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IN SOCIAL RESEARCH



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CENTERS

Reproductive Health Education

National and State School Health Guidelines and New Britain as a Model for What Can Be Achieved

Women & Children's Health Committee Meeting
June 10, 2024

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Our goals for today

- to explain the need for reproductive health education in CT;
- to describe our work in New Britain, CT;
- to advocate for equitable access to reproductive health in CT.

1

What is reproductive health education?

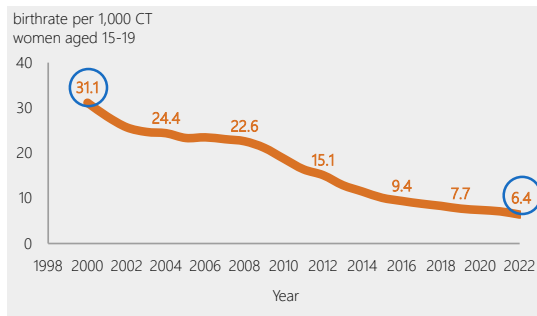
- Reproductive health education involves:
 - promoting reproductive health & wellbeing,
 - promoting access to and use of reproductive health services,
 - preventing mistimed pregnancy, and
 - preventing sexually transmitted infections (STIs).
- It is also known as sex ed, sexual health education, and sexual wellness programming.

4

Do we need reproductive health education for teens?

5

Teen birth rates have been on a decline.



Source: CT DPH VRO Registration Reports & National Center for Health Statistics

6

**Between 2000 and 2022, Connecticut's
teen birth rate decreased...**

79%

and is now at a historic low.

7

**In the United States, Connecticut
ranked...**

4th

lowest on the rate of teen birth in 2022.

Source: National Center for Health Statistics

8

So, we are doing pretty well
here in Connecticut.

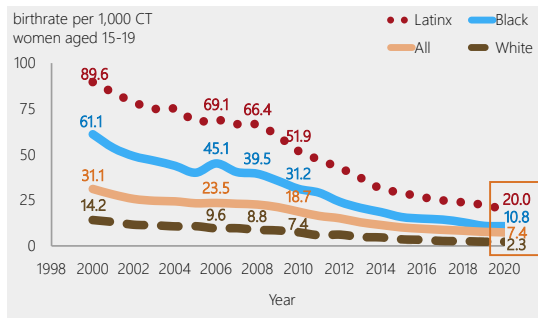
Some would even say the
problem of mistimed
pregnancies has been solved,
right?

9

Not so fast.

10

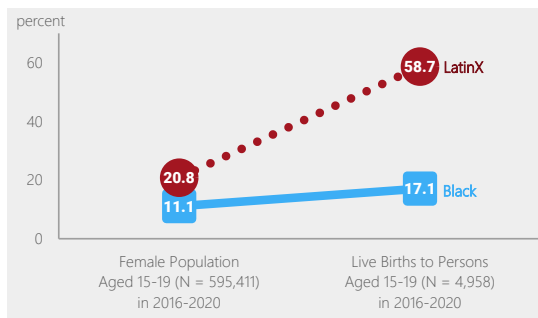
Ethnic disparities remain.



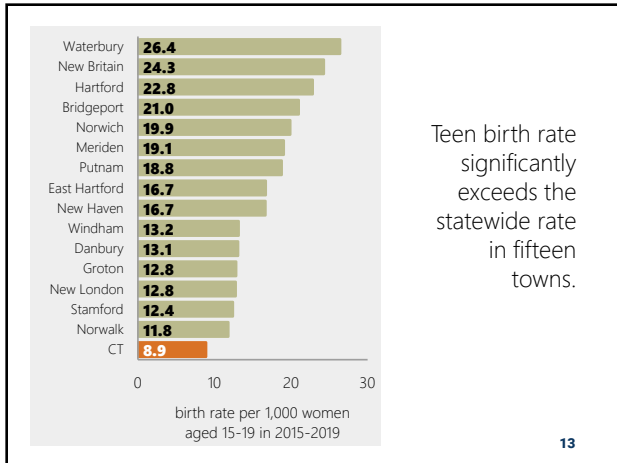
Source: CT DPH VRO Registration Reports.

