESEARCH GRANTS AVAILABLE! \$

Research grant monies are available to the OAHPERD membership. This year, **\$1,000 is available** for member use. Applications for research grants may be obtained by contacting Garry Bowyer, Chair of the Research & Grants Committee. Grants must be submitted to Garry by **October 14** of the year. Don't let this OAHPERD membership service pass you by. Start thinking about and writing your research grants now!

Contact: Garry Bowyer
4805 Kilkerry Drive
Middletown, OH 45042
bowyerg@muohio.edu

**For more info or to Apply
Click here!**

Join the OAHPERD Board!

OAHPERD will pay for substitutes so that Board members may attend required meetings during the year. In order to take advantage of this offer, send the following to the OAHPERD Executive Director:

1. A letter from the school administrator stating that the school district will not pay for professional release days.
2. An invoice from the school district indicating the correct amount to be remitted.
3. A completed OAHPERD Voucher (vouchers can be obtained from the Executive Director or OAHPERD Treasurer).

OAHPERD will send a check directly to the school district. We hope that this will encourage a better rate of participation by our officers in OAHPERD matters. Letters, invoices, and vouchers should be mailed to:

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F: 614-221-1989

E: Lisa@assnoffices.com



Each year the Editorial Board of OAHPERD can consider *Future Focus* articles submitted by graduate and undergraduate students for annual OAHPERD Student Writing Awards. Each award consists of a check for \$100 and a waiver of membership dues for the year. An award may be given to one undergraduate student and one graduate student each year, but only if submitted articles meet the criteria listed here.

1. Submitted articles must meet *Future Focus* standards of quality.
2. Submitted articles should follow *Future Focus* guidelines for authors.
3. Articles may be on any subject related to the concerns of Health, Physical Education, Recreation, and Dance.
4. Only single-author articles will be considered.
5. At the time of submission, the author of the submitted article must be a member of OAHPERD.
6. Articles considered for the award must not have been previously published and must not be concurrently submitted for publication elsewhere.
7. Articles must be submitted on or before July 31 to be considered for an award to be given at the following December's convention.



Updating Your Coaching Toolbox: Bridging the Gap Between Coaching Research and Practice

“Bridging the Gap between Coaching Research and Practice” is intended to offer coaches access to recent research in an easy-to-use set-up so that coaches may apply this knowledge to their coaching. If coaches also learn how to dissect and analyze research from reading this column, then this would be beneficial.

Let the reader be reminded first of: What has this column been all about?

This column is the 23^d in a series of articles in Future Focus which are written for coaches by coaches. The goal of this column is to provide information to coaches about recent research that is related to coaching in a user-friendly format. With this in mind, the author will briefly review a recent research article from a professional journal, critique it, and offer practical applications for coaches to use in their everyday coaching. It is the author’s intent to encourage a realistic bridging of coaching science to coaching practice through discussions of realistic applications of research. This column will be written with coaches as the intended audience with the following assumptions:

1. Some coaches are interested in applying recent research from coaching science to their coaching.
2. Most coaches do not have easy access to professional journals that provide scholarly research on coaching science, nor do many coaches have time to read, understand, and digest articles in these publications.
3. Many of the scientific articles are written in a language that is appropriate for scholarly (academic) publications, but many of the writings are difficult to understand if less familiar with scientific language use, thus making the application of the results to coaching practice difficult.

A Salute to the Contributions of Michael Sheridan

The Legacy of Michael Sheridan and “Updating Your Coaching Toolbox”

Starting in 2008, Mike Sheridan has contributed 21 articles to the *Future Focus*’ “Coaching Toolbox” section. But now, after almost 15 years of consistently stimulating and thoughtful pieces, he has decided to retire from this role.

We could not let him go without expressing our gratitude. What better way to do this but to highlight Mike’s many insightful and thoughtful words by reminding the readers of each column? The title of each column will be followed by a quote from the article that represents one of the main themes/messages of the piece¹. If a coach is looking for some guidance to future approaches and practices of her/his profession, here are 21 quotes of wisdom:

#1

2008 Vol. XXIX No. 1 pgs. 14–16
Igniting smoldering coals: The effects of posting public goals on athletic performance

“Assist athletes in establishing their own daily and weekly goals that are challenging. Encourage athletes to record daily progress relative to their goals.”

#2

2008 Vol. XXIX No. 2 pgs. 16–19
Where’s my lollipop? Working towards rewards and away from punishment and threats

“... rewarding expected behavior instead of punishing unwanted conduct improved my days, encouraged student motivation, and resulted in behavior that I sought.”

#3

2009 Vol. XXX No. 1 pgs. 10–13
Comparing two coaching legends:
The coaching behaviors of John Wooden and Pat Summitt

“The authors concluded that the majority of Summitt’s behaviors were instructional, positive, and hustle-oriented, designed to make practices simulate the intensity of game situations.” “... fear of punishment can contribute to avoiding the negative stimulus; while the behavior may be snuffed out immediately, when the ‘punisher’ is absent (away from earshot or during games), the behavior is more likely to reappear.”

¹ Thanks to Marilyn Paselsky for identifying many of the theme quotes.

#4

2010 Vol. XXXI No. 1 pgs. 8–11
Coaches as authoritarians:
Is our coaching and sport culture changing?

“Coaches who provide criticism surrounded by more praise are more likely to create an atmosphere where athletes enjoy the sport and their coach more, potentially leading to higher levels of motivation to persist in the face of adversity.”

#5

2010 Vol. XXXI No. 2 pgs. 8–11
To praise or not to praise ... that is the question!
How praise affects athletic performance

“People who adopt a growth mindset are open to change, believe that challenges are fun, and look at mistakes as opportunities to learn.”

#6

2011 Vol. XXXII No. 1 pgs. 14–17
Coaching decision-making skills—
Using a Tactical Games Approach on coaching

“If we have not put our athletes in situations in practice which closely simulate game conditions, then why would we expect the athletes to retain that knowledge in games?”

#7

2011 Vol. XXXII No. 2 pgs. 8–11
Formative Assessment and Coaching: Applying Effective
Teaching Tactics to Our Coaching Practice

“Some of the teaching strategies that we use as coaches are tactics that we use without realizing that we are utilizing effective pedagogical approaches. For example, in practices and in games, coaches often a) communicate expectancies, b) collect information and c) provide athletes with feedback about their progress and then resume practicing that skill. These three actions are effective teaching procedures that many coaches use to help their athletes grow and improve and are also effective strategies that are supported by research.”

#8

2012 Vol. XXXIII No. 1 pgs. 10–14
NASPE’s National Sport Coaching Standards—
Encouraging Standards-Based Coaching Practice

“Therefore, coaches should develop a system that allows for anonymous written feedback of their performance and then develop a manner to reflect on the data that they collect to make objective evaluation their coaching performance.”

#9

2012 Vol. XXXIII No. 2 pgs. 6–9
Love ‘em When They Win; Scold ‘em When They Lose:
Assessing Differential Coaching Behaviors

“... attitudes toward the coach were positively associated with a task-involved climate and negatively associated with an ego-involved climate. Coaches who create a mastery-oriented climate emphasize ‘self-referenced’ goals to assess success, whereas a coach who creates an ego-oriented climate emphasizes ‘other-referenced’ norms to determine success.”

#10

2013 Vol. XXXIV No. 1 pgs. 8–12
Using Evidence (Not Simply Win/Loss Records)
to Evaluate Coaching Effectiveness

“Simply stated, according to the reviewed article, athletes who play for an effective coach should have improved confidence, connection, character, and competence. By contrast, ineffective coaches will not positively affect their athletes’ ‘4Cs.’ To adequately measure these variables, coaches ought to complete assessments of these four dimensions in the same way that many effective teachers guide their instruction, that is, using pre-testing and post-testing.”

#11

2013 Vol. XXXIV No. 2 pgs. 8–12
Emotional Intelligence (EI) and Coaching:
What can we Learn About the Relationship?

“Athletes who have already reached an optimal level of energy in preparation for performance do not need a charged up pre-game speech from a coach to be more energized to play. In fact, often these athletes need exactly the opposite: a calm reminder from a balanced coach who helps athletes manage their emotions instead of provoking them to spiral out of control.”

#12

2014 Vol. XXXV No. 2 pgs. 8–11
Servant Leadership: Is it time to rethink how we coach?

“Becoming a Servant Leader-Coach: How will I demonstrate the following qualities Met/With my athletes today—Trust, Inclusion, Humility, Service?”

#13

2015 Vol. XXXVI No. 1 pgs. 8–11
Over-coaching, Under-coaching and Getting it Just Right:
Balancing our Coaching Behaviors

“Effective coaches create an atmosphere where athletes can feel free to take risks and fail.”

#14

2015 Vol. XXXVI No. 2 pgs. 14–18
 Verbal Aggression and Coaching: Effects on Coaches' Credibility and Athletes' Motivation

“Experienced coaches know that there is no “magic pill” and that motivation is a complex issue that cannot easily be addressed in one quick fix. Yet some coaches often believe that verbally and publicly criticizing athletes will ‘toughen them up’ and inspire them to do greater things. We know that this assumption is simply inaccurate.”

