

ALERT! UPDATE: STATE HEALTH MODEL CURRICULA

Note: This special insert within the April 1996 TSC newsletter is for Ohio individuals only. This special update is in regards to the Ohio Comprehensive Health Model. Information was abstracted from “The Eagle” Winter 1996 issue and Cincinnati Right to Life Newsletter March 1996 issue along with some additional notes.

The Ohio Revised Code, Section 3301.0716 required the State Board of Education to establish *model* competency-based education programs to *help local districts* develop their programs. Ohio House Bill 552 mandated that local districts “seriously consider the model programs established by the State Board.” Section 3301-35-03 (A)(3)(a)(b) of the final draft of state standards states that, “The district school board *shall* grant a diploma to learners who pass the proficiency tests in accordance with state requirements; *achieve all state-adopted competencies* in all areas specified in paragraph (B)(3)(b) of this rule.” Health and physical education is one of the areas specified for *new* graduation requirements. According to the state timeline, the state health model was to be brought before the State Board of Education in **April, 1996** and was targeted for adoption in June, 1996. The committee has requested for more time and will be making a presentation before the Board in April. It is extremely important for Ohio teachers and citizens to become informed on the contents of this state curriculum model because it will impact students (public and nonpublic) and their families for years to come.

First, let’s consider the Abortion Connection and the Hidden Agenda of Planned Parenthood. Comprehensive Health is based on the double message of the contraceptive emphasis. Did you know that nearly one million dollars has already been funneled from the Center for Disease Control (CDC) [shown to be hand and glove with Planned Parenthood and the Jocelyn Elders approach] through a grant to the Ohio Department of Education (ODE). This money was used in part to bring Reducing the Risk (published by ETR, formerly Planned Parenthood of CA) program to Ohio schools. Pyramid teacher training has already been taking place. Integral parts of this “performance based curriculum” include a “visit to the clinic” and the purchasing/demonstrating of contraceptives. Planned Parenthood’s (and SIECUS) stated goal is to be the #1 sex educator in America. They intend to be the “clinic” in every American school as promised by President Clinton.

In OHIO, despite Ohio’s legislators wisely not mandating state sex education, the Ohio Department of Education and the Ohio Board of Education appear to be “coming in the side door.” The Ohio Advisory Committee for this model has been used to flagrantly exceed the guidelines established under House Bill 715 and has also flown in the face of the intent of Senate Bill 140 by taking the verbiage in 140 and opening Pandora’s Box, intentionally trying to implement precisely those things in Health Education that the legislature was trying to contain. They are on the verge of approving the keystone piece of this comprehensive health approach as a model program and possible graduation requirement, as well as undermining the authority of both parents and local school districts. Months of meetings were devoted to bringing in speakers that **touted only NEA supported agenda.**

On the hopeful side, there are top notch scientifically moral health model (SMHM) programs available in lieu of the ilk of this Ohio comprehensive health model and any counterfeit abstinence education. However, currently, the Ohio Advisory Committee writing the model program has been unwilling to become informed on this SMHM type of successful program. Key Ohio Department of Education members on this writing staff, who are also totally salaried by the CDC grant mentioned above, do not blanch at the idea of children learning mutual masturbation, and oral and anal sex, and in their view consider SIECUS’ approach to be both professional and good!

In a letter dated 1/20/94, Dr. Ted Sanders, former Superintendent of Instruction, gave a directive to the state Learner Outcome Panel. He stated that the standards “will not define, address, measure, or require any values, beliefs, character traits, behaviors, or attitudes for students or schools.” In a recent letter to Dr. John Goff, current Superintendent of Instruction, the Co-Chairpersons of the Ohio Advisory Committee stated that “the committee has agreed to produce a series of proposed 12th grade proficiencies that might be used as graduation standards”. They further requested “a clarification of a directive sent to (them) by Dr. Ted Sanders. In that memo, he (Dr. Sanders) essentially indicated that we

should avoid issues within the Health and Physical Education Model Program that dealt with affective changes and behavioral modification. It is the consensus of the committee that this directive will stifle our efforts to control the many health problems with which we are faced. Obviously, in this particular model program, affective behavior and behavior modification or at least prevention of potential behavioral problems is the critical point.” Dr. Sanders’ directive, now that we have new state leadership, loses its meaning since it is not applied to state curricula models.

