

TSET Better Health Podcast Transcript

Episode 13: A Lesson in Better Health Education

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Summary: Public health advocates have identified a root cause of many health issues plaguing Oklahomans: insufficient health education in public schools. In this episode, State Superintendent Joy Hofmeister, Healthy Schools OK Executive Director Lindsy Lemons, and new TSET Program Officer Laura Matlock provide their expert opinions and on-the-ground perspectives about what it will take to improve health education in Oklahoma. Join your hosts James and Cate to find out what a comprehensive health education program entails, the status of this effort right now, and how it affects Oklahomans.

[Theme music]

[0:15]

James Tyree: Hello and welcome to the TSET Better Health Podcast. I am your co-host James Tyree, a health communication consultant at TSET.

Cate Howell: And I'm Cate Howell, your co-host and podcast producer.

Well, James, I am super excited about this episode. We've got some really special guests lined up today, and this month's topic is a really important one: health education in Oklahoma schools.

J. Tyree: That's right, Cate. You know, we were honored to host Joy Hofmeister, the State Superintendent of Public Instruction, for a great discussion about health education in Oklahoma public schools. This really is a critical issue that public health advocates like TSET have worked to address for a long time. Now, while offering a comprehensive health education curriculum would require some changes to the current standard, it really could improve the health and lives of Oklahomans in many ways, both now and for generations to come.

[1:18]

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Joy Hofmeister: When you stop and think about our health outcomes, where our kids are with obesity, with food insecurity that occurs across the state, with mental health and trauma, our state and our children need this, I would argue, more than others.

J. Tyree: Joy Hofmeister has been Oklahoma's State Superintendent of Public Instruction since 2015. During her tenure, she has taken on many challenges in Oklahoma's education system, but one she is passionate about is improving statewide standards and resources for health education.

J. Hofmeister: Oklahoma is one of only three states that does not have academic standards and a requirement to teach health education in our pre-K through 12th grade schools. So others are doing it; we can do it too.

When we look at the top performing states on the national assessment for educational progress – or what we call the nation’s report card for each state or N.A.E.P. – the top 10 performing states require both health and physical education at some point in the students’ education. And coincidentally, each of these states have better health outcomes than Oklahoma.

J. Tyree: There are many approaches to health education just as there are different aspects to health in general. Even so, the state superintendent and other public health advocates have identified main areas to prioritize in a comprehensive education.

J. Hofmeister: When we think about health education, we’re really talking about four domains: physical health, emotional, social and then intellectual. All of those need to be part of a robust health education set of standards and then curriculum that supports that.

Physical health, that’s nutrition, physical activity, safety, hygiene—those aspects that sometimes come to mind when we think about physical education or health. But there’s also the emotional domain, so those are those relationships between feelings and behavior, appropriate ways to express and deal with your emotions, those skills that we want our children to learn how to self-regulate. But there’s social domain as well, where we’re talking about positive peer interactions and just basics like sharing and establishing and maintaining those positive interactions. Those are part of school. And then we can’t forget that fourth domain of the intellectual, which is, you know, really the analysis of the environmental effects in personal health and the use of those resources to think through valid health information and advocacy to improve health. These are the kinds of things that we think about in a comprehensive program.

J. Tyree: That is a lot to consider. Between those four domains and everything else that must be included in K-12 education, like math, science, English and the arts, it can be overwhelming to think about weaving health into that curriculum. But there are existing programs and partnerships that both creatively address needs and teach valuable skills, all while teaching and promoting health for our students.

J. Hofmeister: We do also have great partnerships, those with Ag in the Classroom, for example, and that’s with the Department of Agriculture. We also know that we have children that live in food deserts, so let’s think about the opportunity when they are on campus, in a school setting with a cafeteria there. We have an opportunity in schools to have programs where we are growing our own vegetables, where we are ensuring that those nutritious, leafy greens and fruits and vegetables are fresh and making their way into the cafeteria menu, where our students can be a part of recipe development and culinary aspects from young to old. When we look at that as an opportunity, there are grants for better menus, more nutritious menus, and menus that allow for that farm-to-table opportunity as well.

