



EXCELLENCE FOR ALL

K-12 Health Committee

Presenters: Dr. Lane, Dr. Lippert, Frances Doyle

Presented February 3rd, 2009



Overview of Presentation

- 2008-2009 Health Committee Goals, Composition and Committee Process
- Components of a Comprehensive Health Education Program
- Sexuality Education Policy Committee Recommendation
- Recommendation on 6-12 Instructional Materials



Committee Goals

Recommend to the Board of Directors in February 2009:

- Instructional materials to support 6-12 Health Curriculum
- K-12 Sexuality Education Policy



Health Committee Textbook Selection Process

October 29 – December 18, 2008

- 10/29, 10/30, 11/5, 11/6, 11/19, 11/20, 11/25, 12/2, 12/3, 12/9, 12/10, 12/18
- Total: 30 hours 4:00-6:30



Health Committee Textbook Selection Process

- **Awareness Building:** Overview of District Programs, Partnerships, and National / Local Data, Setting the Stage for our Work 10/29
- **Standards Training:** Developing Deep Understanding of National Health and Wellness Standards & PA Health Standards 10/30
- **Sexuality Education:** Investigating the Multiple Approaches to Sexual Education (Abstinence Only / Abstinence Based / Comprehensive) 11/5, 11/6
 - Group readings, discussion, deliberation and consensus regarding approach to Sex Education



Health Committee Textbook Selection Process Cont.

- **Defining Program Selection Criteria:** Criteria Sheets were co-constructed to reflect committee goals for program materials. 11/19
- **Independent Program Evaluations:** All programs were rated internally by members prior to formal presentations from the publishers. 11/20, 11/25
- **Publisher Presentations of All Programs:** Each publisher was allotted equal time to present their program and to field questions from the committee. 12/2, 12/3, 12/9
- **Review and Revise Ratings:** Based on publisher presentations, members reviewed and revised scores as necessary. 12/10
- **Committee Deliberations and Recommendation:** Final recommendations were arrived at by group consensus. 12/18



Committee Composition

29 Committee Members

- 12 PPS HPE teachers
- 6 district Administrators (1 principal, 5 central office)
- 11 community members & parents
- (3 PhDs, one MD, 2 parents, one Board member, 4 community members)



Materials Review and Selection Process: Charge to the Committee...

- Alignment with PA and National Health Standards
- Comprehensive Health: Inclusive of Physical, Mental, Social, Personal, Family and Community Health Issues
- 6-12 Vertical Alignment
- K-12 Sexuality Education
- Developmentally Appropriate Content Sequence
- Culturally Inclusive and Relevant
- Rigorous Thinking Demand
- High level of Student Engagement
- Inclusive of All Learners (differentiated support)
- Supplements as Necessary



Comprehensive Health Education Program

What does the current research stress in health education?

- Teaching accurate, and functional health knowledge that is scientifically-based
- Promoting personal, family, and community health
- Educating the whole child, physical, mental and social
- Promoting health enhancing behaviors and decision-making skills
- Focusing on both health promotion and risk reduction behaviors

NHES, National Health Education Standards

CDC, US Dept. of Health and Human Services Centers for Disease Control



National Health Standards

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Standard 3: Students will demonstrate the ability to access valid information, products, and services to enhance health.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.



National Health Standards Cont.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.