Secondly, the following is a small sampling of some of the *DRAFT* competencies/outcomes as found in three different strands. (Note: The term demonstrate is a synonym for role playing).

*Being a Team Builder Strand (January 11, 1996 *Draft*)

**Injury & Disease Prevention and Control Strand (Jan., 1996 *Draft*)

***Growth & Development Strand (February 20, 1996 *Draft*)

Pre-Kindergarten:

*“The learner will be able to access attention, love, respect, and caring *for one’s self* using responsible classroom-building techniques.”

**“The learner will be able to identify, and protect ways in which individuals, including him or herself, are alike and unique.”

***“The learner will be able to find answers to his/her questions about birth and death (e.g., will grandma die?) from parents and other responsible adults (e.g., where do babies come from?).”

Kindergarten:

*“The learner will be able to *demonstrate* ability to relax and be emotionally safe in a variety of locally-selected situations.”

**“The learner will be able to identify by name, *access, and comply* with safety and health professional appropriately (e.g. school nurse, police, *safe neighbors*).”

***“The learner will be able to say ‘no’ and stop inappropriate touching.”

First Grade”

*“The learner will be able to *define* confusing touches as touches that mix you up or make you feel uneasy (e.g., ones that start out okay and end up not okay; ones where you like that person, but not the touch; ones where you like the touch, but not the person).”

**“The learner is able to name, *access, and use* 1-3 responsible adults with whom he or she can *discuss any problem* or find answers to health [problems] (e.g., parent, librarian, teacher, nurse).”

***“The learner will be able to find answers to his/her questions about birth, death, growth, and body care from parents, teachers, clergy, and other responsible adults.”

Second Grade:

*“The learner will be able to describe, read about, and *demonstrate* 2-3 responsible team-building ways to communicate in the classroom, with family, and in the community.”

**“The learner will be able to resolve conflicts in positive, constructive ways using problem-solving techniques.”

***“The learner will be able to *communicate feelings* associated with birthdays, death of a pet, loss of a tooth, wearing glasses, growing taller, and other developmental changes.”

Third Grade:

*“The learner will be able to **recognize that compromise is essential** in the classroom, family or any team or community setting.”

**“The learner will be able to explore the importance of various habits of mind (e.g., honesty, ethics, openness, skepticism, concern for health and safety) in making health and fitness observations, reports, and decisions.”

***“The learner will be able to **demonstrate personal characteristics** that contribute to self-confidence and self-esteem, such as honesty, integrity, respect for the dignity of others.”

Fourth Grade:

*“The learner will be able to **name and communicate with several responsible adults** with whom he/she can discuss **any health or life question**.”

“The learner will be able to access, evaluate, and **USE information so he or she can responsibly prevent 2-5 elected and prevalent communicable diseases **including** the common cold, HIV/AIDS, and influenza.” (Note: How dare they place HIV/AIDS on the same level as a cold/flu for fourth graders!)

***“The learner will be able to communicate with teachers and parents about the reproductive systems.”

***“The learner will be able to describe **and implement** a problem-solving process for changing one personally-selected habit.

Fifth Grade:

“The learner will be able to **apply decision-making skills to planning a healthy lifestyle concerning sexuality, alcohol, other drugs, as well as eating, sleeping, and exercising.”

***“The learner will be able to access, evaluate, and use information from responsible adults (e.g. parents, educators, clergy) to support the goal of abstinence and the practice of refusal and negotiation skills.”

Sixth Grade:

*“The learner will be able to **demonstrate** respect and empathy for other **persons** whose goals, problems, and decisions are **not** respected or valued by ‘our’ group, team, or community.”

“The learner will be able to identify and perform 2-5 positive activities...as alternatives to **suicide, substance abuse, overeating...”

***“The learner will be able to define abstinence from sexual activity and recognize it as the only sure way to prevent pregnancy and sexually transmitted diseases.” (Note from Melanie: Be careful not to assume their definition is the same as ours. I have seen definitions which restrict abstinence as abstinence from sexual intercourse. Therefore oral sex, and sex, mutual masturbations, and other such activities become validated from their perspective.)

***“The learner will be able to **practice** universal precautions and disease-prevention techniques protecting against blood-borne pathogens.”