#15

2016 Vol. XXXVII No. 1 pgs. 8–11
 Coaching Burnout: Challenges and Solutions

“Vealey (2005) suggested compartmentalizing each part of one’s life: one part (what she refers to as a “zone” as a coach) and one part as the rest of one’s life. According to Vealey the key is to achieve well-being in each component of life through balance; if coaches focus only on their coaching “zone” then they will be more likely to experience burnout. On the other hand, if coaches focus only on the other components of life, then they will not likely reach goals that they set for themselves as coaches. Finding ways to live fully in each “zone” of life is the key to living **better and achieving more in both areas.**”

#16

2017 Vol. XXXVIII No. 1 pgs. 10–13
 How Can Coaches Design More Effective Practices?

“I learned some important things about practice: shorter is better; avoid conditioning-only drills and, if at all possible, stick to the script.”

#17

2017 Vol. XXXVIII No. 2 pgs. 8–11
 360-degree Feedback and Coaching: What, Why and How?

“Most of the clinics that they (coaches) attended for professional development focused on how to provide athletes with feedback rather than constructing effective systems to provide evaluative feedback on their own coaching performance.”

#18

2018 Vol. XXXIX No. 1 pgs. 10–13
 From Toxic to Transformational... A Journey Through Coaching

“Reflecting on my early coaching career, I wish that I could have told that young coach that he should pay more attention to his players and what they might have been going through personally at that time. Furthermore, instead of viewing player autonomy as a weakness in my coaching, I would have told that young coach to involve the players more in their own development and problem solving.”

#19

2019 Vol. XXXX No. 1 pgs. 8–12
 Using Exercise as Punishment: It Works!

“... currently reviewed research (Kerr et al., 2016) shows that punishment fails to achieve many of the intended goals that we are looking to develop (e.g., more cohesive teams, willingness of athletes to buy into team philosophies, sacrificing individual goals for team goals, etc.). In fact, Dr. Anne Smith (former Wimbledon tennis champion and sport psychologist), stated, ‘Punishing athletes indicates a deficiency in coaches’ ability to encourage, empathize and communicate.’”

#20

2020 Vol. XXXXI No. 1 pgs. 7–10
 “Generation Z”: Is this really a thing that coaches need to understand?

“When athletes devote too much of their attention to outcomes (e.g., winning/losing), they risk losing confidence because outcomes are outside of their control.”

#21

2021 Vol. XXXXII No. 1 pgs. 9–12
 Coaching: “A terribly unhealthy profession.” Tactics to help Coaches Address Mental Health

“... coaches who reached out for help from sport psychology consultants to improve their coaching performance... found that they unexpectedly learned tactics which could assist in maintaining their (own) mental well-being.”

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Analysis of Ohio's 2020 School Health Profiles: Status of Health Education, Physical Education, and School Health Initiatives

By Kevin Lorson and Andrea Traylor

Schools play a key role in a state's educational and health outcomes. Physical education and health education are integral to develop skills that lead to healthy behaviors. The School Health Profiles is a national survey conducted in even number years to monitor policies, programs, and practices that support healthy students. The purpose of this study is to summarize Ohio's 2020 School Health Profiles, compare results to the 2010 and 2018 results, and examine the factors influencing the results. The Profiles describe health education as most often offered in Grade 9 with a decreasing percentage of offering in Grades 10 to 12. Physical education is offered more often than health education, but offerings decrease after Grade 9. Health education and physical education course offerings provide limited opportunities for students to meet the learning outcomes and develop essential skills. Ohio was lower than the nationwide average for providing a written health education curriculum, learning outcomes, scope and sequence, and assessment plan. Health education curriculum was provided less often than physical education. Gaps existed between health education professional development wanted and received for health topics and essential topics to deliver quality health education. Limited course offerings, topics addressed within the curriculum, curriculum supports, and professional development all necessitates the need to deploy advocacy skills to develop a whole school, whole community approach to build healthy behaviors and support the tenets of the Ohio Whole Child Framework.

Keywords: school health, teachers, curriculum, professional development

Schools are a key element in promoting, developing, and supporting academic outcomes, enhancing health literacy, and healthy behaviors (Hahn & Truman, 2015; ODE, 2020a). Health and education outcomes interconnected; Ohio ranks near the bottom third in many health and education indicators and outcomes including life expectancy, health value, unintentional overdose deaths, chronic disease, and maternal health (Centers for Disease Control [CDC], 2022a; Health Policy Institute of Ohio [HPIO], 2021; National Center for Health Statistics, 2022). Data also show persistent and expanding inequities in education and health outcomes including a 29-year gap in life expectancy depending on residential

location (Churchill, 2017; HPIO, 2021). Youth health priorities within Ohio's State Health Improvement Plan (SHIP) include closing academic gaps, enhancing school-based health initiatives, and access to quality childcare (HPIO, 2021).

Many policies, programs and practices seek to improve health and education through a coordinated whole school, whole community approach. Health education and physical education are components of a whole school approach that provide learning opportunities to enhance skills that lead to healthy behaviors. The Ohio Department of Education (ODE) Strategic Plan *Each Child, Our Future* (ODE, 2019a) and the Ohio Whole Child Framework (OWCF) captures a whole school, whole community

approach to help students become healthy, safe, engaged, supported, and challenged to reach their fullest potential (Lorson, 2022; ODE, 2020a). Key principles of the OWCF include principles of continuous improvement; coordination of policies, programs, and practices; equity; and cultural responsiveness. The OWCF has 12 components that are organized into four categories. The healthy behaviors category includes health education, physical education, and social-emotional learning which develop skills to enhance healthy behaviors. The components are delivered in a coordinated system of policies, programs and practices in a whole school, whole community approach to enhance the five tenets of healthy, safe, engaged,

supported, and challenged students (Lorson, 2022; ODE 2020a). ODE also supports the implementation of Local School Wellness Policies (Hayes, Jackson, & Sharpe, 2022) and Positive Behavioral Interventions and Supports (PBIS) (ODE, 2022d). Health education and physical education are components of the OWCF and work with Social-Emotional Learning to enhance the skills that lead to healthy behaviors. The OWCF also highlights the opportunities for health education and physical education teachers to enhance healthy behaviors as well as support the whole school, whole community efforts (Lorson, 2022).

Health education and physical education are academic subjects, essential components of a well-rounded education, and a strategy to enhance population health by building skills and motivating students to improve and maintain their health, engage in physical activity, prevent disease, and reduce risky behaviors (CDC, 2015; CDC, 2021; SHAPE America, 2015). Health education encompasses planned learning experiences in which students have opportunities to practice skills needed to enhance health literacy by accessing valid and reliable health information, setting achievable health goals, making healthy decisions, using interpersonal communication skills to enhance health, practicing health enhancing behaviors, and advocating for their own health (CDC, 2015; Joint Committee on National Health Education Standards, 2007). Recommendations

for school health education offerings vary from daily health education classes in Grades K–12 led by a licensed health education teacher (CDC, 2011b) to a minimum of 40 hours of instruction in health education each year in grades preK–2 and 80 hours per year in Grades 3–12 (Joint Committee on National Health Education Standards, 2007).

Physical Education is a planned, sequential, standards-based program of curriculum and instruction to develop physical literacy. Physical education develops motor skills, knowledge of movement, and addresses feelings, attitudes, and values about movement (SHAPE America, 2015). Student learning outcomes for physical education are aligned with the National Physical Education Standards (SHAPE, 2014). Physical Education is recommended to be at least 150 minutes for elementary students and 225 minutes per week for middle and high school students for the entire school year (SHAPE, 2014).

Health Education

Ohio's health education and physical education legislated requirements target course offerings and topics required within the local health education curriculum. Health education and physical education are part of the prescribed curriculum that is required for all schools under each district's board of education. Despite the requirement for health education to be included in the Grades K–8 course of study, health education is offered inconsistently across the

elementary (K–5) and middle school (Grades 6–8) grade levels (Belcastro & Ramsaroop-Hansen, 2017; CDC, 2022b; Ohio Department of Health [ODH], 2019; Raffle et al., 2019). The only time requirement for health education is the high school graduation requirement of one-half unit or one semester of a minimum of 60 hours of instruction (ODE, n.d.; 2016). Many students meet the health education graduation requirement during Grade 9 with little or no health education in the remaining high school years (CDC, 2011a, 2019; Raffle, Ware, Lorson, Blinsky, & Wainwright, 2019).

Ohio Revised Code (3313.60) specifies the topics that must be included in the local health education curriculum (ODE, 2022a). Students can be opted-out by a parent/guardian of the following topics: personal safety and assault prevention (Grades K–6), dating violence prevention (Grades 7–12), sexual abuse prevention, and venereal disease (ODE, 2022a). The Ohio Revised Code 3313.60 (ORC, 2021) venereal disease requirement spells out specific content requirements that must be addressed with any additional topics beyond those spelled out in the legislation requiring parental opt-in (ODE, 2022a). While specific topics are required, these topics do not always appear in the local curriculum (Raffle et al., 2019). ORC 3313.60 also requires suicide prevention, violence prevention and social inclusion instruction to be addressed within Grades 6–12 with one hour or one



standard class period per year of evidence-based instruction that could be within a health class, assembly, digital learning, or homework (ODE, 2022a). First aid and CPR are required in each high school but is not specifically prescribed to health education (ODE, 2019c).

Ohio is the only state without health education standards. Health education is also the only required course within Ohio's prescribed curriculum that does not have state standards. ORC 3301.0718 (2021) specified the Ohio General Assembly must approve health education standards with a concurrent resolution from both chambers of the General Assembly, not the state board of education (Ohio Legislative Service Commission, 2021). However, Ohio does have social-emotional learning standards (ODE, 2019b) and early learning standards (ODE, 2022b) that align with the skills that help to build healthy behaviors.

