

Legislative House Bill 2414 (Report, Section 2)
Tennessee Department of Health, Section HIV/STDs

I. Executive Summary

The Centers for Disease Control (CDC) recognizes that the health of young people is strongly linked to their academic success, and the academic success of youth is strongly linked with their health. Thus, helping students stay healthy is a fundamental part of the mission of schools. Research shows that well-designed, well-implemented school-based HIV/STD prevention programs can significantly reduce sexual risk behaviors among students. While state and local public health departments lead most HIV prevention efforts, school-based curricula, policies, and services (including HIV prevention education) are determined by state education agencies and school districts, not by health agencies. As a result, school-based HIV prevention curricula vary between local educational agencies (LEAs). Some of the most comprehensive HIV prevention curricula in state and metropolitan LEAs ([such as those in New Jersey, North Carolina, New York City, and Miami, as detailed below](#)) have been developed and implemented in cooperation with federal, state and academic partners with experience in HIV prevention.

II. Report

A. HIV/AIDS Prevention Curricula

1) Centers for Disease Control (CDC) guidelines for HIV/AIDS prevention curricula adopted and implemented by Local Educational Agencies (LEAs)

The Centers for Disease Control (CDC) recommends Coordinated School Health (CSH) as a strategy for improving students' health and learning in our nation's schools. (See <http://www.cdc.gov/healthyyouth/cshp/case.htm>)

The CDC recognizes that the health of young people is strongly linked to their academic success, and the academic success of youth is strongly linked with their health. Thus, helping students stay healthy is a fundamental part of the mission of schools. CDC's CSH strategy encompasses eight components of coordinated health, one being health education (which includes sexual health).

CDC's Division of Adolescent and School Health (DASH, <http://www.cdc.gov/healthyyouth/>) is a unique source of support for HIV prevention efforts in the nation's schools. DASH provides funding and technical assistance that enables state and local education agencies to deliver HIV prevention programs that are scientifically sound and grounded in the latest research on effectiveness. DASH recognizes that state and local public health departments (which lead most HIV prevention efforts) cannot take advantage of schools as a setting for HIV prevention without the strong support of education agencies. School curricula, policies, and services are determined by state education agencies and school districts, not by health agencies. Therefore, for more than two decades, DASH has supported a nationwide network of HIV prevention leadership in state and local education agencies. DASH provides funding and technical assistance to HIV prevention programs in 49 states (through the Departments of Education, including Tennessee's) and 16 large urban school districts (including Memphis City Schools). DASH funding is awarded primarily to conduct the Youth Risk Behavior Survey

(<http://www.cdc.gov/healthyyouth/yrbs/index.htm>) and to implement effective policies, programs, and practices to avoid, prevent, and reduce sexual risk behaviors among students that contribute to HIV infection, sexually transmitted diseases (STDs), and pregnancy.

2) HIV/AIDS Prevention Curricula adopted and implemented by Local Educational Agencies (LEAs) in other states

According to CDC's 2007 School Health Policies and Programs Study (SHPPS, at http://www.cdc.gov/healthyyouth/shpps/2006/factsheets/pdf/FS_Overview_SHPPS2006.pdf), HIV prevention education is required to be taught in public schools in the United States as follows: 61% of elementary, 75% of middle, and 75% of high schools. The following are examples of HIV/AIDS Prevention Curricula adopted and implemented by LEAs in other states.

Note: The information that follows was obtained via a survey of National Agency for State and Territorial AIDS Directors (through the NASTAD list serv), supplemented by internet searches.