Characteristics of Effective Health Education

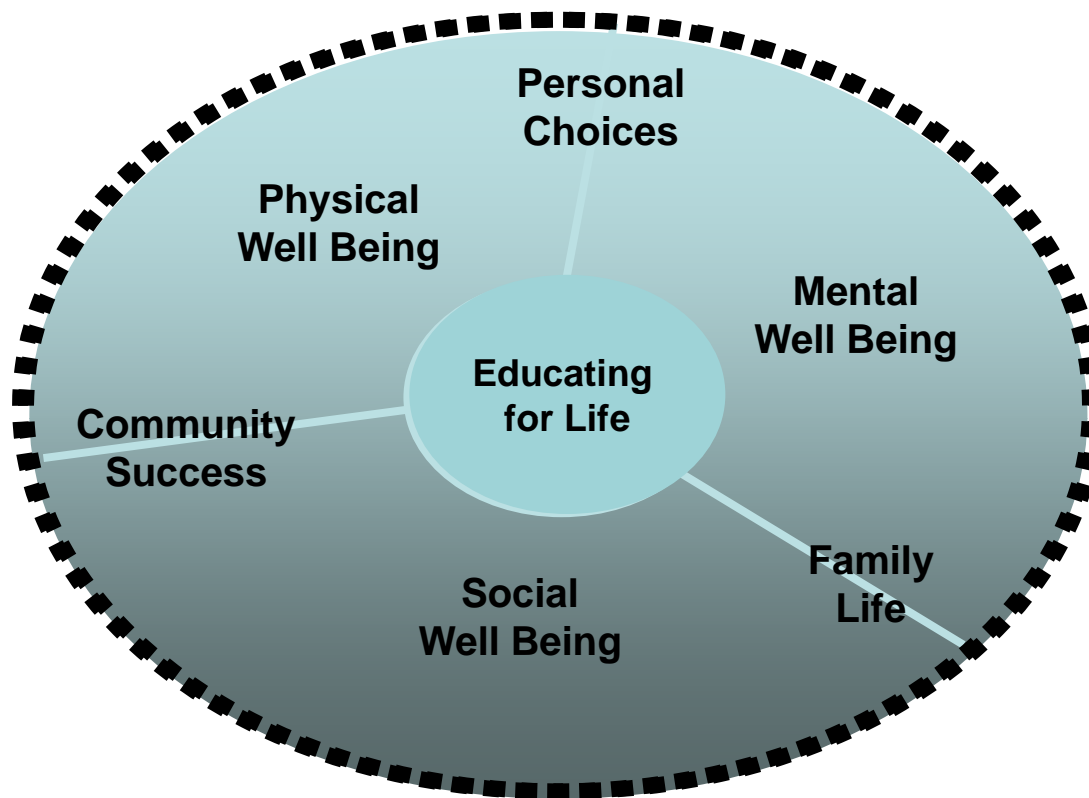
- Focuses on clear health goals and related behavioral outcomes
- Is research-based and theory-driven
- Addresses individual values and group norms that support health-enhancing behaviors
- Focuses on increasing personal perceptions of risk and harmfulness of engaging in specific health risk behaviors and reinforcing protective factors
- Addresses social pressures and influences
- Builds personal competence, social competence, and self efficacy by addressing skills
- Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors



Characteristics of Effective Health Education

- Uses strategies designed to personalize information and engage students.
- Provides age–appropriate and developmentally–appropriate information, learning strategies, teaching methods, and materials.
- Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.
- Provides adequate time for instruction and learning.
- Provides opportunities to reinforce skills and positive health behaviors.
- Provides opportunities to make positive connections with influential others.
- Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.

Comprehensive Health Education Program



“ [A] growing body of research emphasizes teaching functional health information (essential concepts); shaping personal values that support healthy behaviors; shaping group norms that value a healthy lifestyle; and developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.”



Committee Process to Recommend Sexuality Education Policy

Three committee sessions were dedicated to the investigation of the various approaches to Sexuality Education including:

- Abstinence-only
- Abstinence-based
- Comprehensive Sexuality Education (Abstinence-Plus)



Committee Process to Recommend Sexuality Education Policy

- Committee members read various texts, research articles and fact sheets on sexuality education, including arguments for and against abstinence only, abstinence based and comprehensive approaches.
- Committee members engaged in lengthy discussions and deliberations and charted arguments for and against each of the sex education approaches.
- The final decision to recommend the implementation of a health curriculum which encompasses a comprehensive approach to sexuality education was reached by consensus.
- In light of this decision to recommend a comprehensive sexuality education, the committee was given additional resources to help guide their review of materials with respect to comprehensive sexuality education: *Guidelines for Comprehensive Sexuality Education, National Guidelines Task Force, copyright 2004, Sexuality Information and Education Council of the United States.*

