

The Seamless Web: Minnesota's New Education System

7 The Health Package

The social engineering goals of the Profile of Learning are quite obvious in the health performance package called, "Healthy, Wealthy & Whys." The package begins by saying there are "six priority health areas." As we will see, the six areas include "HIV/STD/unintentional pregnancies." Notice, first of all, the conspicuous choice of words. Out-of-wedlock pregnancies have gone from "illegitimate," to "unwed," to "unintentional." Notice that the same word, "unintentional" is used to describe accidental injuries. The same perspective is brought to pregnancy as is taken to accidental injury—just like slipping on the ice and breaking one's leg.

Why use the word "unintentional"? Because words such as "unwed" imply the existence of some norm or standard. If pregnancy is "unwed," then the terminology implies the existence of a standard, in this case being married. The word "unintentional" is used because it implies no moral standard. We aren't all that responsible for accidents, and just as someone who gets hurt by falling on the ice should feel no guilt or responsibility for the injury, so also someone who becomes pregnant, or gets someone else pregnant, shouldn't be held accountable for having violated any norm or standard.

The same attitude carries over to people who have AIDS or other venereal diseases. They are consistently treated as innocent victims of circumstance; no personal responsibility for their maladies can be allowed. We can blame our terrible American system of government for not spending enough on AIDS research, but we are not allowed to blame any person or group for immoral behavior. (Some people with AIDS are innocent victims, but most are not.)

Remember the first principle of freedom—that there are universal standards of right and wrong. This performance package directly undermines that essential principle.

On page 2 of the package, we read the statement, "What students should know." This "content standard" is defined as, "Know community-based health care services, products providers and referral options." In the areas of HIV, other venereal disease and illegitimate pregnancy, where will students be going for their research? The package sends them to Planned Parenthood, clinics specializing in venereal diseases, and centers targeted to the homosexual community. Such special-interest organizations are, of course, well-known for taking a less than balanced, academic approach to sexual issues.

What will be included under the "referral options" students must know about? Referral options will include the nearest clinic or hospital that does abortions along with information on taxpayer funding of abortion. (Minnesota has court-ordered taxpayer funded abortion. Minnesota also has "presumption of eligibility" for Medicaid whereby a minor child is "presumed to be eligible" for Medicaid; and abortions are paid for at taxpayer expense, no questions asked, regardless of the financial means of the minor or her parents. Theoretically, government officials are supposed to follow up to determine if the minor child was really covered by Medicaid. In the case of abortion funding, however, Minnesota officials never bother to investigate.)

The next section of the performance package describes: "What students should do." The task is outlined as follows: "Select information, products and/or services to respond to real or simulated situations of need." So what has now become the source of the student's materials on sex education? Is it the school? Is it the teacher? Is it the library? Is it the parents? Look at how the package works: Planned Parenthood and similar clinics will now be the source of a student's information about sexuality. Is this quality academic material? No, it is not.

On the bottom of page 3, we arrive at a listing of "significant adults" who may also be the source of information and counsel. Look at the list (while ignoring the school club). The list is: "emergency medical technician," "school nurse," "school counselor" and "school social worker." These may all be wonderful people, but who is missing from this list of "significant adults"? Neither parents nor members of the clergy made the list. Also missing are the new student organizations that promote abstinence.

Later in the package is a list of factors to consider in decision-making on sexual issues. Conspicuously absent from the list of important factors is any reference to moral principles of any kind. Also absent is the wealth of medical information which documents the high physical and emotional cost of promiscuity. Missing, as well, is the extensive scientific documentation which reveals that the typical approach to sex education is, at best, ineffective. (See Appendix B.)

What does the performance package accomplish? It creates an artificial world for our children that is devoid of parents, moral principles, accurate information and religious values. In the area of sexuality, it takes our children out of the hands of their parents and puts them under the care and counsel of Planned Parenthood. Parents should raise their children, not Planned Parenthood.