With limited state guidance, health education teachers have received limited professional development and support to write local curriculum and deliver quality health education learning experiences that meet the needs of all students (CDC, 2011a, 2019). Ohio health education teachers reported their district health education curriculum was last updated more than five years ago (30.0%) and 27.2% of teachers did not know where to find the curriculum (Raffle et al., 2019). Ohio health education teachers also reported high confidence to write learning outcomes (72.0%), implement curriculum (77.7%), and develop a scope and sequenced plan (69.4%) (Raffle et al., 2019). The Ohio Association for Health, Physical Education, Recreation and Dance (OAHPERD, 2019) created a health education model curriculum in 2019 that included learning outcomes aligned with the National Health Education Standards (NHES) and

content frameworks, and a suggested scope & sequence to support district-level curriculum development. Ohio health teachers reported the highest confidence in teaching physical activity, alcohol and other drugs, dating violence prevention, and mental health and the lowest confidence for organ donation (48.0%), sexual orientation (49.7%), personal safety and assault prevention (62.3%) (Raffle et al., 2019). Previous studies of Ohio health education teachers consistently reported a wide gap between professional development received and requested for specific health



education topics, interactive teaching methods, assessment, and teaching students with disabilities, various cultural backgrounds, limited English proficiency, and supporting LGBTQ+ students (CDC, 2011a, 2019).

Physical Education

Ohio's physical education requirements mirror health education. Physical education is a required part of each school's prescribed curriculum. A minimum of 120 hours or 2 semesters are necessary to earn the .5 physical education credits to meet graduation requirements. There are no specific time requirements for Grades

K–8, but sufficient time is required to meet the learning outcomes (ODE, 2022c). Previous studies (Lorson et al., 2019; ODE, 2022) found elementary physical education is offered approximately 1.5 times per week for approximately 40–45 minutes in elementary grades, one semester or one quarter are offered in middle school, and high schools are offering two semesters. Ohio allows districts to adopt a substitution/waiver for high school physical education if the student completes two full seasons of interscholastic athletics, marching band, show choir, cheerleading, or an approved Junior Reserve Officer Training Corps (JROTC) and a .5 credit course to replace physical education (ODE, 2022c). An estimated 58.1% of high schools offer substitution and teachers estimated 35.8% of students take advantage of this substitution/waiver (Lorson et al., 2019). Students could also utilize the district's Credit Flexibility Plan to demonstrate the learning outcomes, which was estimated to be available in 77.9% of schools (Lorson & et al., 2019). A final option allows students to earn high school credit using the Advanced Credit policy by meeting the high school learning outcomes in middle school physical education (ODE, 2022c).

Ohio passed legislation in 2007 to adopt the national physical education standards with Ohio-specific grade band benchmarks and indicators (Lorson & Mitchell, 2016). Senate Bill 210 included several physical education/physical activity measures and required newly hired physical education teachers to be licensed, the enhancing of school physical activity programs, measuring students' BMI, and reporting progress towards the physical education benchmarks on the school/district's report card. The report card data have consistently shown a lack of school physical activity programs and the 2018

data reported the components of Comprehensive School Physical Activity Programs (CSPAP) to be below the national average (CDC, 2019). With the passing of Senate Bill 2010, Ohio was the first state to require assessment of each of the standards and reporting of data to the state department of education (Lorson & Mitchell, 2016; Sutherland & Walton-Fisette, 2022).

Physical Education teachers reported receiving curriculum materials (85.5%); learning outcomes (95.3%), scope and sequence (84.0%); and assessment plan (90.1%) in 2018 which was a significant increase from 2008 (ODH, 2019). Physical education curriculum materials were provided to teachers at a higher rate than health education in the 2018 School Health Profiles (ODH, 2019). Lorson and colleagues (2019) found 46.8% of Ohio physical education teachers reported their curriculum had been updated in the last five years compared to 28.9% 5 years ago, with 88.9% reporting the curriculum was aligned with the Ohio Physical Education Standards (Lorson et al., 2019).

To monitor the influence of policies, programs, and practices on health education, physical education and physical activity, safe and supportive environments, health services, and school health coordination, the School Health Profiles study is deployed by the CDC in even-number years. The results of the study have been summarized by the CDC (2022b) and ODH (2019), but ODH did not publish a summary of the 2020 School Health Profiles. The purpose of this article is to: summarize the 2020 School Health Profiles results for Ohio including physical education, health education, and school health/whole child initiatives; connect the 2020 results to the 2010 and 2018 School Health Profiles (CDC, 2011a; ODH, 2019);

and discuss the impact of policies, programs, and initiatives to support a healthy and physically active Ohio.

Methods

Participants

The SHP web-based survey was sent nationwide to schools in 44 states, 28 districts and 1 territory that serve students in grades 6–12 (CDC, 2022b). The web-based survey was sent to 361 principals with a 77% response rate ($n = 278$) in Ohio. The teacher surveys were distributed to 327 lead Ohio health education teachers with a 70% ($n = 229$) response rate (CDC, 2022b).

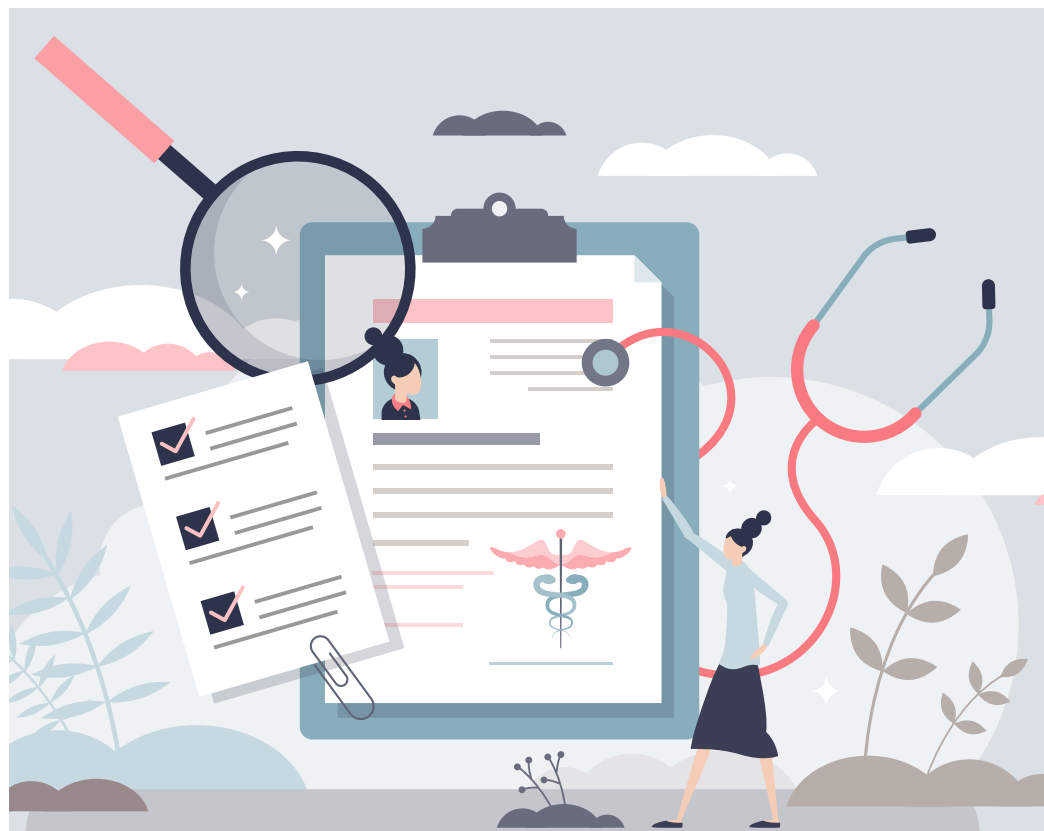
Instrumentation

The CDC distributes the School Health Profiles to monitor school health policies and practices in secondary schools across the United States. The web-based survey of administrators and lead health education teachers has been conducted biennially in even-numbered years

since 1996 (CDC, 2022b). The survey is focused on health education; physical education and activity; nutrition environment and services; health and safe school environments; health services; family engagement and community involvement; and school health coordination. For this paper, the 2020 survey was summarized and compared to the results with similarly worded questions in the 2018 and 2010 SHP to examine changes over time.

Procedure

Each state was sampled using a random, systematic, equal probability sampling strategy of regular secondary schools that included one or more grades 6 to 12. The survey was distributed from January 2020 to the Fall 2020. The data collection cycle was extended due to the COVID-19 pandemic leading to the results being published in 2022 (CDC, 2022b). The lead health education teacher and the principal completed a web-based



questionnaire. Participation was confidential and voluntary with regular phone, email, and written reminders. Please refer to the CDC School Health Profiles 2022 (CDC, 2022b) for additional information about the instrument, procedures, and data analysis.

Results

Health Education

The profile of Ohio health education teachers responding to the survey included 82.2% licensed in health education compared to 78.0% nationally. Their teacher preparation program was most common in a combined health education and physical education program (62.4%), physical education only (15.3%), health only (7.4%), other education (3.4%), and other kinesiology or exercise science program (4.0%). Years of teaching experience included 40.1% with more than 15 years experience, 23.4% had 2–5 years, and 9.0% were new teachers with 1-year of teaching experience.