The other thing would be our kids need to move. We need to have more recess. We need to have more time spent with free, unstructured play, and we know that this has an academic impact but also one that runs again with that social-emotional aspect. There is a school in Oklahoma called Chattanooga Public School, and they are adding enough recess so that K through 6th grade have one hour of play through the day in school, and they have seen their discipline incidents going down, and they have paired it with character education as the students come and go and transition from the academic studies into the environment outside. They've built mounds and tunnels, and the kids get really dirty and enjoy that time of really free, unstructured play. That is part of what the research is developed around and it's really exciting to see what's happening, even academically.

Those are some starts in the big picture of how we make a larger collective impact from a school setting.

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J. Tyree: One key observation that Joy made is that our schools can only do so much. Like everything else, the best health education begins at home, and it includes our communities. It is so important that we practice what we preach.

J. Hofmeister: You know, I'm a mom of four grown kids now, and it is so important when we stop to think about our role as parents, as family members, as teachers, to model healthy lifestyles. To model activity, to model drinking water and how important it is, also, to have mental health and well-being that is strong and supported.

It is really important for parents and family to be engaged. This is where I think healthy families flourish, when we have conversations, when we plan ahead, when we are able to think through more aspects of the development of our children than just that idea of standing up against a wall and taking the ruler and a pencil and marking where they are each year and watching physical growth. We've got to be there and we need to be present, and it's tough but I think the other aspect to this is we don't have to go alone. We do what we do as moms and dads and grandparents and foster parents together with our community.

So being there for our kids and having a long-term plan to help Oklahoma kids be healthier will mean we have stronger families in the future as those children grow and develop their own families in Oklahoma. It's a generational thing, and it's one that we know we can impact in our Oklahoma schools but also through organizations and various entities such as TSET that invest in healthy living, healthy lifestyles, those prevention and interventions that we know will make a difference, not just in one life, but in the next generation.

[9:43]

[[Feeling Content by Jack Pierce](#) licensed through PremiumBeat]

C. Howell: So we've got the state's top education official advocating for comprehensive health education in Oklahoma public schools. That's great. But how do we get it done? What will it take to implement the robust comprehensive programs she talks about?

Lindsi Lemons: My name is Lindsi Lemons, and I am the Executive Director for Healthy Schools Oklahoma.

C. Howell: Lindsi Lemons and Healthy Schools Oklahoma have been on the ground working with schools all over the state to provide materials, curriculum and training in health education.

L. Lemons: Healthy Schools Oklahoma is a non-profit organization. We currently work with 50 schools across the state of Oklahoma. The program was started back in 1997 through the Oklahoma County Medical Society. They knew that there was a need for a health promotion program in our schools, and they actually started the program with eight Oklahoma City elementary schools.

So what the program looks like in the schools – we have five different focus areas: physical activity, nutrition, tobacco use prevention, injury prevention and oral health education. Those focus areas were decided based on the health outcomes at the time back in 1997, and throughout the years, we have made adjustments in our curriculum and our program to address those different focus areas.

When schools are added into the program, they actually come into a tiered implementation structure. So the first year in the program, they implement physical activity and nutrition; the second year in the program, they add on injury prevention and tobacco use prevention; and then the third year in the program, they add on oral health education. So after three years in the program, they have a really comprehensive look at health and they can go on and implement the program successfully in their schools.

So what we provide the schools is a grant each year. They can use those grant funds to purchase health education materials, supplies, curriculum, anything that they need to feel like they have a successful health program. A lot of schools decide to spend their money on things like physical education equipment or health education curriculum, training, different things like that. We also provide them with the curriculum—health education curriculum, the physical education curriculum—so they have that on site. Many districts across the state of Oklahoma do not provide that to their schools, so we feel like it's important to do that. And then, of course, we provide them with training and resources throughout the year. So, as Healthy Schools Oklahoma receives different grant funding for projects, we then turn around and funnel that right back into the schools.

And for us, too, because that's what we're there for, we continuously check in with our schools. You know, "Do you have the resources you need to implement this? Is there anything that we can do? Can we send somebody out to help you?" We are constantly asking our teachers what we can do to take on some of that for them.

C. Howell: That is quite a robust approach. Healthy Schools Oklahoma also administers fitness testing and health knowledge surveys to ensure that the program is effective and tailored to each individual school's success. Not all schools are the same, Lindsay said, and it's important to keep in mind that what works for one school may not for another.

