Advancing School Sexual Health Education by Improving Policies, Programs, and Instructional Practice

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Session Objectives

1. Describe the relevant program and policy issues important to support the content and delivery of sexual health education in schools.

2. Describe the essential objectives and content to be included in a sexual health scope and sequence.

3. Identify the essential competencies and skills needed to improve sexual health education instruction.

Disclaimer: This presentation’s contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.
Organization of Presentation

- CDC’s historical role in improving sexual health education – evolutionary challenges, accomplishments, and improvements
- CDC’s current guidance for improving sexual health education
- CDC’s future direction for improving sexual health education
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CDC’s Evolutionary Role in Improving Sexual Health Education

- **Generation 1** – Establish a national program to support school-based education to prevent HIV (1986-1992)
  - 1987/1988 – CDC initiated a national program to strengthen health education to prevent the spread of HIV
    - Funded all SEAs and largest LEAs to implement HIV prevention programs
    - Funded health and education NGO’s to support school-based HIV prevention education
    - Established national information and training systems
  - 1988 – “Guidelines for Effective School Health Education To Prevent the Spread of AIDS”
    - First federal guidance for school personnel
  - 1992 – Initiation of National Health Education Standards and CDC/CCSSO Health Education Assessment Project
Surgeon General’s Report to the American Public on HIV Infection and AIDS

Understanding AIDS
A Message From The Surgeon General

1986

1987
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CDC’s Evolutionary Role in Improving Sexual Health Education

- **Generation 1 - Results**
  - Initiated national priority for improving health education and HIV prevention education in schools.
    - States mandated HIV education
  - Clarified content priorities for sexual health education –
    - disease focus
    - risk reduction outcomes (including abstinence).
    - scientifically accurate
    - theory-base
  - Increased number of HIV/sexual health-related curricula
  - Broadened national partnerships in efforts to improve HIV education for youth.
  - Emphasized student health as central to a school’s mission.
  - Began to raise the visibility and importance of health education in meeting health and education outcomes.
CDC’s Evolutionary Role in Improving Sexual Health Education

  - 1992 – Research to Classroom (Programs that Work)
    - Established criteria for determining effectiveness of interventions
    - Established criteria for determining appropriateness and feasibility
    - Identified specific effective programs for use in schools
  - 1994: Expert Panel: Effectiveness of school-based sex education programs
    - 1st report to translate and apply research to identify effectiveness of school-based sexual health programs.
Research to Classroom

- Identification of programs with evidence of effectiveness
  - Expert panel reviews evaluation research
  - Expert program panel reviews feasibility

- Dissemination of identified programs
  - Training of master trainers
  - Technical assistance and raising awareness
CDC’s Evolutionary Role in Improving Sexual Health Education

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https://www.cdc.gov/healthyyouth/adolescenthealth/registries.htm
Generation 2 - Results
- Established scientific standard of evidence for determining program effectiveness
- Led to publication of *Emerging Answers* (National Campaign to Prevent Teen Pregnancy, 2001)
- Resulted in lists of “effective” programs
- Encouraged other federal and national efforts to identify and advance use of programs with evidence of effectiveness (national systems)
- Set expectation that programs have a measurable impact
- Shifted professional development efforts from knowledge acquisition to curricula implementation skill development
- Started to identify some key elements that contributed to programs’ effectiveness
# Program-Specific Guidance

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
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<tr>
<td>Allows resources to be spent on programs and curricula shown to be effective in rigorous research studies</td>
<td>Limited number of programs identified as effective</td>
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<td>Helps program managers efficiently make major program decisions; saves time</td>
<td>Many quality programs and curricula have not been rigorously evaluated</td>
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<td>Some agencies require programs with evidence of effectiveness</td>
<td>Few evaluations of comprehensive health education curricula</td>
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<tr>
<td>Motivates program and curriculum developers to evaluate</td>
<td>Researched programs might not be generalizable</td>
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<td>Programs might not be feasible due to resource constraints in non-research settings</td>
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<td>Programs might not remain effective in real-world situations</td>
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CDC’s Evolutionary Role in Improving Sexual Health Education

- Generation 3 – Advance elements-based guidance and systematic processes for selecting, adapting, or developing HIV prevention programs and practices (1995-2012)
  - 1995/2007 National Health Education Standards
  - 1997: CDC Draft Expectations for Curriculum
  - 2002 – CDC/DASH Expert panel: Curriculum Review and Selection
    - Processes and instruments to guide curriculum review and selection
    - Essential criteria and scoring rubric – allowing for standard scoring
  - 2002-2006/2012: Identification of key characteristics of effective programs – translated into curriculum analysis tools
    - CDC-DRH, ETR, HTN: 17 common characteristics of effective STD, HIV and pregnancy prevention programs
    - CDC-DASH: Essential characteristics of effective health education curricula
  - 2006: CDC/DRH, ETR Adaptation Guidance
CDC’s Evolutionary Role in Improving Sexual Health Education