Figure 1 summarizes the required health education course offerings across Grades 6–12. Students were required to receive health education instruction in Grades 6–12 for 88.0% of the responses. Health education is most often offered in Grade 9 with decreasing percentages in Grade 10, 11, and 12. Students were more often required to complete only one high school course (48.0%) versus two courses (36.7%). The percentage of schools requiring one or two courses of health education were lower in 2020 than the results of 2010 SHP (CDC, 2011). The Ohio high school health education offerings are closer to the national average, while the middle school offerings in Ohio were less than the national average across Grades 6 (Ohio = 19.8%, National = 47.4%), Grade 7 (Ohio = 40.0%, National = 59.0%), and Grade 8 (Ohio = 41.4%, National = 52.7%). Required health education course

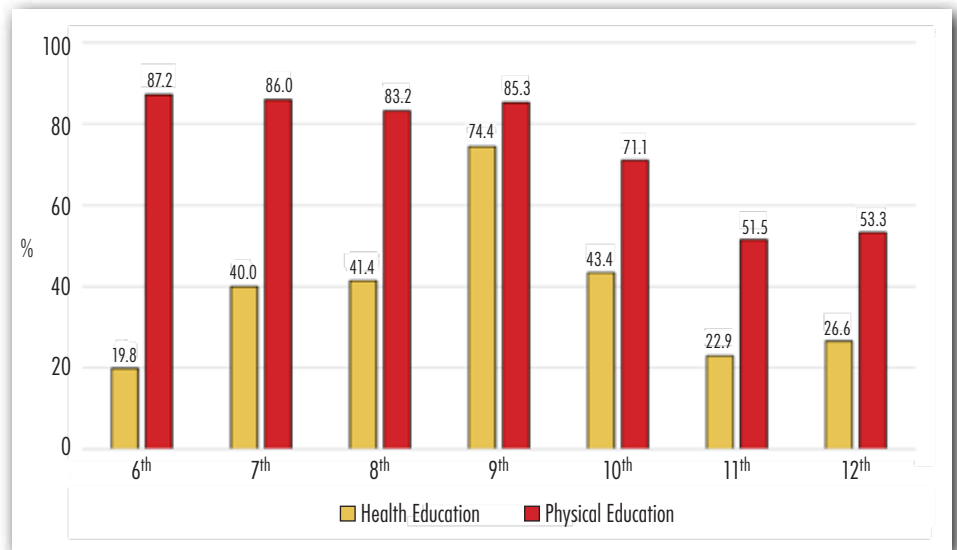


Figure 1. Percentage of Ohio schools that taught a required health education and physical education course in 6th–12th grades.

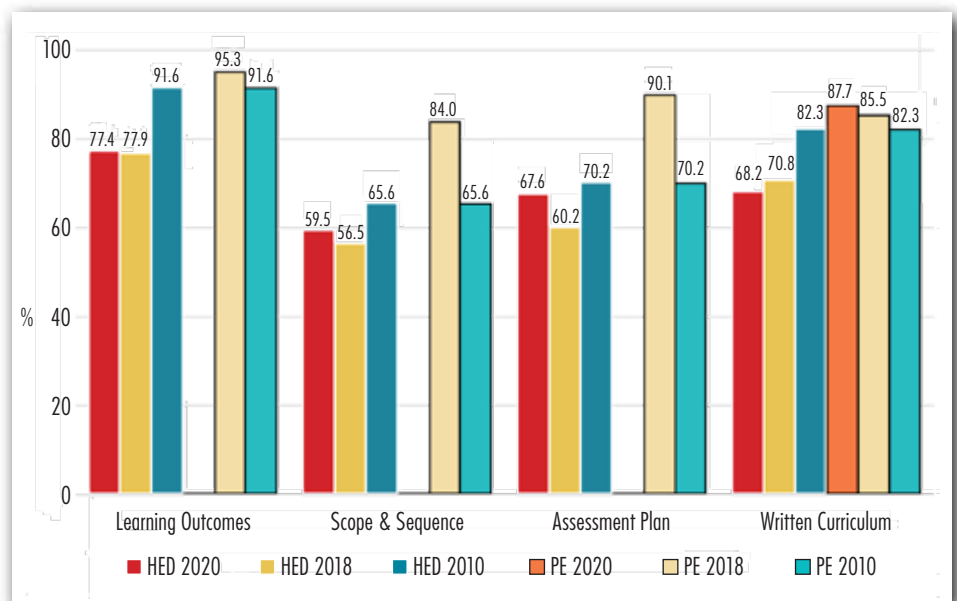


Figure 2. Percentage of Ohio schools in which those who teach health education and physical education are provided with the specific guidance materials.

offerings remain similar across 2020, 2018, and 2010 SHP studies.

Figure 2 summarizes the percentage of health education teachers provided the components of a written health education curriculum. Ohio was lower than the nationwide average for providing a written curriculum (Ohio = 68.2%, National = 75.9%), as well as each curriculum component including: outcomes

(Ohio = 77.4%, National = 86.2%); scope & sequence (Ohio = 59.5%, National = 69.3%); and assessment plan (Ohio = 67.6%, National = 70.5%). When Ohio health education teachers were asked if their curriculum addressed specific skills aligned with the National Health Education Standards (Joint Committee on National Health Education Standards, 2007), responses were

TABLE • 1

Percentage of teachers in Ohio who addressed specific health-related topics in a required course during the 2020 school year as well as professional development wanted and received

Topics	Addressed in a required course	Professional Development	
		Received	Wanted
Alcohol or other drug-use*	86.6	47.8	78.0
Asthma	59.0	25.3	48.3
Chronic disease prevention	83.4	30.3	65.0
Emotional & Mental Health	90.3	70.3	81.1
Food allergies	62.0	34.9	52.0
Foodborne illness prevention	61.2	25.9	49.7
HIV prevention*	79.4	31.9	62.9
Human sexuality	73.9	26.6	76.0
Infectious disease prevention	79.6	42.6	63.2
Injury prevention and safety	81.5	52.2	59.6
Nutrition*	93.2	33.3	74.3
Physical activity & fitness	95.9	50.7	69.1
Pregnancy prevention	76.2	17.8	63.4
STI prevention*	80.6	21.5	67.7
Suicide prevention&	82.0	59.1	78.0
Tobacco use prevention*	85.2	38.6	68.0
Violence prevention*	91.1	60.2	78.7

Note. *ORC requirement & new requirement that isn't specified to health

above 80% for each skill standard and at the national average.

Table 1 summarizes the topics addressed within the required health education course. The topics most commonly addressed in the curriculum in Ohio were physical activity and fitness, nutrition, violence prevention, and emotional and mental health. The topics receiving the lowest percentage for being included in the curriculum were asthma (59%), food-borne illness prevention (61.2%), and food allergies (62.0%). Topics required by ORC 3313.60 (2021) varied in their inclusion from nutrition (93.2%), violence prevention (91.1%), alcohol or other drug use (86.6%), tobacco prevention (85.2%), STD prevention (80.6%), and HIV prevention (79.4%). The following areas increased in being addressed from the 2010 SHP to the 2020 results: emotional and mental health, suicide prevention, and violence prevention. The remaining topics in Table 1 all decreased in prevalence when the 2020 results were compared to 2010.

Table 1 also summarizes the specific health topics for which Ohio teachers wanted to receive professional development and those in which they actually received professional development within the past two years. The most common topics teachers received in their professional development were emotional and mental health (70.3%), violence prevention (60.2%), and suicide prevention (59.1%). The most common topics requested were: emotional and mental health (81.1%); alcohol and other drugs (78.0%); violence prevention (78.7%); suicide prevention (78.0%); and human sexuality (76.0%). The largest gap in percentage points between requested and received were human sexuality, STI prevention, pregnancy prevention, and nutrition. Ohio was below the national average for receiving professional development in teaching

sexual health education, while Ohio was above the national average for requesting professional development for HIV, STD and pregnancy prevention.

Figure 3 highlights the contrast between professional development requested and received for teaching methods. The largest percentage point difference between requested and received was for supporting lesbian, gay, bisexual, and transgender students (45.9%). The second largest gap between requested and received was for assessing or evaluating students in health education (40.3%). Additional gaps included encouraging family and community involvement (26.4%) and teaching students with



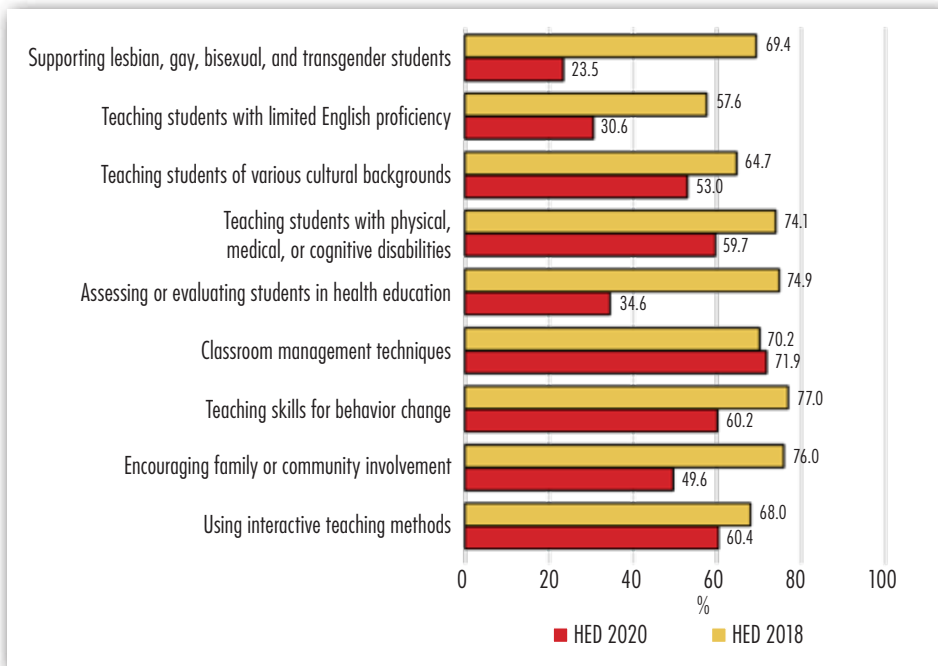


Figure 3. Professional development topics received and wanted by health education teachers in Ohio.

disabilities (14.4%), various cultural backgrounds (11.7%), and students with limited English proficiency (27%). Health education teachers were more likely to collaborate with physical education staff (90.3%) than health services (68.9%), mental health or social services (79.7%), nutrition or food service staff (39.2%), or school health council, committee or team (52.7%).