Various Approaches to Sexuality Education

- 1. Abstinence-only:** emphasize abstinence from all sexual behaviors. Do not include information about contraception, disease prevention methods, and protection from unwanted pregnancies.
- 2. Abstinence-based:** emphasize the benefits of abstinence. Include information about sexual behaviors other than intercourse as well as contraception use and disease-prevention methods.
- 3. Comprehensive (Abstinence Plus):** begin in kindergarten and continue through 12th grade. Include age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision-making, abstinence, contraception, and disease prevention. Teach both abstinence and contraception.

National Data

- The US still has the highest rate of STIs and teen pregnancy of any industrialized country
- Each year 3.75 million teenagers will contract an STI
- One in three sexually active individuals will contract an STI by age 24
- Approximately one million teen births each year
- Untreated or improperly treated STIs are responsible for at least 30% of cases of infertility among American women
- Estimated that 40,000 new HIV infections occur annually, of that, one-half occur in people under the age of 25



Allegheny County Data Pregnancies and STI's

Teen Pregnancies

In 2008:

- 8.3 % of all births in Allegheny County were to mothers under 20 years of age
- 14% of births in Pittsburgh were to mothers under 20
- 24% of African American births in Pittsburgh were to mothers under 19

Sexually Transmitted Infections (STIs)

Since 2005:

- Gonorrhea increased by 18%
- Syphilis increased by three fold
- Chlamydia (most prevalent) increased by 2%



PPS ELECT DATA

Enrolled in PPS ELECT Pregnant/Parenting Teens Program		
Year	Total Teens Served	Pittsburgh Public School Enrollment
2004 - 2005	402	34,619
2005-2006	412	32,661
2006-2007	377	28,690
2007-2008	378	28,265

Participation of teenage fathers accounts for 10-12 % each year.

National Data Cont.

- “The credible research sends a clear message to policy makers: if the goal of school-based sex education is to increase positive health outcomes for youth, comprehensive (or abstinence-plus) sex education is the proven effective choice. Abstinence-only programming runs the serious risk of leaving young people, especially those at elevated risk, uninformed and alienated”.
- “While much has been written on the value or limitations of abstinence-only programs, a surprising few number of studies exist that demonstrate measurable behavior change among young people”.

National Data Cont.

- “If one of the primary goals of sex education in the schools is to reduce the number of HIV and STIs, then programming must be designed to meet the needs of young people at elevated risk for acquiring these infections. These youth include the sexually experienced, sexually abused youth, homeless and runaway youth, and GLBT youth”.
- “While teens benefit from a strong abstinence message, it is also clear they will not be well served by programming which claims that sexual experiences should occur exclusively in the context of traditional marriage. Young people at higher risk need guidance on how to live lives safely outside of the structures of traditional married life. Failure to provide GLBT-sensitive information would effectively shut out a significant minority of young people at elevated risk from the benefits of sexuality education”.