The point, however, is this: The Profile of Learning places politically correct, quasi-governmental agencies in the position of becoming the parents for our children. This is not academic education. It is not high standards. This is social engineering pure and simple. It is indoctrinating our children with the world-view of the radical left. This is what the revolution in education is all about.

Also significant are the missed opportunities in this package. There are a wide variety of abstinence-only sex education programs that have demonstrated remarkable success in reducing promiscuity, venereal diseases and illegitimate pregnancy (all perfectly good words). Why are such programs absent from the revolution in education? The reason is that the central planners behind the revolution are not nearly as concerned about the horrendous damage done by illicit sex as they are about promoting their ideology. The only sex education programs that really work are the programs that recognize genuine norms. Genuine norms are what the education revolutionaries are not willing to tolerate.

MINNESOTA DEPARTMENT OF CHILDREN, FAMILIES AND LEARNING
Performance Package
Minnesota Profile of Learning

Content Standard: Decision Making:
Individual & Community Health

Level: High School

Title of Package/Activity: Healthy, Wealthy & Whys

Summary Statement of Content Standard:

Make informed decisions that enhance individual, family and community health in all six priority health areas:

Promote

- healthful nutrition/dietary practices
- physical fitness

Reduce/Prevent

- tobacco use
 - drug/alcohol use
 - intentional and unintentional injuries
 - HIV/STD/unintentional pregnancies
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Description of Student Performances:

Task 1: Investigate and select community-based health care resources for hypothetical clients.

Task 2: Using a decision-making model, study several health issues/problems and make a decision on each.

Task 3: Create a plan for an in-depth study of one of the six priority health areas.

FINAL ACHIEVEMENT: Use the following scoring criteria when evaluating student performance.

Scoring Criteria

4 - Performance on this standard achieves and exceeds expectations of required standard work.

3 - Performance on this standard meets the expectations of required standard work.

2 - Work on this standard has been completed, but all or part of the student's performance is below required standard level.

1 - Work on this standard has been completed, but performance is substantially below required standard level.

No package score is recorded until ALL parts of the package have been completed.

PERFORMANCE PACKAGE TASK 1

Healthy, Wealthy & Whys

Content Standard: Decision Making:
Individual & Community Health

Level: High School

Specific Statement(s) from the Standard:

What students should know:

2. Know community-based health care services, products, providers and referral options

What students should do:

2. Select information, products and/or services to respond in real or simulated situations of need:
 - a. personal/family
 - b. community/workplace

Product(s):

- Two selections of health care resources

Task Description:

Overview: During the term, you have been investigating community-based health care resources in class assignments and discussions, as well as on your own. During your study, you, your classmates, and your teacher have accumulated many resource listings, directories, brochures, pamphlets, books -- and, perhaps, resource information in non-print form, such as video or audio tapes, computer disks, or CD's. You may also have identified health care resource information on the Internet. In addition, you have been developing and/or reviewing "profiles" of hypothetical clients who are in need of various health care resources.

In this task, you will review two hypothetical client profiles from a selection provided by your teacher. Using information on community-based health care resources, you will select for each client appropriate health care services, products, providers, and referral options.

Steps:

1. You will draw two hypothetical client "profiles" from a selection provided by your teacher. One client profile will focus on personal/family health care needs, the other on community/workplace health care needs.
2. You should review the two client profiles and the class collection of information on community-based health care resources. Then determine for each client:
 - the information you will use to decide which health care services, products, providers, and/or referrals the client needs
 - which health care resources can supply the client with the services, products, providers, and/or referrals the client needs
 - convincing reasons for your selection of the health care resource(s) that the client should use.

PERFORMANCE PACKAGE TASK 1 Healthy, Wealthy & Whys

Task Description, continued

In choosing resources, consider the client's:

- ability to pay
- family responsibilities (For example, will the client need daycare services?)
- ability to get to the resource (For example, is the provider located on a bus line?)
- available time (For example, when must the client go to school or work [or another place]? When would be the best time to make an appointment? Are these the times the provider is open for appointments?).