11

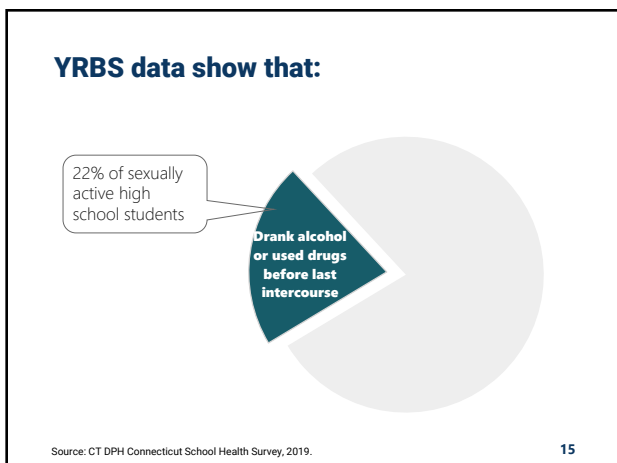
LatinX and Black women are overrepresented.



12



Aside from teen pregnancy, there are other aspects of sexual health to consider.



YRBS data show that:

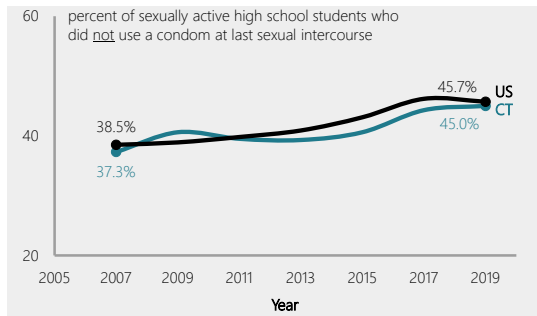
45% of sexually active high school students

Did not use a condom at last intercourse

Source: CT DPH Connecticut School Health Survey, 2019.

16

Condom use is on a decline.



Source: CT DPH Connecticut School Health Survey, 2019.

17

Why is condom use important?

Correct use of condoms can help prevent
mistimed pregnancy and
sexually transmitted infections (STIs).

18

What is an STI?

- It is a virus, bacteria, fungus, or parasite people can get through unprotected sexual contact.
- STIs can also be transmitted during pregnancy, childbirth, breastfeeding and through infected blood or blood products.

19

Examples of STIs

- | | |
|------------------|------------------|
| • Chlamydia | • Human |
| • Gonorrhea | Papillomavirus |
| • Genital Herpes | (HPV) |
| • Syphilis | • Trichomoniasis |

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Symptoms of STIs

- Most STIs have little to no symptoms, so people can have the infection and not know it.
- Can unintentionally spread it to partners.
- It is important to get tested for STIs.

21

Consequences of an untreated STI

- Can lead to pelvic inflammatory disease (PID), neurological and cardiovascular disease, infertility, ectopic pregnancy, stillbirths, and increased risk of Human Immunodeficiency Virus (HIV).
- Can be transmitted to the newborn during pregnancy or childbirth.

22

Among those aged 15-24, there were:**7,564**

cases of chlamydia in 2022.

Source: CDC's AtlasPlus.

23

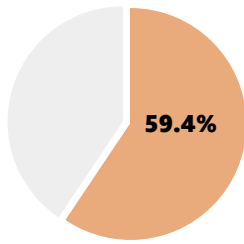
Among those aged 15-24, there were:**2,193**

cases of gonorrhea in 2022.

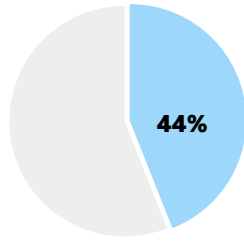
Source: CDC's AtlasPlus.

24

Young people (15-24) accounted for:



cases of **chlamydia** in CT in 2022



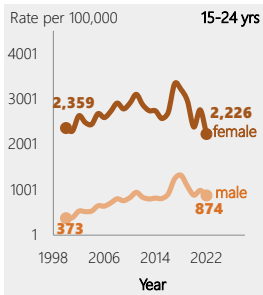
cases of **gonorrhea** in CT in 2022

Source: CDC's AtlasPlus.