Seventh Grade:

*“The learner will be able to **access, evaluate, and use** various community agencies and services that assist individuals concerned with suicides, death, birth, and other locally selected life challenges (e.g., suicide prevention hotline, religious institutions, funeral homes, hospitals).”

“The learner will be able to name, evaluate, **and use 1-3 responsible adults **in addition to his or her parents** with whom he or she can discuss any problem.”

***“The learner will be able to demonstrate the ability to locate health products and services.”

Eighth Grade:

*“The learner will be able to plan, write, and **implement** his/her own intervention plan for acquiring academic health and passing all sections of Ohio’s Ninth Grade Proficiency Test.”

**“The learner will be able to perform risk analyses to inform personal decisions associated with personal safety and health.”

***“The learner will be able to **access, evaluate, and use** a variety of locally-selected information sources about protection from sexually transmitted diseases and unintended pregnancy.”

Ninth Grade:

**“The learner will be able to recognize, prevent, and access plus evaluate treatment for sexually transmitted diseases including HIV/AIDS.”

***“The learner will be able to **access, evaluate, and use** ‘mixed-message’ information to make decisions that are right for him or her.”

***“The learner will be able to **access, evaluate, and use** locally selected youth-serving agencies, information, and services to address questions about conception, pregnancy, birth, and family planning.”

Tenth Grade:

*“The learner will be able to recognize [and acts in accord with the fact] that **self-love is important** to health and wellness.”

**“The learner will be able to evaluate(s) personal choices in his or her sexual behavior, according to the responsible decision-making model (e.g., consideration for health, safety, legality, parent/guardian guidelines, respect for self and others).”

***“The learner will be able to achieve identified personal, professional, and family goals by choosing to abstain from alcohol, tobacco, violence, and **unwanted sex**.”

Eleventh Grade:

*“The learner will be able to **name and communicate with** several peers [and/or] responsible adults who are ‘friends’ with whom he/she can discuss anything.”

“The learner will be able to access, **evaluate and use community services and professionals to prevent and/or treat mental disorders (e.g., suicides, anxiety disorders,...).”

***“The learner will be able to generate(s) ways to prevent sexually transmitted diseases (e.g., say “no”, engage in mutual monogamy, use condoms and spermicides, limit partners, and get treatment if a disease is contracted).”

Twelfth Grade:

*“The learner will be able to **access, evaluate, and use** community resources, health care providers, and medical information to solve anticipated ‘new’ challenges of independent adult living (e.g., buying health insurance, selecting a hospital or hospices, making new friends at work or college next year).”

**“The learner will be able to practice and use effective self-examination procedures including ACS’s steps for breast and/or testicular cancer.”

***“The learner will be able to **access, evaluate, and use** prenatal pregnancy care and services from responsible providers.”

***“The learner will be able to protect him/herself from sexually transmitted diseases.” (Note: This **assumes** that he/she is sexually active.)

*** “The learner will be able to **access, use, and evaluate** a variety of informational sources relative to locally-selected community or team controversies (e.g., pornography, fluoridation, euthanasia, abortions, etc).”

Consider the following topics covered by one Ohio school district (North Olmsted City Schools). According to one 8th grade health syllabus, the following subjects are covered: stress, suicide, relationships/communication, human sexuality, pregnancy & birth, relationship prevention, sexually transmitted diseases, AIDS, and drug abuse prevention. In recent years these topics have gone beyond traditional health concepts.

These drafts reflect a model that aggressively allows the school/state to assume important roles which throughout time have been ordained for parents. Parents & teachers need to be involved in the development of the local health curriculum. **And under the title of comprehensive School Health, Abortion Access/Clinics may be coming to all Ohio’s schools.**

Your help is needed now:

*Become more informed – Call Melanie Elsey (330-896-2971); Judi Hahn (513-232-5625); or the Cincinnati Right to Life office (513-522-0820) for follow-up information and/or speaking engagements.

*Get involved and find out what is being taught within your school district. Let us all work towards the truly healthy way of educating our children.

*Courteously meet with/write to your State Board of Education members. Call your State Senator and Representative. To find out the name, phone number, and address of your State Board of Education members, your State Senator and/or your State Representative, call Roundtable of Ohio at 1-800-522-VOTE.