Physical Education and Physical Activity

Figure 1 summarizes the physical education course offerings for Grades 6–12. Ohio was below the national average for each grade level for Grades 6–12. More students have a required physical education course across Grades 6–8 with a gradual decline in a required physical education courses after Grade 9 to Grade 12. The use of waivers, exemptions or substitutions for physical education requirements were present for 59.1% of the Ohio responses which were slightly above the national average of 55.4%.

Teachers (87.7%) were provided a written physical education

curriculum aligned with the national standards, with 85.4 % responding they were required to follow a written curriculum. This finding was similar to the national average for being provided (87.8%) and for being required (82.7%) to follow a written curriculum. The 2020 SHP (CDC, 2022) did not ask about the specific elements of physical education curriculum such as learning outcomes, assessment plan, and scope and sequence, but the 2018 SHP (ODH, 2019) found Ohio teachers received learning outcomes (95.3%), an assessment plan (90.1%), and a scope and sequence (84.0%). Ohio physical education teachers reported receiving professional development on physical education (75.3%) less than the national average (83.2%).

Ohio is lower than the national average for each indicator associated with CSPAP including: secondary students participating in PA in the classroom during the school day (Ohio = 49.5%, National = 54.3%); opportunities for all students to be physically active during the school day (Ohio = 65.6%, National = 70.7%); physical

activity opportunities before (Ohio = 33.5%, National = 47.1%) and after school (Ohio = 80.8%, National = 85.1%); and very limited prevalence of the core CSPAP elements in place (Ohio = 37.4%, National = 49.9%) or a written plan for providing opportunities to be physically active (Ohio = 14.2%, National = 22.6%).

Ohio Whole Child Framework

A sustainable structure of the OWCF is having a school health coordinator; 82.1% of the Ohio responses had someone who oversees or coordinates school health and safety programs and activities which is below the national average of 86.7%. The presence of a school health council in Ohio was 46.9%, also lower than the national average of 55.8%. School health council activities included identifying student health needs based on a review of relevant data (73.3%), recommending new or revised health and safety policies (79.4); seeking funding or leveraging resources (67.5%); communicating importance of health and safety policies to stakeholders (85.0%), and reviewing health-related curricula or materials (78.1%). Health and safety was a part of school improvement planning process for 60.3% of schools, with social and emotional climate, family engagement and community involvement being the three most common topics. Physical activity, physical education and health education were some of the least prevalent topics for school improvement planning. The Local Wellness Plan was reviewed (84.0%), but was communicated less often to staff (73.7%), parents and families (61.6%), and students (61.7%). Schools reported measuring compliance (58.6%) and action planning (50.6%) to meet requirements for the district's wellness policy. The School Health Index or another self-assessment tool to coordinate policies, programs, and practices

within a strategic planning process was prevalent across the topics of physical education and PA (45.8%), nutrition (43.9%), tobacco prevention (41.9%), AOD prevention (42.5%), chronic health conditions (31.9%), unintentional injury and violence prevention (34.4%), and sexual health (36.5%).

While parent engagement was a focus of the school's improvement planning process, SHP items examined parent involvement in a number of items. Parents were not regularly involved (Ohio = 27.7%, National = 39.6%) in the development or implementation of policies and programs related to school health. Secondary schools that implemented activities to support parent-adolescent communication about sex (Ohio = 19.0%, National = 23.5%) were reported less often than topics other than sex (Ohio = 37.7%, National = 48.1%). Most prevalent topics health education teachers provided parents and families to increase knowledge were bullying (65.9%), nutrition and healthy eating (46.8%), physical activity (45.9%). The least prevalent were asthma (24.9%), diabetes (25.3%), and HIV, STD or pregnancy prevention (28.0%). These findings could be connected to the study's results that health education teachers rarely receive professional development to engage parents in sexual health education (10.2%). Parent involvement was lower than the national average for CSPAP including providing parents with information about physical education and physical activity programs (Ohio = 54.5%; National = 63.1%) and involving parents as school volunteers in CSPAP programs (Ohio = 22.8%, National = 29.4%).

Discussion

Course Offerings

Health education and physical education course offerings in Ohio provide fewer opportunities for students

to meet the learning outcomes and develop the skills to demonstrate a healthy and physically active lifestyle. Health education offerings in Ohio were less than the national average across each grade level with little change when compared to the 2010 and 2018 SHP surveys. Health education offerings have decreased since 1998 for all grades (ODH, 2019). Health education is frequently not a required course for middle school students and most high school students complete their health education course in ninth grade. Overall, health education is most commonly required in Grade 9 with limited offerings in Grades 6–12. Health education is also a course required less often than physical education for each grade from Grades 6–12, but the underlying reasons are unclear. Health education offerings do not meet the minimum recommendations (CDC, 2011a; Joint Committee on National Health Education Standards, 2007) and it is concerning as to whether there is sufficient time to develop the skills necessary to demonstrate healthy behaviors with such limited opportunities and to address all of the required topics prescribed in Ohio Rev. Code (2021).

While physical education is offered more often than health education, physical education also does not meet the recommendations for course offerings (SHAPE America, 2015). Physical education as a required course in Grades 6–10 has seen little change when comparing the 2010 SHP data to the 2020 course offering data. Findings similar to Lorson and colleagues (2019) estimate physical education was required for one quarter or semester in each middle school grade and for two required semesters in high school. While there was an increase in required course offerings for Grades 11 and 12 in the 2020 SHP, physical education is a required course in Grades 11 (51.5%) and 12

(53.3%) less often than Grades 6–10. Considering the number of schools offering the substitution/waiver, most Ohio high school students are not provided opportunities to learn in physical education, especially in Grades 11 and 12.

Grade 9 appears to be the most common opportunity for students to learn physical education and health education across middle and high schools. The limited offerings after Grade 9 highlight the importance of a coordinated whole school approach as schools must look for opportunities to reinforce and practice skills for health education, physical education, and social-emotional learning within co-curricular, extracurricular, and prevention programming. CSPAP offer possibilities to enhance physical activity, but currently CSPAP is not consistently implemented in Grades 6–12 in Ohio. Teachers must balance the curriculum to meet students' current and future needs, developmental characteristics, and curricular requirements to build the skills for a lifetime of healthy behaviors across components of the OWCF (Lorson, 2022).



Curriculum

Many health education teachers in Ohio are not consistently provided the elements of a health education curriculum including learning outcomes, assessment and a scope and sequence. The presence of the written curriculum and the elements within the health curriculum are lower in 2020 when compared to 2010 and 2018. The health education curriculum elements were provided less often than physical education, a consistent finding in 2020, 2018, and 2010. The health education curriculum items are all lower than the national average, while the physical education responses are above the national average. The absence of state health education standards must be considered as an influential factor in these results. Ohio's physical education standards and required assessment data reporting could also influence the higher percentage of responses for the presence of a written curriculum. While a written local health education curriculum was not provided as often, teachers self-reported each of the National Health Education Standards (NHES) were present with ratings for each standard above 80%. The reasons are unclear, but it seems that despite the absence of a local written curriculum or state standards, teachers have made an effort to align their curriculum with the NHES. Additional research is needed to determine the factors influencing the presence of a local curriculum and developing a curriculum aligned with the standards.

ORC 3313.60 (2021) requires specific topics be included in the local health education curriculum, yet the SHP data suggest these topics are often not included in the curriculum. Unclear are the factors that influence the inclusion of a topic within the curriculum but possibilities include state requirements, local curriculum, perceived importance of the topic

and competence to deliver instruction on the topic (Lorson, Lawrence, Fryman, & Miuri, 2022).

Professional development is helpful to increase teachers' confidence and competence to deliver quality health education. The gaps between professional development wanted and received for required health education topics highlight the unmet needs to implement legislated requirements. Additional professional development needs for instructional skills, creating a positive learning environment, and meeting diverse student

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the national
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associated with
CSPAP

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needs offer suggestions for specific opportunities for professional development. Professional organizations, stakeholders, and state departments of education can look to fill the gaps in professional development, not only to enhance student learning in health education, but also be sure health education is meaningful, relevant, engaging, and challenging for each student to increase student satisfaction of health courses and more favorable attitudes towards a healthy lifestyle (Benes, Boyd, Cucina, & Alperin, 2021).