L. Lemons: You know, making it relevant to the classroom and relevant to the school—not every school looks the same. We've had to adapt to that as well. So when we developed our curriculum, we had this expectation that every school would implement it the same way, and, you know, everybody's reports started coming in and it looked a little bit different, and so we had to adjust our expectations of what that would look like. And especially when COVID happened, we learned that you have to be flexible with the implementation, and so our lessons were all something that we did not have digitally at the time. We very quickly learned when the schools shut down last spring that we needed to have those lessons available for our teachers digitally or in a video format, and so that's what we've really focused on this year is making all of our lessons available. We now have a YouTube channel that the teachers can go on. They can download the video and show that in their classroom, and so I think understanding that, you know, we have to understand what each school looks like, and their success might look different than another school's success.

C. Howell: So based on decades of doing this, what's worked? What has been the most effective approach to implementing health education?

L. Lemons: In our experience, you have to have support from the top down. So if we can get the school administrators on board with understanding the importance of health education, that then, of course, is going to filter down to the teachers and even the students. If we can go beyond that and get district-wide support, that's even better. Our program, because we work with individual schools, usually starts at that top level. The administrator really gets them on board. I think that, our teachers, when they feel they have that support from their administrator, they feel like they have more flexibility and they have that confidence they need to implement health education.

I also think that it's very, very important that our teachers are trained in whatever they're teaching. We've even had curriculum in the past where the training hasn't been as developed as I felt it should be, and so we've taken it on to develop additional training just to make sure that our teachers are comfortable with the implementation process. Our physical education teachers are not health educators. We have to remember that. They don't have the certification to be a health educator, and so it's really on us as, you know, the people who expect and want them to teach the education, it's on us to make sure that they're comfortable and confident and competent to do that. Training is a huge piece of that.

The other thing I will say is when we developed our curriculum, we felt it was important not just to give them the book and say, "Here you go." We also wanted to have things that would make the curriculum more interactive for the students, so we provided them with a tub of resources, different manipulatives that would help, you know, bring the lessons to life so to speak. So if they're talking about tobacco use prevention, they have a large cigarette model that they can use or a jar of tar that they can show the students.

If they're talking about nutrition, they can pull out the food models. So we knew that was not an added, you know, expense that the schools could take on, so that's something that we purchase for all of our schools upfront to help make the curriculum successful.

If you can engage your students, whether it's through the extra props or the different things that we built into the curriculum, then that's something that we wanted to be able to do, because we felt that was important for our teachers, and it was important for us.

[\[Feeling Content \(Strings Stem\) by Jack Pierce licensed through PremiumBeat\]](#)

C. Howell: New efforts and awareness to this issue could turn the tide for health literacy for Oklahoma youth. Until then, Lindsi resolves to just stay the course and keep the movement going.

L. Lemons: We just have to keep moving forward in the state of Oklahoma. I know that there is a bill this legislative session to try to get health education mandated or required in all of our schools. That would certainly help get this not just piecemeal throughout the state where we have some districts that are doing it or some schools that are doing it. It would help get everybody on board statewide, which would be wonderful.

But I think until that time, you know, I would just encourage all schools to make sure that they're following those evidence-based strategies, make sure that we're training our teachers in how to use different health education curriculum, whether it's something you find online or it's something that your district provides, make sure that we're training those teachers, make sure that we're looking at the health education standards for the state of Oklahoma.

Health education in schools is important because it not only provides the students with the knowledge and the information to make healthy choices right now, but it also provides them with the knowledge and information to make healthy choices across their lifespan. We know students who are healthier have better academic outcomes and it helps improve the overall school environment. Health education also helps decrease absenteeism. It reduces bullying. It promotes social and emotional health. It also increases our students' chances to be college- and career-ready. We're increasing their health literacy. Health literacy is so important. It's a skill that we want our students to be able to maintain throughout a lifetime.

[19:40]

J. Tyree: Last but certainly not least, we would like to introduce you to TSET's newest program officer, Laura Matlock. Laura has been involved in public health for more than ten years and she brings a wealth of experience to the health and education conversation.

[20:00]

[\[Wanna Get Up by Oliver Lyu licensed through PremiumBeat\]](#)

Laura Matlock: Hi, I'm Laura Matlock, and I am a program officer with TSET.