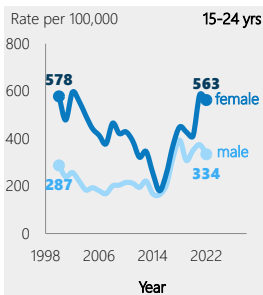
25

Young women are at a greater risk:

Chlamydia



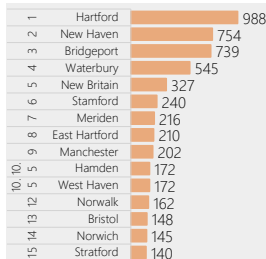
Gonorrhea



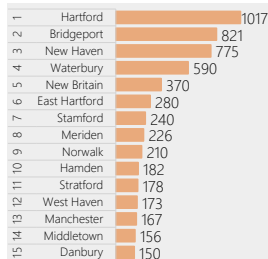
Source: CDC's AtlasPlus.

26

Counts are high in urban core and periphery



count of **chlamydia** cases among youth aged 15-24 years in 2020

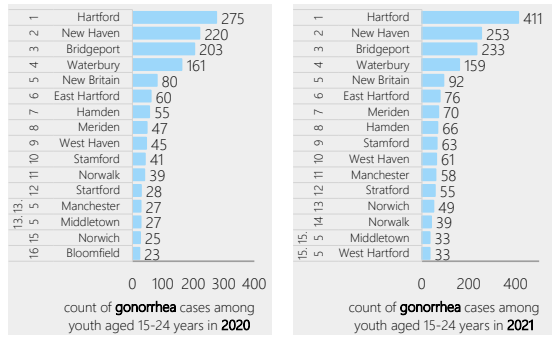


count of **chlamydia** cases among youth aged 15-24 years in 2021

Source: CT DPH STD Surveillance, data received in January 2024.

27

Counts are high in urban core and periphery

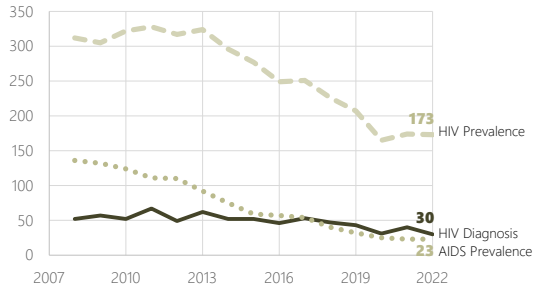


Source: CT DPH STD Surveillance, data received in January 2024.

28

And then there is HIV / AIDS:

Count among youth aged 13-24



Source: CDC's AtlasPlus.

29

All this suggests that it is **imperative** that we provide high quality, evidence-based reproductive health education to our teens.

30

**Questions?
Thoughts?
Comments?**

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Office of Population Affairs (OPA) Grant

For New Britain, CT

32

OPA's Teen Pregnancy Prevention (TPP) Program

Seeks to advance **equity** in adolescent health by targeting resources to support replication of **medically accurate** and **age-appropriate**, **evidence-based** reproductive health programs and services in **communities with the greatest need**.

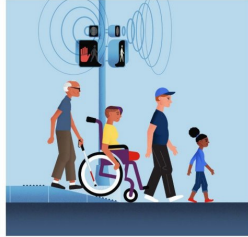
33

Equity

EQUALITY:
Everyone gets the same – regardless if it's needed or right for them.



EQUITY:
Everyone gets what they need – understanding the barriers, circumstances, and conditions.



34

Medical accuracy

- Facts grounded in scientific research
- Review of educational programs and all educational materials by medical professionals and modifications based on their recommendations
- An approach that promotes awareness and knowledge and that avoids triggering fear and shame

35

Age-appropriateness

- Selection of different educational programs for different age groups
- Review of all educational materials by experts and modifications as needed

36

Evidence-Based Programs (EBPs)

Overview of Research Evidence for All Programs Meeting the Review Criteria for Evidence of Effectiveness

Program ^	Sexual Activity	Number of Sexual Partners	Contraceptive Use	STIs or HIV	Pregnancy	Compare
AIM 4 Teen Moms (AIM4TM)	●	●	●		●	<input type="checkbox"/>
Alan Aya Youth Project	●					<input type="checkbox"/>
Adult Identity Mentoring (Project AIM)	●					<input type="checkbox"/>
Al4You!	●	●	●			<input type="checkbox"/>
Be Proud! Be Responsible!	●	●	●			<input type="checkbox"/>
Be Proud! Be Responsible! Be Protective!		●	●			<input type="checkbox"/>