Ohio's SHP for physical education indicate that most teachers are

provided and required to follow a written curriculum at a percentage similar to the national average. The 2020 SHP did not ask about the elements of the written curriculum, but in 2018 Ohio was above the national average for learning outcomes, assessment, and scope and sequence. The 2018 percentages for learning outcomes, scope and sequence, assessment plans, and written curriculum significantly increased from the 2008 SHP data (ODH, 2019). The 2020 survey did not address the individual curriculum components such as learning outcomes, assessment and scope and sequence, but there is a need to continue to study the role of the district's written physical education curriculum on that which is delivered by students (Sutherland & Fiset, 2022). A possible factor in the increase was legislation for Ohio Physical Education Standards passed in 2007 and the bill creating the Ohio Physical Education Evaluation passed in 2010 as 58% said they revised their curriculum due to the Ohio Physical Education Evaluation (Lorson & Mitchell, 2016). Teachers reported the Ohio Physical Education Evaluation changed their approach to physical education, clarified learning outcomes, created new or modified lesson ideas and had a positive impact on the profession (Lorson & Mitchell, 2016). The scope of physical education questions in the SHP is limited due to the focus on health education and school health, but there is a need for consistent monitoring of the changes in offerings, curriculum, professional development, and promotion of physical activity needs using a regular survey similar to SHP.

Ohio lags behind the national average in all indicators associated with CSPAP. Despite elements of CSPAP being part of the Ohio Physical Education Report Card indicator, there is limited prevalence of CSPAP in Ohio (CDC, 2022b; Lorson & Mitchell, 2016). Unclear

are the factors influencing the limited presence of CSPAP in schools. The Beginning Teacher Standards have an indicator related to CSPAP suggesting teacher candidates should be aware of CSPAP, but there is limited evidence of professional development or resources beyond the CDC CSPAP resources (2013). No resources from the ODE webpage to encourage CSPAP creation and implementation is provided. Lorson (2022) suggested the need to coordinate and collaborate to advocate for physical education and physical activity within whole child efforts. Future research should examine the policies, programs, practices and opportunities that encourage CSPAP and opportunities for physical education and physical activity.

Ohio Whole Child Framework

SHP 2020 data indicated most schools had a whole child/school health coordinator, but there was limited prevalence of a school health or whole child council. Leaders and councils are sustainable structures to support whole child initiatives as well as coordinating policies, programs and practices that support healthy behaviors. Councils also play an important role for engaging a whole school approach but the councils should incorporate representative teams that include health and physical education teachers (Lorson, 2022). Councils can also be useful to develop and review local health

education and physical education curriculum. Councils can also support, coordinating and engaging stakeholders efforts to promote student engagement and a tiered system of supports (Lorson, 2022). There are additional opportunities for those councils and/or teams to integrate OWCF within the Continuous Improvement Process that would conduct needs assessment, review policy and curriculum, review data and leverage local resources to support student success and the Ohio Whole Child Framework tenets (Lorson, 2022). Health education and physical education teachers need professional development, advocacy skills, and supportive environments to engage in a continuous improvement process (Benes et al, 2021).

Parent engagement is an area of improvement across health education, physical education and school health coordination. Whether it is physical education or health curriculum, programs, or policies, parents and families could be engaged to support their child's development of knowledge and skills to support healthy behaviors through coordinated policies, programs, and practices. Health educators should seek opportunities across all topics in health education to educate parents and communicate messaging that empower parents to support healthy behaviors in their children. Health and physical education teachers could engage parents

so they can be part of the combined efforts to build healthy behaviors by providing information, activities, and supports that reinforce skills learned in class. Opportunities exist for parents to support school health and physical activity programs by enhancing parent involvement as volunteers for school physical activity programs. Parents and families can operate as a component of the Ohio Whole Child Framework and a cross-cutting principle to ensure students are healthy, safe, engaged, supported and challenged.

Limitations

The results of the study are limited to the SHP sample of participants and the items surveyed. Data was collected during 2020 as schools were emerging from the impacts of COVID-19.

Implications

Health education, physical education, and school health initiatives in Ohio need support and resources to coordinate efforts to build, support and reinforce healthy behaviors in a whole school, whole community, whole child approach. Policy and requirements could be helpful tools, but legislation alone does not ensure local implementation. Health education and physical education need the support from a systems-thinking coordinated approach of professional development, policy, programs, practices, and curriculum. The course



offering results for health education and physical education highlight that Ohio's students are not receiving enough health education to build the skills to demonstrate healthy behaviors. The limited offerings before and beyond Grade 9 suggest an expansion of health education is necessary throughout Grades 6–12. School district administrations must look for opportunities to develop K–12 health education and physical education and make purposeful effort to build connections across the health education, physical education, social-emotional learning, and prevention education.

The physical education data suggest Ohio's high school students need additional opportunities to engage in physical education and physical activity as part of a CSPAP. Future research should continue to monitor health education, physical education, and school health initiatives to determine the influence of policies, programs, and practices. Additional research could examine what drives local curriculum, course offerings, topics included in the curriculum, and the role of state standards and guidance documents. An investment is needed in sustainable structures, such as whole child liaisons and school health councils, to engage stakeholders in a strategic planning process and to foster opportunities for school, families, and community stakeholders to connect and support health and physical education curriculum and programming (Lorson, 2022). Examining healthy students through the lens of the OWCF can support coordination and the OWCF tenets.

Health education and physical education teachers need to develop effective curriculum, but also look for opportunities beyond the prescribed curriculum to develop, reinforce, and advocate for healthy behaviors. Advocacy, partnerships, and parent engagement efforts could have ancillary effects to build support for the

role of health education and physical education in schools. Health education and physical education teachers need to deploy advocacy skills for policies, programs, and practices that support course offerings and effective curriculum that is meaningful, relevant, and meets students' needs.

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The physical education data suggest Ohio's high school students need additional opportunities to engage in physical education and physical activity as part of a CSPAP.

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Physical Education and Well-being: Global and Holistic Approaches to Child Health by Timothy Lynch¹ (2019)

Springer Nature, Gewerbestrasse, Switzerland, 215 pages. \$110.95 (paperback), ISBN 978-3-030-22265-9

By Idowu Tope Aisha Adekanbi

This article reviews Lynch's book, which aims at investigating and offering a comprehensive approach to the practice-based teaching of high-quality health, physical education, and well-being. The book is an excellent resource for educators, researchers, policymakers, and anyone interested in gaining fresh knowledge on contemporary childhood physical education, health, and well-being perspectives. Lynch notes that despite the importance of physical education, there is a gap in its practice, and its implementation needs to progress. Lynch (2019) adopts "education through movement" as the best approach to teaching health and physical education.

The book focuses on analyzing global approaches to physical education and well-being by comparing four global regions/countries: Australia, the Middle East, the United Kingdom, and the United States. The results indicate that time was the biggest obstacle to health and physical education quality. American teachers indicated they needed more time to teach physical education and that incorporating health was a challenge. The author concluded that holistic physical education should be prioritized in schools because regular physical activity lessons can promote children's physical fitness, health, and well-being. For children to enjoy optimum well-being, the author suggests that the sociocultural approach should continue across all countries. It is also crucial that holistic health and physical education policies become strongly integrated into the curriculum in every school, and that community partnership should be embraced in physical education.

Keywords: Physical education, quality physical education, health, well-being.

Sports and physical education are offered as part of the school's core curriculum due to its overall advantage in the social, emotional, cognitive, and physical development of human beings, especially children, during their formative period. It is the only program offering chances to develop motor skills and improve one's physical and mental fitness. Lynch states that schools have long emphasized physical education as a vital component of the curriculum due to the overall benefits of learning through the physical dimension. However, education issues such as inadequate resources, a low level of teacher motivation, insufficient training, and a lack of enough and proper physical activity persist. "The prac-

tice gap that contemporary research demonstrates is that physical education implementation needs to move forward as opposed to educational policies (p.2)." This suggests that there is a mismatch between suggested physical education approaches and how they are implemented in schools. Rather than relying just on educational policies, this gap can be closed by taking initiatives to improve the quality and efficacy of physical education. "Research has revealed issues with physical education curriculum implementation in primary and elementary schools, and recommendations have been made for improving the physical component of learning for children to enable them to benefit from their long-term well-being

(p. 3)." It is important for schools to establish effective physical education activities and programs for children to develop the necessary physical abilities needed to live an active and healthy life. **These adjustments would help children develop their athletic skills and improve their health in the long run.**

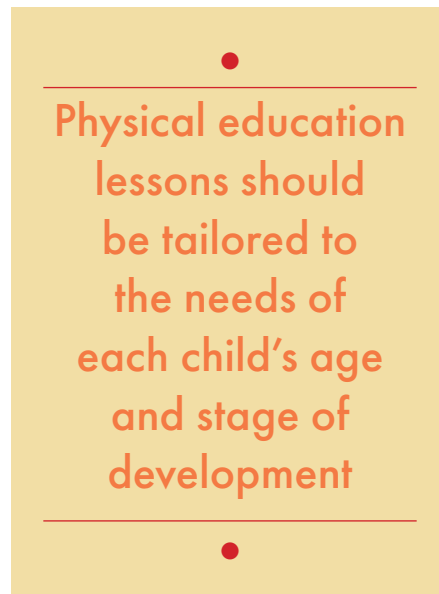
The book has fifteen chapters, nine appendices, and many references. The chapters comprehensively explain health, well-being, and physical education and the best approach to its delivery, beginning with what is obtainable in teaching physical education before and during the journey of improvement. Timothy Lynch uses evidence-based research, qualitative and quantitative data collected, and

practical experiences to validate the power of quality physical exercise and provide guidance for fostering whole-child well-being. Similarly, Barnett et al. (2013), Stirrup and Sandford (2019), and Saakslahiti and Duncombe (2019) also promote well-being through physical activity. As a physical education teacher who has been teaching for over two and a half decades, Lynch examines how teachers, schools, and leaders in the community can improve children's health by improving physical education. As a result, the book addresses many facets and layers of implementing high-quality physical education.

