

OHIO LIFE ISSUES CAUCUS UPDATE

Gary Winney, Chairperson

Those of us who seek the welfare of children would hope to see our unified professional organizations turn from political posturing to a focus on those issues directly concerning education. The past several decades have seen an erosion of this process, as those in positions of leadership have bowed to the lure of money and power. Although most of us in education are well aware of these developments, it is with a hopeful eye that we persist in our quest for a truly representative NEA/OEA.

The election of Bob Chase as NEA President, simply a reflection of the changing makeup of NEA's electorate, may bode well for our cause; only time will tell. This observer had the opportunity to attend the 1997 NEA Representative Assembly in Atlanta GA and listen to the NEA business proceedings. Mr. Chase's keynote address marked a man who at least appears to be focused on, of all things, kids!

There are many surprises at the NEA RA, not the least of which was the apparent freedom interested parties had in accessing the exhibit area. Several groups – Teachers Saving Children, Educators for Life Caucus, and Answers In Genesis (publishers of material which promotes the only scientific alternative to today's evolutionary dogma) – presented a positive image.

On the floor of the assembly, two significant Bylaw amendments were introduced and discussed; both of these were additions to Bylaw 11. Amendment 8 proposed that *"The Secretary-Treasurer shall ensure to the NEA membership that no General Fund monies are expended for abortion lobbying activities."* Although this amendment failed, it forced the NEA into the unenviable position of reaffirming its commitment to abortion; this will provide fuel for future debate.

Amendment 9 also sought to add *"The Secretary-Treasurer shall publish a quarterly report for chairpersons of all registered NEA Special Interest Caucuses of expenditures associated with activities of interest to the different caucuses."* Delegates were told that all financial records are already available upon request. Although this amendment failed, there will be future opportunities to verify these claims.

Two New Business items worthy of mention were NB 2, a pro-homosexual item, which was withdrawn, and NB 18, an item seeking to boycott corporations which fund groups on the "radical right" (--this passed, but with the omission of the word "right"). The action taken on these items was a source of encouragement to all those who continue to persist in their efforts for a kinder – and more accountable – NEA.

Although this year's NEA Representative Assembly closed without an opportunity to debate additional items, Life Issues Caucus will continue to cooperate with NEA Educators for Life Caucus to take up where we left off; of particular interest is the NEA Resolutions document and those resolutions indicating the organization's position on abortion.

Our goal both at the OEA level and at the NEA level has been to bring the Untied Teaching Profession to a point of no position on the abortion issue, using whatever vehicle will get us there. We have, in times past, run surveys of the membership here in Ohio on this issue, and, in one particular instance, ran one survey statewide. We submitted our results (approximately 80% in favor of *no position*) to the OEA leadership and were later surprised to discover that they had decided to study the results more closely. The party selected to analyze the survey, being one said to have had extensive experience in the field, claimed the survey to be statistically insignificant and invalid.

She concluded:

1. The survey was externally invalid because it failed to make a representative sample to the membership (--out of 150,000 educators, only 743 responses were made; we find it most regrettable, therefore, that OEA President Mike Billirakis sought to derail the survey by urging all locals to ignore it).
2. More demographics should have been included, to give the survey *internal* validity (--at the time we presented our results, we broke them down demographically and were criticized for doing so). It was also stated that we should have provided more options on the survey, whereby individuals could actually rank their responses according to magnitude (strongly agree, strongly disagree, etc.) Also, the analysis included the fact that several individuals surveyed expressed that they were frustrated with being asked to fill out surveys (--the term *several* does not appear to be significant to this writer when one is surveying many hundreds of people).

When all is considered, credit is due the OEA leadership for this analysis. Perhaps, they could go one step further in a positive direction and *assist* us in the execution of such a survey. The OEA truly has everything to gain, including the truth. By striking the issue of abortion from our books, we can move on to other more germane issues of immediate educational concern; the Untied Teaching Profession will be united only to the extent that this is accomplished.

ALERT UPDATE

STATE HEALTH MODEL CURRICULA & PROPOSED STANDARDS

Note: TSC is keeping Ohio educators updated on this issue because **under the title of Comprehensive School Health, Abortion Access/Clinics may be coming to all Ohio's schools.** Update information has been abstracted from "The Eagle" May/June 1997 issue along with some additional notes.

State Health Curriculum: A Missing Link:

Currently Ohio law [ORC 3313.60] stipulates that the *local board of education "shall prescribe a curriculum* for all schools under their control." In the area of health, the state mandates locally developed curriculum for the nutritive value of foods, the harmful effects of drugs and alcohol, venereal disease education (with parental opt-out provision), and safety and assault prevention (with parental opt-out provision). This is *scheduled to be dramatically changed* pursuant to the pending Standards for Ohio Schools.