KEY
Evidence Indication
Favorable evidence ●●
Potentially favorable evidence ●
Indeterminate evidence ●
Conflicting Evidence ●
Potentially unfavorable evidence ●
Unfavorable evidence ●●
Size Indication
5+ STUDIES ○
2-4 STUDIES ○
1 STUDY ○

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OPA grant for New Britain

Advancing Equity in Adolescent Health through Evidence-Based Teen Pregnancy Prevention Programs and Services

- Partners in Social Research
- July 2023
- \$3.6 million
- 2023-2028
- High quality evidence-based education and access to adolescent-friendly services

38

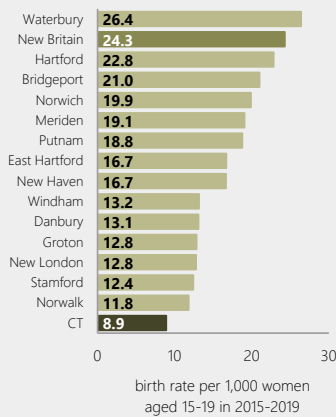
OPA grant for New Britain

- Training for educators
- EBP facilitator manuals, student workbooks, and other educational materials
- Community educators
- Monitoring & improvement
- Community-driven approach

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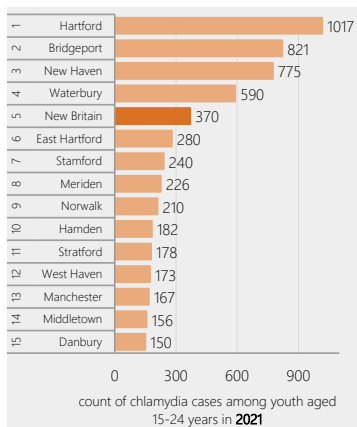
Why New Britain?

40



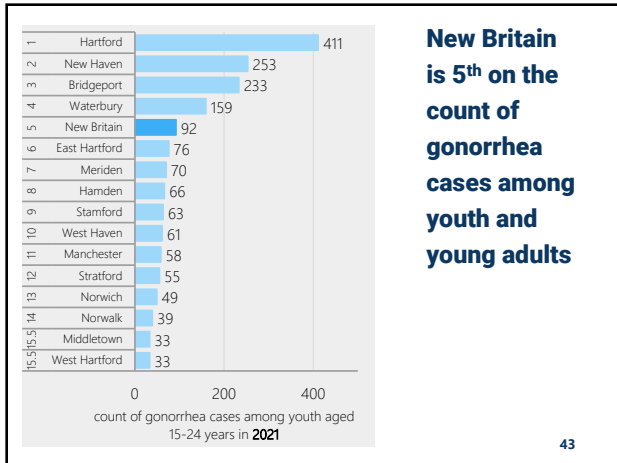
New Britain is 2nd on the rate of teen birth among 169 CT towns

41



New Britain is 5th on the count of chlamydia cases among youth and young adults

42



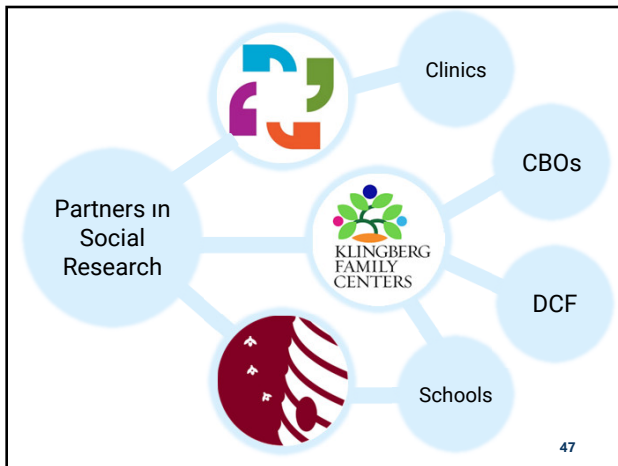
Additional fact to consider:

Even though CT is low on teen pregnancy and STI rates in national comparisons, New Britain rates exceed national averages



Youth Empowerment Services!