Comprehensive vs. Abstinence Only Sexuality Education

Comprehensive	Abstinence Only
<ul style="list-style-type: none"> Promotes abstinence from sex 	<ul style="list-style-type: none"> Promotes abstinence from all sexual behaviors until marriage
<ul style="list-style-type: none"> Acknowledges that some teenagers will become sexually active 	<ul style="list-style-type: none"> Does not acknowledge that some teenagers will become sexually active
<ul style="list-style-type: none"> Teaches about contraception and condom use in the context of disease and pregnancy prevention 	<ul style="list-style-type: none"> Does include information on contraception or disease prevention methods <ul style="list-style-type: none"> may cite failure rates of contraceptive devices as reasons to remain abstinent
<ul style="list-style-type: none"> Discussions include <ul style="list-style-type: none"> sexually transmitted diseases and HIV and abortion, sexual behaviors, attitudes, orientation and stereotypes Recognizes diversity in relationships and sexual orientation 	<ul style="list-style-type: none"> Discussions regarding sexuality focus exclusively on how to maintain “abstinence only until marriage” <ul style="list-style-type: none"> may cite sexually transmitted diseases and HIV as reasons to remain abstinent and avoids discussions about abortion avoids all discussion of sexual behaviors except abstinence recognizes only traditional heterosexual relationships
<ul style="list-style-type: none"> Is science based 	<ul style="list-style-type: none"> May have inherent religious teachings or overtones Rely on fear and shame and portray premarital sexual activity as inevitably harmful
<ul style="list-style-type: none"> Explores risky and risk reduction behaviors along with responsible decision making, including how to avoid, unwanted verbal, physical, and sexual advances and how alcohol and drug use can affect one’s ability to make responsible decisions 	<ul style="list-style-type: none"> May explore refusal skills as a way to maintain abstinence

Why Comprehensive Sexuality

- Numerous studies have found that education about sexuality comprising programs that teach teens about both abstinence, contraception and disease prevention is an effective approach to:
 - Delaying onset of sexual intercourse
 - Reducing the frequency of intercourse
 - Reducing the numbers of sexual partners
 - Increase in contraceptive use

And that they

- Do not encourage onset of sexual behaviors
- Do not increase frequency of sexual behaviors
- Do not increase the number of sexual partners



National Support for Comprehensive Sexuality

- More than 140 national organizations came together to form the National Coalition to Support Sexuality Education (NCSSE), a group committed to medically-accurate, age-appropriate comprehensive sexuality education. Organizations include:
 - American Academy of Pediatrics
 - American College of Obstetricians & Gynecologists
 - American Medical Association
 - American Nurses Association
 - American School Health Association
 - The Institute of Medicine
 - National Education Association

Why Comprehensive instead of Abstinence-only?

- Proponents of comprehensive sex education argue that sexuality education should encourage **Abstinence** but should also provide young people with information about contraception and STI and HIV prevention (abstinence-plus). Comprehensive sexuality education respects the diversity of values and beliefs represented in the community...Proponents of comprehensive sexuality argue that by denying teens the full range of information regarding human sexuality, abstinence-only education fails to provide young people with the information they need to protect their health and well-being.
- Comprehensive sex education acknowledges the central fact that at least half of high school students report having had intercourse, and that this substantial portion of the population needs information in order to protect themselves.

Why Comprehensive instead of Abstinence-only?

- “A 2001 review of evaluations of programs to prevent teen pregnancy found evidence that comprehensive sexuality education programs do not increase sexuality activity or hasten the onset of first intercourse. Several programs have been shown to delay the onset of sex or increase condom or other contraceptive use among sexually active teens”.



Comprehensive Sexuality Education

The Health Committee recommends the adoption of a Comprehensive Sexuality Education* for the students of Pittsburgh Public Schools.

6 Key Concepts and related topics arranged in a hierarchy for students K-12

- 1. Human Development:** 6 Topics (Puberty, Reproduction, Body Image, Sexual Orientation, Gender Identity)
- 2. Relationships:** 6 Topics (Families, Friendship, Love, Marriage & Life Commitments, Raising Children)
- 3. Personal Skills:** 6 Topics (Values, Decision-making, Communication, Assertiveness)
- 4. Sexual Behavior:** 7 Topics (Shared sexual Behavior, Sexual Abstinence, Human Sexual Response, Sexual Dysfunction)
- 5. Sexual Health:** 7 Topics (Reproductive Health, Contraception, Pregnancy, Sexually Transmitted Diseases, HIV and AIDS, Sexual Abuse, Assault, Harassment)
- 6. Society and Culture:** 7 Topics (Gender Roles, Sexuality and Society, Sexuality and Law, Diversity)