Within the proposed Standards, **rule 3301-35-04(B)(2)(d) [p. 26]** states "The school district *shall ensure* that the curriculum promotes continuous progress towards the achievement of competencies." Remember according to **rule -03** the *competencies are state developed, and no provisions for parental options* are made. Within the same rule, the state mandates that "The school district *shall implement a comprehensive, districtwide curriculum to ensure that all learners* have access to challenging subject matter and opportunities to achieve competencies in English language arts; mathematics; science; social studies; vocational education; arts; foreign languages; health and physical education; business; career planning; family and consumer sciences; and technology. These *academic and vocational competencies may be integrated across curricula.*"

Consider the following comment: *No one can opt out of something that is integrated.* All learners...districtwide means beginning in *kindergarten*. This legal requirement is not presented as a buffet from which districts may make choices.

Within the same rule, the state mandates that "The school district *shall ensure that the curriculum is guided by Ohio's state-adopted model* competency-based education programs or comparable curricular models, and learning objectives from the *state proficiency tests.*"

The Proposed Health Curriculum is OUT OF BOUNDS!

Since the State Board of Education is determined to gain approval from our legislators for this new system, it's important that the most current draft of the State Health model is discussed. According to the draft for "Ohio's Model Competency-Based Health Education and Physical Education Curriculum" released in May 1997 under Ohio's open records laws, "the major objective of competency-based education programs is to guarantee consistency among written, implemented, and assessed curricula in Ohio schools." It goes on to state, "*Physical and health education should be*

grounded in and connect with the five domains identified by Council of Chief State School Officers' State Collaborative on Assessment and Student Standards – *physical, social, emotional, intellectual, and spiritual (optional) domains of well-being. These should be connected across a school's health education and physical education curriculum, pre-K-12.*"

The draft model also clearly states, "All the components of the school's program must be mutually supportive and consistent with the overall goal of promoting and enhancing student physical, mental, and social well-being. This schoolwide approach is referred to in this framework as a coordinated school system with eight components:

- Health Education
- Physical Education
- Nutrition Services
- Health Services [Note: This is separate and distinct from "health education"]
- Psychological and Counseling Services
- Safe and Healthy School Environment
- Health Promotion for Staff
- Parent and Community Involvement"

There are NO provisions for opt-outs! Remember this model will become part of a "performance-based" system in which *students will be expected to "demonstrate" that they have mastered state-adopted competencies, including health competencies.* This model clearly outlines health competencies that are jettisoned beyond a child's academic knowledge into the realm of *emotional well-being or mental health.* This is the component that retains the state's original pursuit of state outcomes for the child's knowledge, skills, and attitudes. The most significant difference between what local districts are required to develop now and what they will be required to implement later is the *nonexistence of parental opt-out provisions.*

The state will determine what a child should know, do, and be like. Consider the following sample of "competencies" [outcomes] proposed within this draft of the state health curriculum. Note carefully the verbs that are used in the competencies.

Pre-Kindergarten **[Approx. 4 years old]**

The learner will demonstrate primary healthy stress management and relaxation skills.

Kindergarten

The learner will demonstrate and discuss age-appropriate expressions for a variety of feelings.

The learner will demonstrate ability to relax and be emotionally safe in a variety of situations.

First Grade

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.

The learner will define confusing touches as touches that mix you up or make you feel uneasy.

Second Grade

The learner will demonstrate acceptable ways to show or express emotions.

The learner will recognize the difference between good and bad secrets.

Third Grade

The learner will recognize that decisions about following traditional roles for men and women may vary.

The learner will choose stress and conflict management techniques without being bound by traditional gender roles.

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 demonstrate effective abstinence of refusal skills in a variety of situations (e.g., alcohol, tobacco, sex, inappropriate touching, unwanted food, breaking the law, etc.).

Sixth Grade

The learner will be able to form and use as appropriate list of community agencies and professionals.

The learner will be able to discuss personal responsibility for making family planning decisions.

Seventh Grade

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

The learner will be able to evaluate, and use various community agencies and services that assist individuals concerned with suicides, death, birth, and other life challenges

(e.g., suicide prevention hotline, religious institutions, funeral homes, hospitals.)

Ninth Grade

The learner will be able to demonstrate the ability to access school and community health services for self and others.

The learner will be able to describe and intervene with physiological changes that accompany sexual feelings.

Tenth Grade

The learner will be able to generate 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).

Eleventh Grade

The learner will practice and use effective self-examination procedures including American Cancer Society’s steps for breast and/or testicular cancer.

The learner will be able to evaluate how to choose a life partner.

Twelfth Grade

The learner will be able to protect him/herself from sexually transmitted diseases.

The learner will be able to communicate an understanding of the skills to use safer sex skills as an adult.

The learner will be able to access, use, and evaluate a variety of informational sources relative to community or team controversies (e.g., affirmative action, pornography, fluoridation, euthanasia, abortions, etc.)

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What if the parents (and even educators) disagree with the standard of proficiency needed to meet these outcomes – or even with the outcomes themselves?