- **Generation 3 - Results**
  - Summary of characteristics of effective health and sexual health education programs
  - Clear systematic processes for completing program and curriculum review – including local community engagement
  - Scoring rubric and templates for documenting review and decisions
  - Specific tools for review and selection of school/community programs
  - Clear criteria for what to consider in sexual health curricula
  - Guidance for adapting evidence-based teen pregnancy and STI/HIV prevention curricula
  - Alignment of health intervention outcome expectations with educational outcome expectations (behavioral change integrated as educational outcome)
  - Increased sexual health education-specific guidance and content consistent with clear expectations
CDC- Supported Curriculum Analysis Tools

- Apply research to practice by incorporating characteristics of effective curriculum-based programs
- Inform curriculum selection and development
- Establish clear criteria and standards for measurement and uniform application of these criteria and standards
- Establish systematic processes and methods
- Promote group participation engaging relevant expertise and multiple perspectives
- Require investment of time
Program-Specific and Elements-Based Approaches to Identifying Effective Programs
## Elements-Based Guidance

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<tr>
<td>Can use to develop and select programs</td>
<td>Allows for greater subjectivity than evidence-based approach</td>
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<td>Allows for local flexibility</td>
<td>Some agencies require evidence-based program. Elements-based programs might have no evidence of effectiveness.</td>
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<td>Considers wide range of programs, including those not yet rigorously evaluated</td>
<td>Longer, more complicated process in selecting or revising than evidence-based curricula</td>
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<td>Promotes comprehensive health education curricula</td>
<td>Does not encourage evaluation.</td>
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<td>Establishes high standards for program development</td>
<td>Few ready-made or easily available lessons or implementation strategies that address all characteristics.</td>
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<td>Educates users on key elements of effective programs, possibly increasing implementation fidelity</td>
<td>Few packaged curricula available that meet characteristics or are being built to meet them</td>
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<td>Gives clear direction to improve quality of existing district or teacher developed instructional programs.</td>
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Think – Pair - Share

Think

Pair

Share

Consider the evolution of CDC’s and other federal efforts to improve sexual health education. What stands out as most influential on your professional practice? What more can CDC do to add to your practice?
Organization of Presentation

- CDC’s historical role in improving sexual health education – evolutionary challenges, accomplishments, and improvements
- CDC’s current guidance for improving sexual health education
- CDC’s future direction for improving sexual health education
Current Guidance to Improve Sexual Health Education (SHE)

Curriculum

Policy and Support

Instructional Delivery
Overview of SHE Guidance

1. Implement planned and sequential health education that addresses clear behavioral outcomes to prevent HIV, other STD, and teen pregnancy

2. Promote the effective delivery of sexual health education to maximize students’ abilities to prevent HIV, other STD, and teen pregnancy

3. Strengthen policies and build support for effective health education to prevent HIV, other STD, and teen pregnancy

4. Implement activities that address the sexual health education needs of LGBT, homeless, and alternative school youth

Recommendation 1: Implement planned and sequential sexual health education

1. Establish or select a *written curriculum framework* for sexual health education – Scope and Sequence

2. Establish a *systematic process* that districts can use for identifying, selecting or adopting, and implementing sexual health education lessons, instructional strategies, and student learning materials, including commercially packaged programs such as evidence-based interventions (EBIs)
Recommendation 1: Implement planned and sequential sexual health education

1. Support and implement a sexual health education curriculum (as a part of health education course) at the middle and high school level
2. Select sexual health education materials that are effective and appropriate
3. Implement selected sexual health education curricula with fidelity
4. When necessary, make appropriate adaptations to sexual health education curricula to meet the needs of specific populations of youth
Sexual Health Education: Healthy Behavioral Outcomes

- A pre-K–12 sexual health curriculum should enable students to
  - Establish and maintain healthy relationships.
  - Be sexually abstinent.
  - Engage in behaviors that prevent or reduce sexually transmitted disease (STD), including HIV infection.
  - Engage in behaviors that prevent or reduce unintended pregnancy.
  - Avoid pressuring others to engage in sexual behaviors.
  - Support others to avoid or reduce sexual risk behaviors.
  - Treat others with courtesy and respect without regard to their sexuality.
  - Use appropriate health services to promote sexual health.