Special Notes:

General:

It is expected that teachers will teach health promotion and disease prevention as established by their district's health curriculum. As with all state model performance packages, teachers may adapt this package or write their own package to meet district guidelines.

This package was informed by several teaching resources; two in particular might be very helpful to teachers:

Designing School Health Curricula, 2nd Edition

Ames, Evelyn, et. al.

Dubuque, IA: Wm. C. Brown Communications, Inc., 1995.

Health: A Guide to Wellness, 5th Edition

Merki, Mary Bronson, and Don Merki

New York: McGraw-Hill, 1996.

Sources of information/materials on health care resources:

Teachers should provide, as well as ask students to obtain, materials on a wide variety of health care resources located in the community. ("Community" may include local, state, and national health care resources.) The materials may be in print, audio/video, or computerized form. Teachers and students may obtain information from:

- senior citizen centers
- public health nursing
- hospitals -- emergency clinics
- county social service agencies
- drug treatment centers
- referral agencies
- fitness clubs
- teen counseling centers
- tobacco education agencies
- language interpreters
- mental health treatment centers
- rape crisis centers
- battered women shelters
- homeless shelters.

Information providers may also include school clubs and significant adults such as:

- emergency medical technician (EMT)
- Students Against Drunk Driving (SADD)
- school nurse
- school counselor
- school social worker.

Many county agencies have printed data on the resources they provide. In Minneapolis and St. Paul, for example, *First Call for Help*, a crisis help line, has a comprehensive listing of resources in the Twin Cities area.

PERFORMANCE PACKAGE TASK 1 Healthy, Wealthy & Whys

Special Notes, continued

Sources of information/materials on health care resources, continued:

A computer database would be excellent for recording and tracking information on health care resources. Another option might be for teachers to develop a health care resources print "library." Whatever the system, since some of the information (such as telephone numbers) changes rapidly, the materials should be updated at least every year and if possible more frequently. (Regarding the computer database: a student[s] may wish to develop a template into which the information collected by the class and the teacher could be "slotted.")

Some considerations about students obtaining information on health care resources:

There may be some problems with public agencies who have little available time to respond to a great demand of students' requests for information. In this case, students in the class could generate questions that address their issues or concerns, and then one student in the class could call an agency. In this way, county health care resources, for example, would only have to be called once.

Another way for students to obtain information could be for them to organize and conduct a health fair where diverse health care personnel would spend one day in the school demonstrating and explaining the products, services, and programs they provide. Perhaps the health care staff people (and/or volunteers) would be available for large-scale interviews which could address comprehensive information of interest to many students. In addition, many community agencies have outreach programs which encourage student investigation and would welcome an opportunity to speak before the class. Health care speakers could be available for student questions and additional feedback.

The "class collection" of materials should include the following types/categories of information on each community-based health care resource:

- primary purpose
- focus -- is the focus on personal/family health care, community/workplace health care, or both?
- specialty area(s) -- is a priority given to one or more of the following: healthful nutrition/dietary practices, physical fitness, tobacco use, drug/alcohol use, intentional and unintentional injuries, HIV/STD/unintentional pregnancies?
- list of services furnished -- and costs
- list of products furnished -- and costs -- Is there a "sliding scale" fee structure based upon ability to pay?
- referral options furnished
- education and experience of the staff
- hours of operation
- how appointments are made -- are walk-in appointments an option?
- clients most often served
- location -- is the resource on a bus line?
- address, phone number(s), names of representatives
- availability of daycare services for the client.

PERFORMANCE PACKAGE TASK 2
Healthy, Wealth & Whys

Chart #2

Gather Information

Factors that Influence Decisions

a. Media

b. Technological Advances

c. Interpersonal Communication

d. Immediate and Long-Term Risk Factors