According to Lynch, physical education at the primary and secondary levels offers an inclusive learning experience that is part of the curriculum. An inclusive learning experience respects and accommodates the differences, needs, and interests of all students. In physical education, an inclusive approach to learning considers the ability and diverse background of learners in preparing lessons to support their emotional, cognitive, physical, and social growth. In this way, quality physical education lays the groundwork for a lifetime of sports and physical activity participation, as explained by the author. Physical education lessons should be tailored to the needs of each child's age and stage of development so that children and teens can learn the motor skills, cognitive skills, and social and emotional skills they need to live an active life (UNESCO, 2015). Lynch discusses the biological, behavioral, social, and sociocultural approaches used in health and physical education based on his experience as a physical education and health teacher. This review focuses on the sociocultural approach emphasized by the author. Over the years, Lynch has been aware of the need to help pre-service teachers, parents, policymakers, and generalist teachers understand children's

fundamental movement skills. The author's experiences and the expertise of other references in the field make the book a required read for teachers teaching physical education.

Chapters 1 and 2 present an overview of the significance of physical education in promoting the health and well-being of children around the world and explain various perspectives on the teaching of physical education and well-being, and lays the groundwork for the remaining chapters of the book. These two chapters explain the importance of health and physi-



cal activity, perspectives on teaching health and physical education, and what children acquire through physical education, including cognitive, social, and psychomotor skills. Lynch notes that “through health and physical education, children establish a sense of self that aids in the development of satisfying interpersonal relationships as well as the knowledge, comprehension, and skills necessary to be resilient (p. 45).” Physical, psychological, social, and emotional well-being are among the benefits of physical education and physical activity, which are discussed from a holistic perspective in chapter 1. The

author contends that physical education and recreation can enhance children's social skills and interpersonal interactions, helping them feel more capable and confident, and giving them opportunities for enjoyment and creative expression.

Chapter 1 further discusses the role of teachers and policymakers in promoting physical education and activity. The author suggests teachers incorporate more movement into their lessons and provide a supportive environment for physical education. Policymakers can support physical activity and physical education programs in schools and provide safe and accessible spaces for children to be physically active. In Chapter 2, several viewpoints, including behavioral, psychological, biological, cognitive, psychoanalytic, and phenomenological approaches are discussed in relation to physical education, activity, and well-being by encouraging positive interactions and experiences in physical activity.

Approaches to health, well-being, and physical education are the major focus of Chapter 3. Lynch presents a sociocultural approach to health and physical education to explain and determine the best way to teach health and well-being in physical education classes. He uses the socio-ecological model to explain the sociocultural approach, which is a model that identifies interactions between individuals and their social, geographic, personal, and physical networks. He further explains that communities are ecological because they provide each other with the resources they need to survive while bringing people together. He argues that the sociocultural approach is “an inclusive approach that acknowledges that cultural factors influence health behavior and that health has spiritual, emotional, mental, social, and physical dimensions, as well as interactions between these dimensions” (p. 113).”

In Lynch's perspective, a sociocultural approach looks at all parts of life and ties the health and physical education lessons to the student's interests and surroundings. Students learn through movement, interactions with other people, and relationships. He considers the approach to be one that is capable of catering to the different needs of children in the school community and helping a child grow and become a whole person.

According to Lynch, due to the unique nature of physical education, all countries are required to adhere to the Comprehensive School Physical Activity Program—CSPAP (CDC, 2013), which is the national framework for physical activity and physical education. The framework encourages physical activity and overall health through a whole-school strategy that includes physical education, classroom-based physical activity, and community collaborations. But in the United States, each state is responsible for setting its own educational standards and implementing its own curriculum. Lynch explains why the sociocultural approach should be implemented in schools for quality physical education. He believed that the sociocultural approach is different from some historical views that explained health as the absence of disease and affirmed physical health to a great extent. Based on this, the sociocultural approach was developed responsively to prevent the dominant control of the medical approach traditionally used in public health and the behavioral approach used in education. This means that the medical approach focused on individual interventions, whereas the behavioral method used reinforcement and punishment to change behavior. The socio-cultural perspective looks at broader social, cultural, and political issues that influence health and education results, moving beyond a restricted focus on individual

variables. The sociocultural approach connects the curriculum to the everyday interests of children. Lynch was of the opinion that social, perceptual-motor, and intellectual abilities as well as intelligence and imaginative skills can be developed through the sociocultural benefits of play.

The author explains that the sociocultural approach was embraced and developed as a policy within the Australian education context, providing stability and advocacy for the constructivist and critical approaches within education. The Australian national curriculum framework syllabus holds a sociocultural view that promotes equity, supportive environments, and social justice principles of diversity, which support the syllabus and inform curriculum design and delivery (Australian Government Department of Education, 2022). The strategy also acknowledges that a holistic approach to physical education is necessary because children are subject to a variety of economic, cultural, physical, social, environmental, and political constraints that affect their well-being. As the narrative unfolds, Lynch explains that whereas competition can be carried out comprehensively or inclusively, "belonging, being, and becoming" physically educated has not been achieved.

According to Lynch, the sociocultural approach can be demanding for teachers, particularly when they are not prepared mentally, emotionally, and physically (p. 117). The application of this approach in physical education gives room for quality physical education and demands quality implementation by qualified teachers. He used the work of Barnett et al. (2013) to establish that many children have limited fundamental movement skills at the start of secondary school and that playing games or engaging in sports when all children have the needed skills required for the game is not an inclusive

practice. He believed that such a practice should be investigated as it favors children who have had prior experience in playing the game over other children who have not. Lynch recommends that quality physical education should be implemented using a sociocultural approach. He, therefore, encourages educators to be creative when adopting this approach to implementing physical education as it offers continuous learning experiences for children.

The focus of chapters 6 and 7 is the physical education program's underlying principles and the development of the physical dimension of health, which further clarified the overall concept of a quality physical education program, that is, to help children develop the necessary skills, aspiration, and knowledge to enjoy physical education and activity. Some of the components of a quality physical education program include content standards, emphasizing right learning, asserting correct learning rather than outcome, and being students-centered and developmentally appropriate, with motor skills forming the basis of the program, the teaching of management skills, and promoting self-discipline. According to Lynch, the following are some of the factors to be considered in



quality physical education: educators' expertise in fundamental movement skills and knowledge of an inclusive sociocultural approach, children's health and well-being, and opportunities for children to master fundamental movement skills before age seven.

According to the author, the greatest barrier to adopting health and physical education was a lack of time. Many teachers in the United States claimed that they required more time to adequately teach physical education and that incorporating health into physical education was challenging. Because of effective Initial



Teacher Education (ITE) programs and frequent physical education courses, the United Kingdom was the only country where instructors were knowledgeable and qualified to teach health and physical education. Teachers in the United Kingdom employed a sociocultural approach into promoting social justice and equity principles while also creating a supportive learning environment that recognized pupils' diversity and skills. Lynch stated that the curriculum was well-planned, structured, and implemented such that there was adequate equipment for teaching health and

physical education, and that insufficient space was handled through a long-term partnership with the community. In Australia, activities were designed to engage all pupils, and the implementation promoted spiritual connectedness among children.

Lynch's work aligns with the work of some researchers in the field of physical education on themes like physical activities in the early years, as expressed in Stirrup and Sandford's (2019) and Saakslähti and Duncombe's (2019) international approaches to physical development. The purpose of Lynch's book is to determine the most effective way or approach for teaching health and physical education and to demonstrate how it could benefit the overall development of children. The author concludes that there are many approaches to the teaching of HPE, such as biological, behavioral, social, and sociocultural. All these approaches have a place in schools and in the teaching of HPE, and there should be a balance among those approaches. Educators should broaden their knowledge about these approaches to education that relate to constructivism, behaviorism, and the critical approach.

I believe that there is no best way or best method of teaching. Choosing a method depends on the types of students you are teaching and the objectives you intend to achieve. Physical educators need to employ a holistic approach to physical education and collaborate with community partners to promote children's health and well-being while also improving their teaching practices to enhance student outcomes. Community collaborations can provide physical education programs with resources and assistance as well as opportunities for children to engage in physical activity outside of school. To encourage physical activity and general health in children, physical educators should collaborate

with community organizations and healthcare practitioners.

The book offers insight into the importance of community partnerships, the influence of physical activities on mental health, and cultural differences in children's behavior towards physical activity. The book examines the state of health and physical education and teacher preparation programs in nations like Australia, the Middle East, the United Kingdom, and the United States. The book also identified the primary issue with the implementation of enhancing health and physical education in relation to education policymakers and school administrators. In my opinion, the book addresses a wide range of issues pertaining to physical education, children's health, and strategies for promoting healthy living. It explains the relationships between physical, emotional, social, and cognitive development and it highlights the significance of a holistic approach to children's health and well-being.

