

Ending the Epidemic Task Force Recommendation Form

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Q2: Title of your recommendation

comprehensive sexuality education in schools

Q3: Please provide a description of your proposed recommendation

We can start by providing comprehensive K-12, medically accurate, age and developmentally appropriate, unbiased sexuality education as the norm. It should include healthy (sexuality) development and support abstinence as one part of risk reduction, prevention, and health care provisions efforts. Requiring public schools across NYS to provide this as part of a comprehensive health education program would be ideal. We need to be supporting those making safe and healthy choices, as well as support others in risk reduction. Finally, elementary teachers should have pre-service education in how to teach in this area, as should certified health educators.

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)
creating a foundation for safe and healthy behaviors

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?

Other (please specify)
It would require a policy to require sexuality education in schools as part of a comprehensive health ed program and amend/enhance the HIV/AIDS instructional component already existing statewide

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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?

- 1 - Building a foundation for safe and healthy sexuality and sexual relationships has ramifications for Dignity Act implementation (unbiased supports; decrease in bias against sex, gender, sexual orientation; Harassment; intimate partner violence), attendance and drop out prevention (decrease in pregnant/parenting students), increase in access to health care and prevention supports, saving tax-payer dollars targeted to support of "problems" connected with risk behaviors.
 - 2 - According to research: Comprehensive sex education does not promote promiscuity. Comprehensive sex education does not send a confusing message to adolescents. Students have more confidence in their "no" to risk behaviors, actually use condoms or contraception, avoid sex or use a condom, change in peer norms about sex and condoms/contraception use, knowledge about consequences and risks - if they are part of comprehensive sexuality education program.
 - 3 - Healthier students are better learners.
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Q10: Are there any concerns with implementing this recommendation that should be considered?

- 1 - Elementary teachers do not receive sexuality education as part of their pre-service education, at least not the the extent that they need it to feel comfortable teaching it.
 - 2 - There will be parental concern that children are taught how to have intercourse, that it is "OK" to to do, or will be taught by someone with biases or ideology not aligned with their own.
 - 3 - Many school and community members will be uncomfortable with the subject matter.
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Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

unknown

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

- 1 - Teen mothers are more likely to drop out of school and face unemployment, poverty, welfare dependency, and other negative outcomes than women who delay childbearing.
http://www.nccp.org/publications/pub_931.html
 - 2 -Children born to teen mothers begin kindergarten with lower levels of school readiness (including lower math and reading scores, language and communication skills, social skills and physical and social well-being) compared to children born to women in their twenties.
<https://thenationalcampaign.org/sites/default/files/resource-primary-download/teen-preg-hs-dropout.pdf>
 - 3 - Between 1991 and 2010 there have been 419,795 teen births in New York, costing taxpayers a total of \$10.8 billion over that period. <https://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-new-york.pdf>
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Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

our children in NY State

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

mandate/legislation requirement/monitoring that aligns with Common Core requirements

Q15: This recommendation was submitted by one of the following Member of the public