*As adopted from the Sexuality Information and Education Council of the United States



Comprehensive Sexuality Education

- **Developmental Messages:** developmental messages that are appropriate for four separate age levels:
 - Level 1: Middle Childhood, ages 5 -8, early elem
 - Level 2: Preadolescence, ages 9-12, late elem
 - Level 3: Early Adolescence, ages 12-15, middle grades
 - Level 4: Adolescences, ages 15-18, high school



Committee Recommendation on Sexuality Education Policy

The following definition and program characteristics are recommended to guide policy and practice regarding Comprehensive Sexuality Education in Pittsburgh Public Schools.

Comprehensive Sexuality Education (Definition)

Developmentally appropriate sexuality education, articulated kindergarten through twelfth grade, providing students with adequate and accurate information on human sexuality; preparing students to deal responsibly with social, physical, emotional and mental aspects of human sexuality. Curriculum will cover six major categories: Human Development, Healthy Relationships, Personal Skills, Sexual Behavior*, Sexual Health, Society and Culture. More specific content includes anatomy, human reproduction, decision making, body image, gender roles, attitudes, orientation and stereotypes, risk reducing behaviors and decision making, and pregnancy and STI prevention, (both abstinence and contraception)

**Sexual Behaviors will be discussed in the context of STIs and under no circumstances will students be taught how to engage in these behaviors. Behaviors will be discussed in terms of scientific facts and consequences only.*



Committee Recommendation on Sexuality Education Policy

Comprehensive Sexuality has the following characteristics:

- Teaches complete and accurate, developmentally, age and gender appropriate information
- Includes information in six major categories: Human Development, Healthy Relationships, Personal Skills, Sexual Behavior*, Sexual Health, Society and Culture
- Promotes abstinence as the only 100% certain method of pregnancy and STI prevention
- Stresses the value of abstinence, while not ignoring students who have had or are having sex
- Explores risk and risk reduction behaviors along with responsible decision making, including how to avoid, unwanted verbal, physical, and sexual advances and how alcohol and drug use can affect one's ability to make responsible decisions



Committee Recommendation on Sexuality Education Policy

Comprehensive Sexuality characteristics cont.

- Provides accurate information about the health benefits and side effects of all contraceptives and barrier methods as a means to prevent pregnancy and/or STI's, including HIV (Does not include contraception distribution or demonstrations)
- Uses materials and instruction that is research based, religiously neutral, and free of fear and shame based strategies
- Is taught by trained, qualified instructors
- Requires ongoing training and professional development opportunities for those responsible for teaching sexuality education
- Encourages open communication between parents and teens on the issues addressed by comprehensive sexuality education



Committee Recommendation on Sexuality Education Policy

Use of Outside Consultants as Instructors

- Any school may retain the services of an outside consultant to supplement its comprehensive sexuality education program. However, any outside consultant must first be approved by the Office of Curriculum, Instruction and Professional Development (CIPD).
- If an outside provider is unable to offer services which align within the guidelines outlined in this policy, the consultant will not be permitted to provide services within Pittsburgh Public Schools

Parental / Guardian Consent

- Parents have the right to withdraw his/her child from sexuality education classes at any time with notice to the school.