Since 1998, the **New Jersey** Department of Health (NJDOH) has funded a school-based comprehensive sexual health peer education initiative that is currently in 45 New Jersey and several **North Carolina** high schools. In New Jersey, this initiative is known as the New Jersey Teen Prevention Education Program (Teen PEP, www.teenpep.org). The curriculum, training materials and capacity building teacher training resources were developed by and are managed by The Princeton Center for Leadership Training, Inc. (PCLT) and HiTOPS, Inc. (Health Interested Teens Own Program on Sexuality). Both PCLT and HiTOPS are collaborating Partners with the NJDOH in managing the Teen PEP project in New Jersey. In North Carolina the collaborating partners are PCLT, HiTOPS, and the North Carolina Department of Health. Teen PEP is a multi-tiered comprehensive sexual health initiative with the following components: on-going faculty advisor capacity building training; capacity-building sexual health education targeting teen peer sexual health educators; parental/guardian involvement; and comprehensive sexual health workshops targeting high school student audiences on a variety of sexual health topics (sexual health promotion; HIV, STD, and pregnancy prevention; date and acquaintance rape prevention, homophobia reduction, and other related topics).

Miami-Dade County Public Schools (M-DCPS) HIV/AIDS Education Program is funded through a cooperative agreement with the CDC's DASH Program. The fundamental mission of the HIV/AIDS education program is to decrease the prevalence of HIV/AIDS, sexually transmitted diseases (STDs), and unintended pregnancy among youth by fostering an increased awareness of healthy behaviors and practices that can help them become healthy adults. In April of 1991, the School Board approved the district's AIDS curriculum entitled "[AIDS: Get The Facts!](#)".

(http://aidseducation.dadeschools.net/sch_pres.asp) This curriculum is required instruction in kindergarten through the twelfth grade. Implementation procedures follow:

- In kindergarten through fifth grade (elementary level), the curriculum is a mandatory component of health education/human growth and development. The AIDS curriculum is to be taught at each grade level by the regular classroom teacher or designated health teacher.
- In grades six through eight (middle schools), the AIDS curriculum is to be taught in conjunction with science education.
- In ninth grades, the AIDS curriculum is to be taught as part of the required science curriculum.

- In tenth grade, the AIDS curriculum is to be taught by the teacher responsible for teaching Life Management Skills.
- In the eleventh and twelfth grades, the AIDS curriculum is to be infused in a social studies course (i.e. American History, American Government, or Economics).

NY City Public Schools (NYCPS) offer a wide range of wellness programs (<http://schools.nyc.gov/Academics/FitnessandHealth/StandardsCurriculum/HIVAIDSCurriculum>) . NYCPS's Office of School Wellness Programs requires that comprehensive health education be taught beginning in elementary school and continuing through high school. A wide variety of topics are covered with age-appropriate lessons, including mandatory HIV/AIDS lessons for kindergarten through 12th grade (supported by a curriculum found at: <http://schools.nyc.gov/Academics/FitnessandHealth/StandardsCurriculum/HIVAIDSooverview.htm>).

B. Merits and effectiveness of public education for the prevention of HIV/AIDS

Per the DASH website (<http://www.cdc.gov/healthyouth/>), HIV/STD Prevention Programs can Reduce Risk Behaviors and Be Cost-Effective:

- 1) Research shows that well-designed, well-implemented school-based HIV/ STD prevention programs can significantly reduce sexual risk behaviors among students. A review of 48 studies found that sexual health education programs resulted in a delay in first sexual intercourse, a decrease in the number of sex partners, and an increase in condom or contraceptive use. None increased the likelihood of having sex.
(http://www.cdc.gov/healthyouth/sexualbehaviors/pdf/effective_hiv.pdf)
- 2) Effective school-based HIV/STD prevention programs tend to be those that are delivered by trained instructors; are age-appropriate; and include such components as skill-building lessons, support of healthy behaviors in school environments, and the involvement of parents, youth-serving organizations, and health organizations.
- 3) Youth asset-development programs, which teach youth how to solve problems, communicate with others, and engage in healthy behaviors, have also been linked to long-term reductions in sexual risk behaviors.
- 4) School-based HIV prevention programs are also cost-effective. A study conducted by CDC found that for every dollar invested in an effective school-based HIV, STD, and pregnancy prevention program, \$2.65 in medical costs and lost productivity were saved.