

**Massachusetts Coordinated School Health Newsletter
Winter 2011**

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Massachusetts Coordinated School Health Program

Welcome to the winter edition of the Coordinated School Health (CSH) newsletter!

In each issue of our seasonal newsletters, we focus on one topic relating to school health concerns—including the latest research, success stories and action steps for schools. This issue is devoted to helping you examine your school's sexual health promotion program. Most Massachusetts school districts provide some form of sexuality education for their students. The Massachusetts Department of Elementary and Secondary Education includes many aspects of sexuality in its Comprehensive Health Frameworks for Grades K-12. Each year we have more research on what components need to be included in an effective curriculum. It may be time for your school's community to review its curriculum. An effective means of accomplishing this is to work with a school wellness committee. By bringing together teachers, administrators, nurses, students, parents, community health professionals and others to examine the needs of your community and develop effective responses, you can ensure wide support for your chosen curriculum and other programs.

If you have any questions about our program or need assistance implementing Coordinated School Health or Wellness Policies, please contact us.

Thanks, and have a healthy day!

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A partnership of the Massachusetts Departments of Elementary and Secondary Education and Public Health.

Coordinated School Health (CSH)

CSH is a joint initiative between the Massachusetts Departments of Elementary and Secondary Education and Public Health funded by the Centers for Disease Control and Prevention's Division of Adolescent and School Health (CDC/DASH). Our team's primary goal is to improve school policies, environment and instruction relating to physical activity, nutrition and tobacco. Research shows that improvement in these areas not only contributes to the healthy development of students but to their academic success as well.

In order to accomplish these goals, we promote the Coordinated School Health model as an approach where all school health-related activities are integrated within the school and community in an effort to enhance the health and academic outcomes of students. This model provides a framework for creating linkages between nine existing components:

Health Education • Physical Education • Health Services • Food and Nutrition Services • Counseling, Psychological and Social Services • Safe and Healthful School Environment • Health Promotion for Staff • Family/Community Involvement • Family and Consumer Sciences Education

CSH staff provide training, technical assistance and resources to schools to promote the healthy development of Massachusetts youth. Additionally, CSH collects the biannual School Health Profiles surveys on health-related programs in Massachusetts middle and high schools and works to increase coordination among state-level agencies and organizations working in school health. To learn more about CSH, please visit www.cdc.gov/HealthyYouth/CSHP.

Are you on the list?

Every week, our program sends out a variety of school health-related resources and information such as new health research, professional development offerings and grant opportunities. If you are not on our listserv, please send an email to CMilligan@doe.mass.edu and ask to be added. Also, if you have any school health dilemmas and would like input from other members, feel free to send your questions to the above email to be forwarded to the group.

Success Stories in Massachusetts

Rethinking Sex Ed in Concord

Nine years after its K-8 sexuality education curriculum was originally developed, Concord Public Schools decided it was time to recommend revisions to the curriculum. The K-12 Health Coordinator spearheaded and chaired this process.

A diverse group of staff, students and community members was sought for the review process. The final committee included an elementary school principal, a 5th-grade teacher, a middle school health/physical education teacher, the schools' Metco coordinator, parent representatives from each of the three elementary schools and the middle school, a clergy member, a local pediatrician, and a high school student.

The committee reviewed the current curriculum in light of state frameworks, best practices, other communities' efforts, and local community needs and values. They reviewed local YRBS data to discern student needs, and surveyed students, staff and parents. They reached a consensus on the content of the K-8 sexuality education curriculum goals and topics. Recommendations of the group were presented to the school superintendent for future implementation.

A New Strategy Takes Teamwork

In 2009 Holyoke, Springfield, Lowell, and Framingham used funding from The HIV Prevention Program at the Massachusetts Department of Elementary and Secondary Education (ESE) to examine the causes of high teen birth rates in their communities and to recommend research-based curricula to address local needs.

They brought together community and school teams to examine the risk and protective factors for youth. The group also reviewed curricula and made recommendations to their school committees for new programs. All recommendations have been adopted and the new curricula are being implemented as part of each community's teen pregnancy prevention strategy.

“As a part of the ‘Getting to Outcomes’ process,” says Mary Fago, director of the Holyoke School Based Health Centers, “we formed a community task force which included a broad representation of community-based organizations, medical providers, a city council member, a Holyoke School Board member, representatives from the schools, students, and parents. This energized the community and encouraged many who were previously uninvolved to both speak out and work on the issue...This grant was important because it helped us bring sexuality education to the schools, but also was as important for the energy, community engagement, and creative ideas that it facilitated in Holyoke.”

Research Update

More than 65% of Massachusetts students will have had sexual intercourse by the time they graduate from high school. Schools have a role in helping all students to develop the skills for healthy adult relationships.

Teachers, counselors and nurses can be key people with whom students discuss important issues. As a result, schools play a critical role in reducing adolescent sexual risk behaviors and in promoting healthy development among all youth. Results from the Massachusetts Youth Risk Behavior Survey (YRBS) consistently show that students who have received HIV/AIDS prevention education in school are less likely to be sexually active and have significantly lower rates of sexual risk behaviors than their peers who have not received such instruction. Research also has consistently shown that students who received education about delaying sexual activity and understanding healthy sexual practices are more likely to wait to have sex—and more likely to have safer sex when the time comes.