Other Urban School Districts Adopting Comprehensive Sexual Health Education Programs

School District
New York, NY
Washington, D.C.
Charlotte Mecklenburg, NC
Chicago, IL
Detroit, MI
Atlanta, GA
Philadelphia, PA



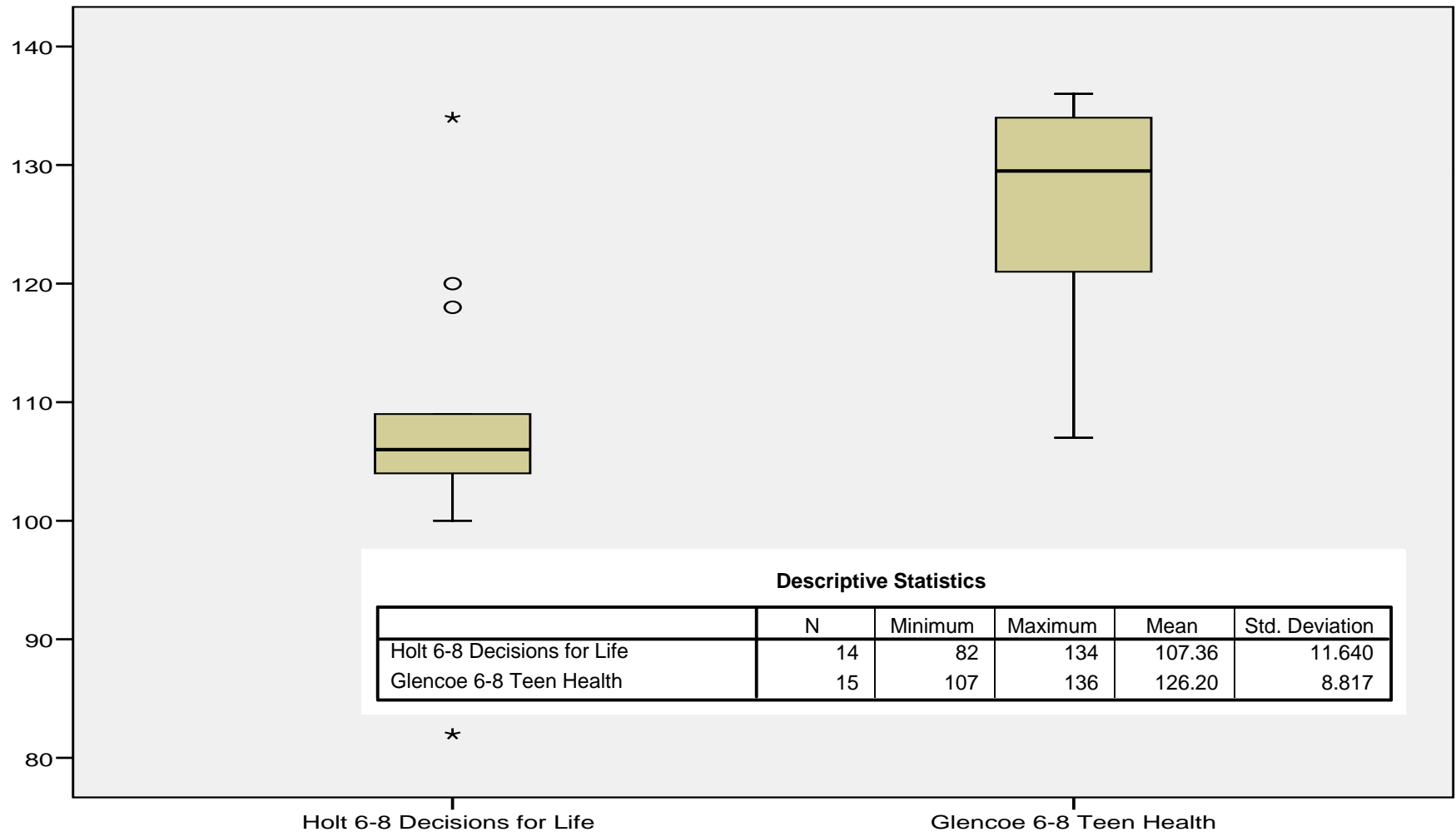
Health Textbook Presentations

Publisher	Programs Selected for Committee Review	Date	Time
Pearson - Prentice Hall	Prentice Hall Health 9-12	December 2, 2008	4:30 – 5:30 PM
	Pearson Access to Health	December 2, 2008	530 – 6:30 PM
Holt - McDougal	Holt Decisions for Health 6-8	December 3, 2008	4:30 – 5:30 PM
	Holt Lifetime Health 9-12	December 3, 2008	530 – 6:30 PM
Glencoe - McGraw Hill	Teen Health 6-8	December 9, 2008	4:30 – 5:30 PM
	HS Glencoe Health 9-12	December 9, 2008	530 – 6:30 PM
	Making Healthy Choices 9-12	December 13, 2008	4:30 – 5:30 PM