I have two degrees from the University of Oklahoma in health and exercise science. I've worked at the state health department, county health departments, local hospitals. Most recently, I've done some one-on-one wellness coaching, so I've kind of been around the spectrum during my public health career.

C. Howell: Laura is an incredible asset to the team, and she's happy to be here, too.

L. Matlock: I oversee the incentive grant program for healthy school initiatives. We get to work and provide technical assistance and I get to give money to schools and districts that are implementing policies and best practices in their schools and in their districts. It's really maybe one of the best jobs at TSET.

J. Tyree: One of the reasons Laura is so excited to work with our schools is because she sees how much needs to be done, and she is eager to dive in.

L. Matlock: Well, we're way behind on health education in Oklahoma, and it's obvious. I also adjunct as a health teacher at the University of Central Oklahoma, and I teach Intro to Healthy Life Skills, which is really a generic overview of health and wellness, and it's evident that our students in the public education systems aren't given the information about just basic health choices and decisions that they can make for themselves. It's lacking in a lot of areas and it's really discouraging in some senses that you're teaching, you know, 18, 19-year-olds about things that are basic health that you would think they would've learned a long time ago.

C. Howell: Part of this, Laura says, is because Oklahoma deeply values personal responsibility and believes that choices should be made by the individual and not dictated by public authorities. While learning independence and self-sufficiency are key core values, we also have statewide education standards for a reason: because a well-rounded, educated citizenry benefits all of us. And one major piece that should be included, according to Laura, is health and wellness.

L. Matlock: We are a local control state, and so we want to make the decisions at the local site, which I'm a huge fan of, and I appreciate that we can make some decisions at the local level, but we need our students to understand their holistic approach to health and wellness, just like they understand the basic concepts of math and science and how to, you know, compose a sentence structure in English. Those are all just basic concepts that we're teaching our kids in elementary school, middle school, high school, you know, just building upon those components, and that's what health education is all about.

When you're a little 4 and 5-year-old or even in your preteens, you don't know what the healthy choice or what the right choice is if you're not told about it. Just being able to let them make informed decisions for themselves, you know? If the environment's not there, if there's not opportunities for kids to be physically active in the school day, if

there's not a given opportunity for all students to be in P.E. every day or an option to have a health class or to be given information in the school day—if they don't even have that option, then they miss the opportunity.

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J. Tyree: TSET's mission to provide those opportunities to all Oklahomans aligns well with Laura's passion for public health and policy. In fact, she got her start working with us years ago with Free and Clear, TSET's original contractor with the Oklahoma Tobacco Helpline.

L. Matlock: One of my first jobs in public health was being a quit coach on the helpline that was funded by TSET. It was really cool.

When I applied for this job and when I got this job, I felt like I was really coming full circle. I started here at TSET just over a month ago. Before I started, I had taken a couple years off of work in the public health field and really focused on being at home, being a mom, and so coming back this last, it just feels like, wow, we've made a lot of awesome progress. There's been partnerships formed, there's been initiatives put together that weren't there even three years ago. To me, that's encouraging, and I know work in public health—it's a long, drawn-out process and there's not instant gratification, but now that I'm back, I'm like, "Oh yeah! This is why I love doing what I did," because there's such an impact, and it's beyond just one person or two people. It's impacting a whole school, a community, places of worship—there's just so much good things going on that it's exciting.

[25:17]

C. Howell: We're so happy to welcome Laura to the team, and we want to thank all of our wonderful guests for contributing to this episode and for working hard to make Oklahoma's education system better every day.

J. Tyree: Absolutely. You know, shapeyourfutureok.com offers a lot of nutrition and physical activity tips and resources for educators in schools and for families. Be sure to visit shapeyourfutureok.com where you can find health and wellness information that's both feasible and fun. And you can learn more about TSET's work with Oklahoma schools by visiting tset.ok.gov and taking a look at all of our programs and incentive grants.

C. Howell: And while you're there, check out the [podcast page](#) under the Public Information tab to find full transcripts and previous episodes. Be sure to follow us on [Facebook](#) and [Twitter](#) @OklahomaTSET, and find us on your preferred podcast platform by searching for the TSET Better Health Podcast.

J. Tyree: And so, until next time, this is James Tyree—

C. Howell: And Cate Howell—

J. Tyree: Wishing you peace—

C. Howell: —and Better Health.

[Theme music]

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