Curriculum: Take-Home Messages

- **Importance of having an overarching plan for sexual health education for students in grades 6-12**
  - Choose which outcomes to focus on
  - Plan for (1) what concepts and skills will be covered and (2) when they should be covered
  - Use appropriate guidance to create a strong plan (HECAT, TAC)

- **Choose materials that**
  - Support the scope-and-sequence
  - Meet the highest level of scientific evidence possible for the outcomes you want to achieve
  - Are practical for your population and setting
    - Keep core components
    - Adapt appropriately
Recommendation 2: Promote Effective Delivery

1. Ensure that all teachers responsible for the delivery of sexual health education have the requisite certification and competencies to implement effective sexual health education

2. Provide professional development, technical assistance, and follow-up support to improve teacher competencies and skills to implement curricula
Instructional Delivery: Take-home Messages

- Sexual health education is not always the easiest topic to teach
- Teachers need content knowledge AND delivery skills
- It is important to prioritize continuous and consistent professional development for health ed teachers and sexual health education teachers.
Recommendation 3: Strengthen policies and build support

- Promote, implement, and monitor policies that inform
  - the selection of accurate and appropriate content
  - the effective delivery of sexual health education to prevent HIV, other STD, and teen pregnancy.

- Build support and partnerships for effective health education to prevent HIV, other STD, and teen pregnancy.
Policy & Support: Take-home Messages

- School health leaders and other administrators should know and understand all state and local policies relevant to sexual health education and should provide guidance to district and school staff.
- Partnerships should exist for a purpose – they should help you accomplish specific goals related to sexual health education.
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CDC’s Future Direction for Improving Sexual Health Education

- Improving implementation of health and sexual health education
  - Improving teacher effectiveness
  - Improve understanding of requisite professional competencies
  - Strengthening practices that support and improve instructional delivery
Teacher Effectiveness

- Qualifications (e.g., certifications)
  - Pre-service training experiences
  - State license or credential
  - Alternative certification program

- Knowledge, Attitudes, Motivations, and Skills
  - Pedagogy content knowledge (PCK)
  - Profession-specific knowledge
  - Classroom management skills
  - Learning supports
  - Self-regulation skills
  - Intrinsic motivations


Professional Competency

- An integrated framework which defines different dimensions of a teacher’s professional function
  - Ability to carry out defined tasks in a particular context, at a high level of excellence

- Areas of professional competency
  - Professional practice
  - Leadership and management
  - Personal characteristics
    - Knowledge, attitudes, beliefs, motivations, skills and experiences


Health Education
Teacher Competency Model

Guided by Best Practice Recommendations

- Administrative Competencies (Program/Agency-focused)
- Instructional Practice Competencies (Student-focused)
- Training & Resource Provision Competencies (District/Community/Agency/Program/profession-focused)
- Advocacy Competencies (District/Community-focused)

Gaps in professional literature

Improved effectiveness of implementation of HE/SHE instructional program

Student Health Behavioral Outcomes

SEM: Organizational Factors (School & District)
SEM: Community Factors
SEM: Policy Factors (Federal, State, and Local)
Health Education Instructional Competency

Knowledge of Students: child development; attitudes and intentions; human behavior; learning styles/preferences

Course of Study Design, Selection, or Adaption

Self-Appraisal & Reflection

Instructional Competency

Management Strategies

Assessment Techniques

Knowledge of Content (Health): risk behavior, social determinants, access to services, transmission of disease, Pyramid of prevention, ecological approaches, Coordinated School Health, NSCC Model

Knowledge of Institution/Profession: philosophy of education; professional ethics & responsibilities; professional teaching standards; school systems
Teacher Competency Model

Does the conceptual model of professional competency make sense?

Discuss gaps and or areas of improvement within the model.

Instructional Competency Model

What aspects of the model could be changed to improve instructional practice in school health education?

List potential strategies SHE programs and partners can implement to support teacher instructional practice.
CDC’s Future Direction for Improving Sexual Health Education

- Improving implementation of health and sexual health education
  - Improving teacher effectiveness
  - Improve understanding of requisite professional competencies
  - Strengthening practices that support and improve instructional delivery
Implementation Science: Evidence-Based System for Innovation Support (EBSIS) Logic Model

Think-Pair-Share Activity

What are specific supportive strategies each organization might implement to help improve the implementation of health and sexual health education programs in schools?

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<td>Institutions of Higher Education (IHE)</td>
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<td>CDC &amp; other Federal Agencies</td>
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Thank you

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