Committee Instructional Material Recommendation 6-8 Grades

Middle Grades Health Textbook Ratings

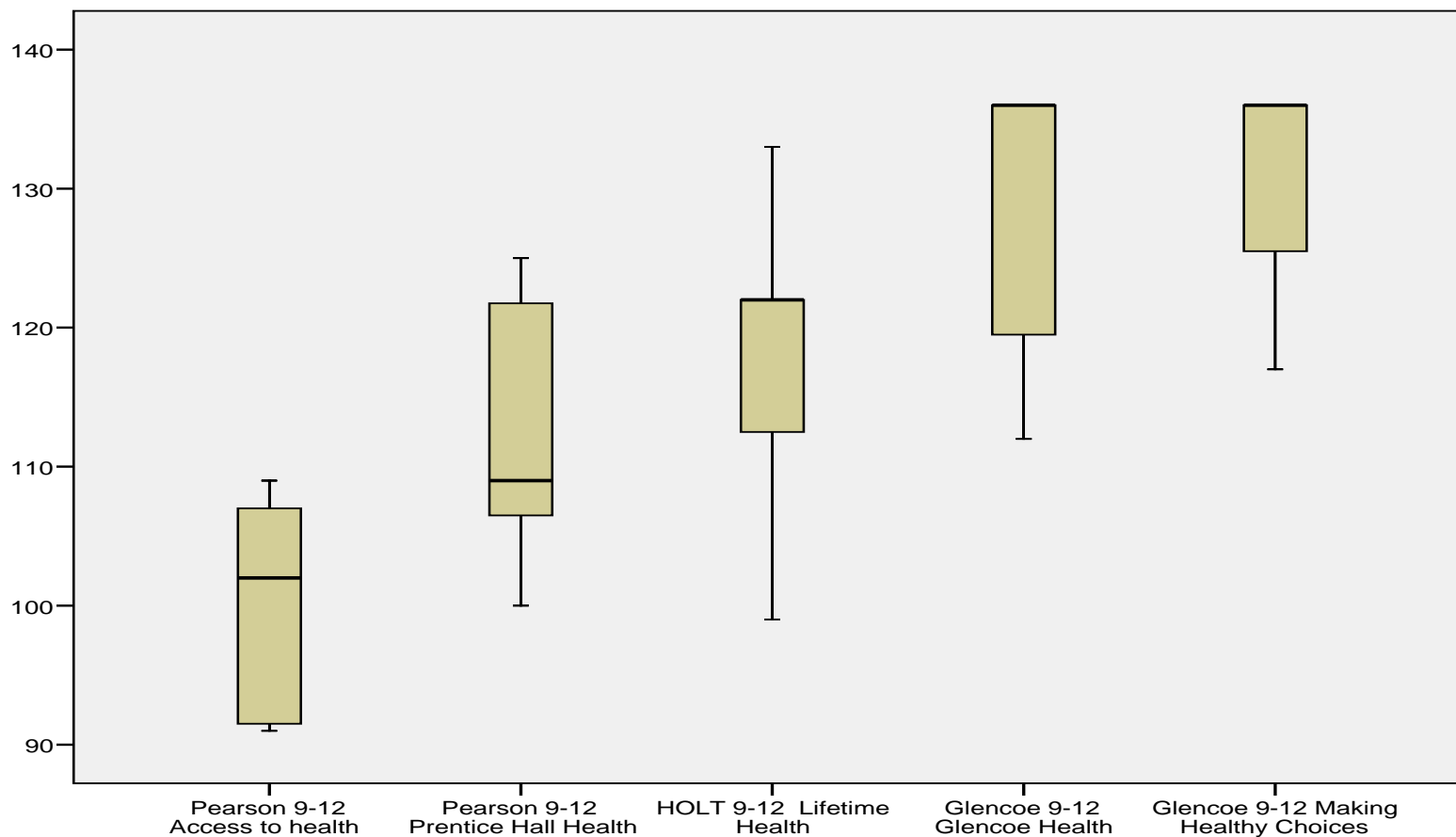




Committee Instructional Material Recommendation 9-12 Grades

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Pearson 9-12 Access to health	11	91	109	100.27	7.604
Pearson 9-12 Prentice Hall Health	11	100	125	112.41	8.958
HOLT 9-12 Lifetime Health	15	81	133	113.80	12.451
Glencoe 9-12 Glencoe Health	15	104	136	125.40	10.742
Glencoe 9-12 Making Healthy Choices	14	86	136	125.86	13.711





Textbook Recommendations and Program Highlights

Middle School, Grades 6-8

Glencoe- McGraw Hill,

Teen Health

- Program is comprehensive in Nature, covering a wide variety of health topics
- Engaging, culturally inclusive and thought provoking video clips help introduce and explore topics with students. CD-Rom and DVDs
- eSpotlight Videos
- Student-centered activities promoting deeper understanding and higher retention of essential concepts
- A focus on responsible decision making is infused throughout the program
- The core program is abstinence only.
- Includes Healthy Relationships & Sexuality Student Workbook
- Includes Teen Guide to Sexuality for Teachers

Secondary, Grades 9-12

Glencoe-McGraw Hill,

Making Life Choices

- Program is comprehensive in Nature, covering a wide variety of health topics
- Engaging, culturally inclusive and thought provoking video clips help introduce and explore topics with students. CD-Rom and customized DVDs
- ESpotlight Videos
- Student-centered activities promoting deeper understanding and higher retention of essential concepts
- A focus on responsible decision making is infused throughout the program.
- The core program for 9-12 is inclusive of a comprehensive approach to sexuality education