However, there are some important limitations to note. The first limitation of the book is the high cost of the book which may hinder educators, especially teachers, from accessing it except through a library, which delays access. Another limitation was that it focuses on global approaches to physical education and well-being in only four regions/countries, which may not enable conclusions and recommendations to be applicable or generalizable to other countries of the world. In addition, the findings were spread from Chapter 11 through Chapter 15, which makes it lengthy and can be overwhelming for the readers. Such excessive length can lessen the book's overall impact and make it less fascinating to read. Providing a clear and concise summary of the findings would help readers quickly understand the points and locate the information needed from the results.

Teachers are crucial in encouraging physical education and overall health. They should be prepared with the required knowledge and abilities that encourage healthy lives and trained to deliver quality physical education programs that cater to diverse learners. It is important for communities, families, and schools to work together to promote physical education and overall health. Schools should collaborate with parents, community groups, and local governments to develop a welcoming environment that encourages active learning and healthy lifestyles. Lynch's book delves into the relevance of physical education and well-being for children, highlighting the necessity for a comprehensive approach to promoting healthy lives. The book covers a wide range of themes, including the benefits of physical activity, the role of schools and the community in encouraging physical education and health, and ways for enhancing children's general well-being. It also explores the cultural and societal elements that influence children's attitudes and behaviors toward physical activity and health. In summary, the book can be an excellent resource for educators, researchers, policy-makers, and anyone interested in gaining fresh knowledge of contemporary childhood physical education, health, and well-being perspectives.

¹Timothy Lynch is a senior fellow of the Higher Education Academy (UK Professional Standards Framework), the deputy head of a junior school at the British International School in Cairo, and a UNESCO Inclusive Policy Lab (IPL) expert on education. For more than 25 years, he has taught health and physical education. His areas of research interest include lifetime wellness and well-being, pedagogy and effective teaching methods, health and physical education, curriculum reform, and enhancing learning through physical education.

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1

The program starts in health & physical education, but is geared for the whole child, whole school and whole community.

Social and emotional learning is embedded in the program's standards-based lessons, activities and community-building ideas.

2

3

SHAPE America provides teacher-friendly, student-friendly resources that are professional looking and adaptable for your classroom needs.

Program materials are complete for teachers and students in grade bands K-2, 3-5 and 6-8, including four lessons each.

4

5

High school lessons are coming soon, which means your entire school district can participate!

You can choose the timing and theme of your school's event. Do what works best for your school!

6

7

Up to 50% of the money your school raises comes right back to the school in the form of a Gopher gift card that does not expire.

You are supporting your state and national professional organizations, which in turn helps the profession.

8

9

The 20 pilot schools have made sure this program is HPE teacher-tested and approved!

Set the tone of your classes with these four words: **kindness**, **mindfulness**, **empowerment** and **wellness**.

10

Sign up today at healthmovesminds.org

OAHPERD Budget 2023-2024

May 1st to April 30th (Approved 2/25/23)

INCOME	2023-2024 Budget	Total Projected through 4/30/23
Memberships		
Professional 1 yr. @ \$50	\$20,000.00	\$21,186.79
Professional 2 yr. @ \$95	\$2,000.00	\$2,190.00
Professional 3 yr. @ \$140	\$700.00	\$700.00
Corporate @ \$550	\$3,000.00	\$3,275.00
Student @ \$25	\$400.00	\$425.00
Senior Student @ \$40	\$120.00	—
Institutional Student @ \$20	\$1,000.00	\$1,310.00
Retired @ \$25	\$100.00	\$100.00
Institutional @ \$200	\$600.00	\$600.00
First-Time Professional @ \$35	\$1,050.00	\$1,780.00
Shape America Incentives	\$1,500.00	\$1,905.00
Convention		
Exhibits	\$4,500.00	\$4,350.00
Sponsors	\$200.00	\$175.00
Registration	\$60,000.00	\$57,500.00
Merchandise	\$0.00	\$259.00
Other		
Library Serials	\$0.00	—
Workshops (Summer Institute)	\$1,000.00	\$580.00
Advertising	\$100.00	—
Interest Income	\$0.00	\$571.84
Royalties	\$0.00	—
Memorial Scholarship Fund	\$0.00	—
OCA/WPES Legacy Award Funds	\$0.00	\$306.00
Unrestricted Donations	\$0.00	—
Grants	\$0.00	\$4,500.00
Total Income	\$96,270.00	\$101,713.63

EXPENSES		
Officers		
President	\$1,000.00	\$1,000.00
Past President	\$500.00	—
Future Focus	\$8,000.00	\$8,000.00
Fundraising Coordinator	\$1,700.00	\$1,700.00
Committees		
Memorial Scholarship	\$1,000.00	—
Honors & Awards	\$1,000.00	\$732.64
Grants and Research	\$1,000.00	\$1,000.00
Ohio Gold	\$200.00	\$129.00
Advocacy	\$1,000.00	\$1,000.00

EXPENSES	2023-2024 Budget	Total Projected through 4/30/23
Conferences/Workshops		
Workshops (Summer Institute)	\$1,000.00	\$555.92
SHAPE America LC	\$200.00	\$200.00
Ohio Student Leadership Conf.	\$200.00	—
Executive Committee/Board		
Mileage	\$1,000.00	—
Board Meetings	\$600.00	\$582.25
Administrative		
Executive Director/Mgmt. Svcs.	\$50,969.00	\$49,009.00
Executive Director Travel	\$1,300.00	\$1,272.59
General Printing	\$125.00	\$128.05
General Postage	\$50.00	\$50.00
General Telephone	\$1,000.00	\$1,000.00
Supplies	\$1,200.00	\$1,200.00
Storage	\$120.00	\$120.00
Web Page/Membership Mgmt.	\$5,200.00	\$5,105.13
IRS Tax Preparation	\$1,400.00	\$1,200.00
Ohio Attorney General fee	\$200.00	\$200.00
Insurance Liability	\$1,000.00	\$824.00
Bank Charges	\$600.00	\$600.00
Misc.	\$0.00	—
Credit Card Service fee	\$2,000.00	\$2,022.83
Technology	\$525.00	\$525.00
Convention		
SHAPE America Rep.	\$1,700.00	\$1,696.27
Audio Visual	\$10,000.00	\$9,530.02
Speaker Expense	\$2,500.00	\$2,420.15
Entertainment	\$3,800.00	\$3,770.00
Staff Expense	\$2,000.00	\$1,855.22
Facility	\$5,800.00	\$5,730.00
Technology/App	\$2,600.00	\$2,606.43
Supplies	\$250.00	—
Exhibits	\$5,200.00	\$5,145.35
Gifts	\$4,000.00	\$4,225.94
Meals/Breaks	\$26,000.00	\$25,866.58
Committee	\$100.00	\$159.53
Postage/Shipping	\$20.00	—
Printing	\$250.00	\$176.50
Stipends	\$1,250.00	\$1,250.00
Social	\$3,500.00	\$3,505.48
Substitute Reimbursement	\$500.00	\$451.69
Total Expenses	\$153,559.00	\$146,545.57
Net Income	(\$57,289.00)	(\$44,831.94)

Guidelines for Authors

Manuscripts

Each manuscript should be formatted for 8½ by 11-inch paper, with 1-inch margins on all sides, using **Microsoft Word for PC, Times-Roman style and 12 point font**. All copy must be double-spaced except direct quotations of three or more lines, which are to be single-spaced and indented. Style should conform to the American Psychological Association's (APA) *Style Manual 7th Edition*. Manuscripts can be up to 25 pages in length, including references. Pages must be numbered consecutively with a running head. Line numbers should be included.

Organization

Provide an abstract, short introduction, body, and short conclusion to your manuscript. Research articles should use the standard format: Introduction, Review of Literature (can be integrated within the Introduction), Methods, Results, and Discussion-Conclusions. Authors should provide subheads and tertiary heads throughout the manuscript for easy readability and organization. The author's name or related information should not appear on any of the manuscript pages.

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- Title of manuscript.
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- Date of submission.

The cover sheet will not be included when sent to reviewers as manuscripts are blind reviewed.

References

All articles should contain references. For writing text citations, follow APA style. Note that references should now include a DOI notation. Reference section listings should be recent, brief, and presented in alphabetical order. Each reference cited in the article must be listed, and only those cited should be included in the References section. Sources should be documented in the body copy by inserting the surname of the author(s) and the date of the published work inside parentheses directly following the reference.

Illustrations and Photos

Future Focus welcomes any photographs, tables, figures (charts, diagrams, and art) as illustrations for your manuscript. Each graphic should be numbered and referenced in the manuscript and **placed at the end of the manuscript** (indicate where in the text the table/figure should appear). Extensive statistical information should be reported in tables, but data included in the tables should not be duplicated in the text. Captions and sources for data presented in the figures should be included in the manuscript. Photographs may be black and white or color, and should be **hi-res digital photos in jpeg format** (300 dpi or ~1800 × 1200 pixels are preferred). Photos embedded within the text of the manuscript must also be supplied as separate files.

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Each article is reviewed by the editor and submitted for blind review to two or more Editorial Board members. Articles usually require some revisions by the author(s). Authors for articles not accepted may be invited to revise and resubmit. Accepted articles are subject to editorial changes to: improve clarity, conform to style, correct spelling and grammar, and fit the space allotted to the article. **Manuscript submission implies author acceptance of this agreement.**

Deadlines

Manuscripts are reviewed on a rolling basis when received. The next issue to be published shall be available in March or April 2024. To be eligible to appear in this issue, the manuscript should be received by January 15, 2024. An electronic version of the manuscript is required and should be sent, along with illustrations and/or photos, as an email attachment to the editor at futurefocus.res@gmail.com.

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