It is important to keep in mind that in a “performance-based” system, students *stay in the instructional/testing loop until mastery is demonstrated*. Therefore, for the affective areas listed above and many others found in the state model, what happens when the family or educator disagrees with the basic standard established? Even if the assessments are developed locally, the fact remains that there is *no mechanism for parental opt-outs*.

Standards for Ohio Schools have been Approved “In Principle”: Since March 1992, the Ohio Department of Education and the Ohio State Board of Education have been working toward restructuring statewide standards for

governing chartered schools across the state. The standards, in draft form, created a firestorm of public controversy in 1993 when the Governor's Education Reform Package was added to the state's biennium budget. ***It contained language which would have codified the outcome-based education philosophy statewide.*** Legislators, overwhelmed with phone calls, letters, and personal testimonials, frantically attempted to remove most of the mandatory language from HB 152. In a press release issued by the Ohio Department of Education [6/30/93] state officials declared, "We at the Department of Education will be relentless in our pursuit of these and other agenda items. There is much work left to do." Even though the attempt to put OBE into permanent law failed, the State Board of Education in conjunction with the Ohio Department of Education continued developing regulatory changes with the intent to change state statutes at a later date. ***The regulations being developed clearly revealed a change in philosophy for curricula development, instructional practices, and graduation requirements.*** Instead of requiring minimum instructional hours under broad subject areas, students would be required to "demonstrate mastery" of stated determined outcomes (currently referred to as "competencies"). The state agencies also revealed their intent to ***expand the focus of the outcomes/competencies beyond basic academic expectations to include a significant number of expectations for the child's attitudes/behaviors.*** For example, proposed graduation requirements included the student's ability to "maintain physical, emotional, and social well-being" and to "demonstrate curiosity, open-mindedness, and skepticism in civic behavior" [9/93]. Under the proposed philosophy students would be expected to stay in an ***instructional, testing, and remediation loop until mastery is demonstrated.***

The process for developing statewide regulatory changes has come to its final phase and parents across Ohio are wondering how the proposed changes will impact their children. Community members are wondering how the proposed changes will impact the governance of local schools. Educators are wondering how the proposed changes will impact their classrooms.

Proposed rule 3301-35-04 clearly states that the school district "shall implement a comprehensive, districtwide curriculum to ensure that all learners have access to challenging subject matter and opportunities to achieve competencies in English Language Arts; Mathematics; Science; Social Studies; Vocational Education; Arts; Foreign Languages; Health and Physical Education; Business; Career Planning; Family and Consumer Sciences; and Technology. ***These academic and vocational competencies may be integrated across curricula.***" This requirement is significant for several reasons, but most significantly because it ***provides no opt-outs*** for controversial health curricula components that currently exist in law.

All of the ***competencies/outcomes will be state developed.*** Some will be state assessed. Some will be state and locally assessed. Interestingly enough, the ***State Board of Education***

has decided not to develop the final list of competencies until after the laws have changed and the system is firmly in place.

Remember in rule 3301-35-04(B)(2)(d) [p. 26] the state mandates that "The school district ***shall ensure*** that the curriculum is guided by Ohio's ***state-adopted model*** competency-based education programs or comparable curricular models, and learning objectives from the ***state proficiency tests.***" However, it is very important to understand that the most controversial state curriculum model [health] is being developed and ***will not receive final adoption until after the new system is in place.*** In essence, the Ohio General Assembly will be asked to approve a system that includes state adopted health competencies for graduation without seeing what they look like.

ACTION AGENDA: First obtain a copy of the proposed Student Standards. Request the most recent version from the Ohio Department of Education at 614-728-4601 OR download from the Department's web page: <http://www.ode.ohio.gov/>.

Secondly, obtain a copy of the May 1997 draft of the Health Model Curricula. Request the most recent version from Karin Riley, Chief Legal Counsel for the Ohio Department of Education, at 614-466-4705.

Thirdly, call your state legislator and state senator. Request a no vote for standards (whether through a bill or amendments to a bill) until the health model is completed. It is important that legislators understand the importance of having complete information prior to endorsing a new system. This is not possible without a completed health model. Tell the legislators NOT to vote on the standards until there is a completed health model.

Fourthly, attend any public hearings on the standards. Hearings are conducted by the house and senate committees and by the Ohio Department of Education/State Board of Education.

Finally, educate friends and colleagues. Copy this newsletter for others, and encourage them to learn about the issues and to contact their legislators.

STAY INFORMED AND INVOLVED

The information regarding these standards and pending legislation is changing almost daily.

For complete accurate information, questions, and/or updates, please contact Melanie Elsey by phone (330-896-2971) or e-mail (Lzjoshua@aol.com).

To find out the name and phone number of any State Senator, State Representative, and/or State Board of Education member, call Roundtable of Ohio at 1-800-522-VOTE.