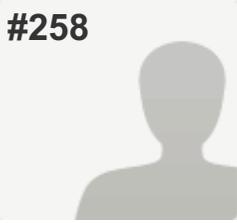


Ending the Epidemic Task Force Recommendation Form

#258



COMPLETE

Collector: Web Link (Web Link)

Started: Wednesday, November 26, 2014 8:54:24 AM

Last Modified: Wednesday, November 26, 2014 9:01:52 AM

Time Spent: 00:07:28

IP Address: 184.75.34.194

PAGE 1

Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Julienne
Last Name	Verdi
Affiliation	Director of Government Relations, Planned Parenthood of New York City
Email Address	Julienne.Verdi@ppnyc.org

Q2: Title of your recommendation Strengthening Sexual Health and HIV Education in New York Schools

Q3: Please provide a description of your proposed recommendation

Planned Parenthood of NYC is proud of the gains New York State has made in mandating HIV prevention education for grades K-12, including teaching the nature of the disease, methods of transmission and methods of prevention. However, the nature of the epidemic has changed and a more holistic approach to understanding sexual health is needed to combat sexually transmitted infections and better promote sexual health. Rates of new HIV diagnoses are decreasing across all age groups with the exception of young people, in particular young men who have sex with men (MSM) of color, evidencing the need for a stronger approach in reaching adolescents.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Other (please specify) Prevention

Ending the Epidemic Task Force Recommendation Form

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New policy

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

This policy change enables New York to better serve young people most at risk of HIV transmission by meeting their needs when it comes to health education. While New York's current HIV education has had good successes, there is much more work to be done when it comes to LGBTQ inclusivity, cultural competency and communication and negotiation. According to the U.S. Centers for Disease Control and Prevention (CDC), the most effective HIV-prevention programs include communication, skills-building, and the involvement of caring adults and health organizations.

Programs that provide young people with greater sexual health skills that help them engage in healthy behaviors and solve problems are shown to lead to longer lasting reductions in sexual risk behaviors. In New York City alone, nearly one in three young people report they are sexually active and more than 17,000 teen pregnancies occur each year . We need to make sure we give young people the tools to understand what a healthy relationship looks like, how to navigate consent and how to have respect for one's own body and the bodies of others in order to develop needed skills set to practice safer sexual behaviors. Effective sex education also helps to strengthen young people's positive experience of their sexuality and promotes their ability to make informed decisions over their lifetime.(<https://nycfuture.org/pdf/Innovations-to-Build-On.pdf>)

These conversations need to start early. The National Sexuality Education Standards call for the teaching of identity, healthy relationships, and personal safety in K-5 education, recognizing the most effective programs are those that teach young people how to communicate and make health-promoting decisions. Addressing mental and emotional health behaviors from an early age is a vital tool in helping young people to navigate their world in a more positive and safe manner .

If New York is looking to better serve high-risk HIV communities such as young MSM of color, these issue areas need stronger implementation methods. A 2014 survey sponsored by Connect 2 Protect Bronx (a National Institutes of Health-funded project led locally by Montefiore Medical Center), representing teens from 31 high schools across the Bronx found that gaps in sex education persist especially in areas of communication, LGBTQ inclusivity, healthy relationships and decision making. While 81% of respondents reported being taught about HIV and 75% learned how to use condoms, less than half reported learning about condom negotiation (47%) or communication skills for setting boundaries and expressing consent (37%).

When schools fail to provide students with opportunities to learn and practice those health behavior skills, students are left with HIV/STI 'facts' to memorize but no context in which to make those facts personally meaningful, proven to be much less effective in yielding long-term health improvements. Moreover, Connect 2 Protect Bronx found that only 63% of surveyed high school students reported learning about healthy relationships and just 26% reported learning about supporting LGBTQ students.

Q10: Are there any concerns with implementing this recommendation that should be considered?

We recognize that successful implementation of comprehensive sex education may depend on additional funding. However, our current HIV prevention education requirement provides us with a strong effective framework to build upon and an opportunity to integrate more sexuality education into a current K-12 program nearly seamlessly. The approach can be modeled upon tactics used to establish the current HIV prevention education program, such as making lesson plans publicly available, which helps to ease concern from parents and supports teachers to feel more confident in the lessons they are teaching.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

The estimated cost of implementing this recommendation would be determined by the amount of funding designated to implementing comprehensive sex education.

Ending the Epidemic Task Force Recommendation Form

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

The return of investment would be determined by a decrease in the rates of new infections in at-risk communities. We see this as a significant return, as long-lasting HIV prevention requires a holistic approach in meeting the community's needs. As providers of both sexual health education and health care services, we know all too well that the gaps remaining in New York's public school-based sexual health education strategy have significant impact on young people's well-being. Often times young people who are most in need of affirming health education are the least likely to receive it, compounding health barriers they may already face in their lives.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Young people at risk of HIV transmission would benefit from this recommendation, particularly youth of color and LGBTQ youth. By improving HIV and sexual health education across New York, we can help to create long-lasting prevention and provide young people with the tools to make more informed health decisions over their lifetime.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

We recommend a strong implementation and monitoring program to ensure that comprehensive sexual education is not only approved but also enforced. The Departments of Education and Health should create a meaningful tracking and evaluation system that ensures that appropriate sexual health education is being delivered to all students.

Q15: This recommendation was submitted by one of the following Advocate