Let’s Talk About Sex...

What is sexuality education?

The international HIV/AIDS prevention organization AVERT defines sexuality education as “the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sexuality education is also about developing young people’s skills so that they make informed choices about their behavior, and feel confident and competent about acting on these choices.”

What is the role of schools?

Parents and teens want schools to provide sexuality education. Young people want to learn sexual information at school and values, standards and expected behavior from their families. Parents look to professionals to introduce topics that they find challenging to address. The most effective sex education acknowledges the different contributions each setting can make. Schools can support the initiation of dialogue at home. Families and schools both need to engage with young people about the messages that they get from the media.

How can schools revise their programs?

A good first step for any school or district aiming to promote adolescent sexual health is to form a committee. That group should include a broad group of constituents interested in carefully examining the schools’ role and responsibilities in sexuality education.

The following are examples of appropriate members:

- Teachers and administrators
- School staff responsible for health and pupil services
- Middle and high school students
- Medical advisors
- Community members living with HIV/AIDS
- Community leaders such as clergy and ethnic group leaders
- Public health, social service and youth organizations

- Parents and other family members

By having a group working together, it is more likely that policy and curriculum suggestions will be implemented. The committee can examine the risks and assets of students in their community, review research on effective programs, solicit community input, and suggest guidelines and curricula for the program.

Consensus Statement on Adolescent Sexual Health

The National Commission on Adolescent Sexual Health has created a document on adolescent sexual health. Their Consensus Statement (below) has been endorsed by more than 50 national organizations, including the American Medical Association, the American School Health Association, the Society for Adolescent Medicine, the Child Welfare League of America, and the YWCA. Facing Facts: Sexual Health for America's Adolescents, the full report of the National Commission on Adolescent Sexual Health, can be obtained at the Sexuality Information and Education Council of the United States (SIECUS).

[www.siecus.org/ data/global/images/Facing_Facts.pdf](http://www.siecus.org/data/global/images/Facing_Facts.pdf)

Becoming a sexually healthy adult is a key developmental task of adolescence. Achieving sexual health requires the integration of psychological, physical, societal, cultural, educational, economic, and spiritual factors. Sexual health encompasses sexual development and reproductive health, as well as such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values.

Adults can encourage sexual health by:

- providing accurate information and education about sexuality;
- fostering responsible decision-making skills;
- offering young people support & guidance to explore and affirm their own values; and
- modeling healthy sexual attitudes and behaviors.

Society can enhance adolescent sexual health if it provides access to comprehensive sexuality education and affordable, sensitive, and confidential reproductive health care services, as well as education and employment opportunities. Families, schools, community agencies, religious institutions, media, businesses, health care providers, and government at all levels have important roles to play.

Society should encourage adolescents to delay sexual behaviors until they are ready physically, cognitively, and emotionally for mature sexual relationships and their consequences. This support should include education about:

- intimacy;
- sexual limit setting;
- resisting social, media, peer and partner pressure;
- benefits of abstinence from intercourse; and
- pregnancy and STD prevention.

Society must also recognize that a majority of adolescents will become involved in sexual relationships during their teenage years. Adolescents should receive support and education for developing the skills to evaluate their readiness for mature sexual relationships. Responsible adolescent intimate relationships, like those of adults, should be based on shared personal values, and should be:

- consensual;
- non-exploitative;
- honest;
- pleasurable;
- and protected against unintended pregnancies and STDs if any type of intercourse occurs.

Sexuality Education Resources

For assistance with reviewing and revising your sexuality education curriculum and policies, please contact:

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Massachusetts Youth Risk Behavior Survey
www.doe.mass.edu/cnp/hprograms/yrbs/

Massachusetts Comprehensive Health Education Frameworks
www.doe.mass.edu/frameworks/health/1999/1099.pdf

Guidelines for Comprehensive Sexuality Education
www.siecus.org/_data/global/images/guidelines.pdf

Curricula Reviewed by the Massachusetts AIDS Advisory Panel
www.doe.mass.edu/cnp/hprograms/aids.html

Seventeen Characteristics of Effective Sex Education Programs
<http://moapp.org/Documents/Media/17Characteristics.pdf>

Effective Sex Education Programs
www.advocatesforyouth.org/storage/advfy/documents/sciencesuccesses.pdf

Promoting Science-Based Programs
www.cdc.gov/reproductivehealth/adolescentreprohealth/PDF/LittlePSBA-GTO.pdf

Health Education Curriculum Analysis Tool (HECAT) for Sexual Health
www.cdc.gov/HealthyYouth/HECAT/pdf/HECAT_Module_SH.pdf

Sex Education That Works
www.avert.org/sex-education.htm

Adolescent Sexual Health
www.siecus.org/_data/global/images/Facing_Facts.pdf

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