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YES! Advisory Role

- To select EBPs for different settings in New Britain
- To continually assess and monitor needs in New Britain
- To participate in project planning, monitoring, and improvement
- To provide project oversight
- To connect community providers around reproductive health issues and concerns

50

Mission

To reach as many young people as possible with the **highest quality, evidence-based** reproductive health programs.

51

Vision

To work together, as a community, to provide **consistent messaging** to young people and families in order to **shift social norms** around abstinence, safer sex, and reproductive health and wellbeing.

52

Questions?
Thoughts?
Comments?

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YES! Project

EBPs for youth and families in New Britain

54

The YES! Project – What do we do?

- Provide free EBPs for youth and families
- Have our facilitators participate in trainings
- Meet regularly to discuss ongoing challenges and to brainstorm solutions
- Amplify youth voice through surveys, participation on the YES! Advisory, and roundtable discussions

55

Education for young people in New Britain

- Schools
 - *Get Real* in grades 6, 7, and 8
 - *Making Proud Choices* in grades 9-10
- CBOs
 - *Be Proud! Be Responsible*, teens aged 13-18
 - *Linking Families and Teens*, teens aged 13-18
 - *Prime Time*, young women in grades 9-12
- Clinics
 - *Plan A*, young women aged 17-24

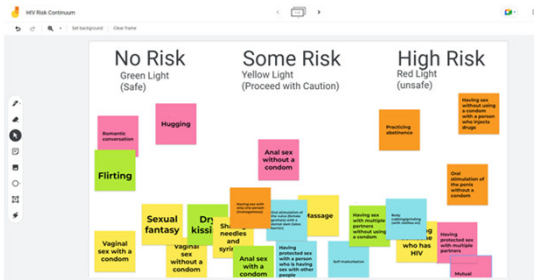
56

Evidence Based Programs

- Promote abstinence
- Provide useful information about staying safe
- Teach consent, refusal & negotiation skills
- Connect reproductive choices to young people's goals for future
- Engage young people via
 - Interactive activities
 - Opportunities for questions and answers
 - Videos

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HIV Risk Continuum



58

HIV Risk Continuum Answers



59

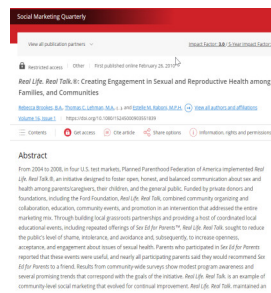
Anonymous Questions



60

Education for families

- Real life. Real talk.
- Linking Families and Teens (LiFT)



61

Training for educators

- Curriculum training
- Ongoing professional development



62

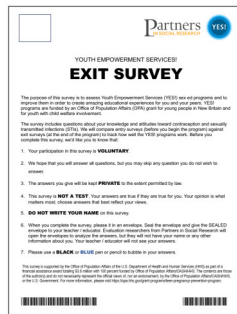
Observations

- Structured observations of all educators and 5% of all sessions, at a minimum
- Calibration across observers
- Collection of best practices

63

Participant Feedback

- Surveys from all participants
 - Changes in attitudes and knowledge
 - Feedback



64

Youth Satisfaction with YES! Programming

- Over 97% of youth felt the material presented was clear, had the chance to ask questions, and felt respected as a person *all / most of the time*
- Nearly 95% of youth reported that discussions and activities helped them learn *all / most of the time*
- Nearly 80% of youth reported they were *very satisfied* with YES! Programming; an additional 16.5% were *somewhat satisfied*!

65

Youth Feedback on YES! Programming

- "I like[d] the teacher and how easy it was to understand and talk to the teacher. Some of the most important things I learned was how to prevent STIs and the importance of talking to your partner about worries. I liked how inclusive and open the teachers were."
- "I've learned the safety of sex and what can happen with unprotected sex. I liked that we felt safe to talk in there."

66

Youth Feedback on YES! Programming

- “I learned many things that would help me be more prepared to help prevent getting pregnant or getting an STI.”
- “The most important thing that I learned in this program was sex education. I liked that we had hands on activities.”