- Includes Teen Guide to Sexuality for Teachers
- 2 LCD projections for each high school

Glencoe-McGraw Hill

- Instructional materials support a comprehensive approach to health and support the recommended comprehensive sexuality education policy:
 - The materials are scientifically and medically accurate providing health information that is developmentally and age-appropriate. Materials do not rely on fear or shame. Materials assist in developing responsibility regarding sexual relationships by addressing such issues as abstinence, how to resist pressures to become involved in unwanted or early sexual activity and information on contraception and disease prevention.
 - Coverage of Health Risk Behaviors as identified by the CDC including:
 1. tobacco use
 2. sexual behaviors that result in prevention of STIs and HIV
 3. alcohol and drug use
 4. unintentional injuries and violence
 5. sedentary lifestyle & physical activity
 6. dietary patterns



Supplemental Curriculum Materials

- Middle Grades
- Risk Watch (6 grade only)
- Sexuality education enhancement provided by FLASH “Family Life and Sexual Health” curriculum
 - Comprehensive and aligned to SIECUS Guidelines
- High School
- Freshman Seminar
- Career Choices
- Sexuality education enhancement provided by FLASH “Family Life and Sexual Health” curriculum
 - Comprehensive and aligned to SIECUS Guidelines

Next Steps

- In the summer of 2009, a PPS Health Curriculum will be written grades 6-12. Curriculum work will be completed by August 2009.
- This curriculum will define and delineate the effective use of selected program materials and comprehensive sexuality FLASH supplemental materials.
- Comprehensive Professional development will be provided to Health teachers throughout the 2009-2010 school year.