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**Questions?
Thoughts?
Comments?**

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**National and State School
Health Guidelines**

for public schools offering sexual health education

69

National Sexuality Education Standards

- First published in 2012 by a team of 40 individuals from health ed, sex, ed, public health, public policy, philanthropy, and advocacy to address inconsistent implementation of sex ed in the U.S.
- Developed to provide clear, consistent, and straightforward guidance on the essential, minimum, core content and skills needed for sex education that is age-appropriate for students in grades K-12.

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NSES New Topic Strand Updates (2022)

- **Consent** & Healthy Relationships
- Anatomy & Physiology-Unchanged
- Puberty & Adolescent **Sexual** Development
- Identity broken down into two strands:
 - Gender Identity & Expression
 - Sexual Orientation & Identity
- Merged Pregnancy & Reproduction and STDs into **Sexual Health**
- Personal Safety changed to **Interpersonal Violence**

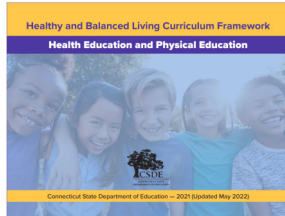
71

C.G.S. Sec. 10-4 directs...

... local and regional boards of education to "adopt state-wide subject matter content standards, provided such standards are reviewed and revised at least once every ten years."

72

Healthy & Balanced Living Curriculum Framework



- Academic standards developed by CSDE
- Provide required elements of instruction
- Last updated in May 2022

73

Healthy & Balanced Living Curriculum Framework:

- provides a common set of expectations for what students will know and be able to do at the end of a grade;
- includes Academic Standards which provide the required elements of instruction for public schools;
- aligns closely to the NSES Standards.

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Academic Standards:

- help ensure that students acquire the skills and knowledge they need to achieve personal and academic success;
- include established learning outcomes;
- are worded broadly to allow for local decision-making in designing specific curriculum.

75

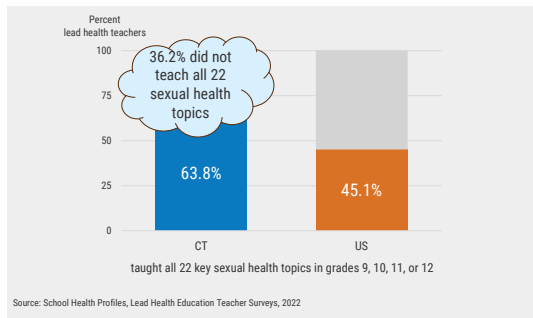
- there is a lot of discretion and latitude in how they are implemented in school districts;
- instruction varies greatly across districts;
- instruction also varies within districts.

CDC's School Health Profiles

- A system of surveys for assessing school health policies and practices.
- Principals and/or lead health education teachers surveys.
- 44 states, including CT, participated in 2022
 - 209 CT principals
 - 215 CT lead health teachers

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According to School Health Profiles...



80

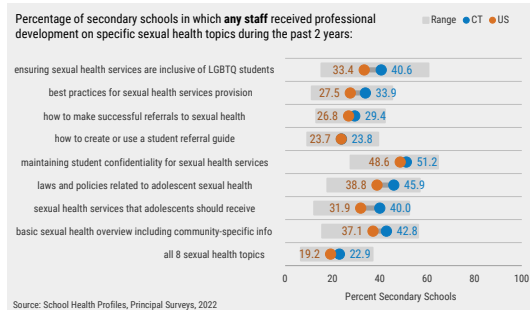
In case you are wondering, 22 key sexual health topics include the following:

- | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 1. How HIV and other STDs are transmitted | 13. Create and sustain healthy relationships |
| 2. Health consequences of HIV, STDs, pregnancy | 14. Limit the number of sexual partners |
| 3. Benefits of being sexually abstinent | 15. Preventive reproductive and sexual health care |
| 4. Communication and negotiation skills | 16. Communicate sexual consent between partners |
| 5. Goal-setting and decision-making skills | 17. Respond to sexual victimization and violence |
| 6. Influencing others to avoid sexual risk | 18. Diversity of sexual orientations and gender identities |
| 7. Efficacy of condoms | 19. How gender roles and stereotypes affect goals, decision making, and relationship |
| 8. Using condoms consistently and correctly | 20. The relationship between alcohol and other drug use and sexual risk behaviors |
| 9. How to obtain condoms | 21. Influences of family, peers, media, technology, and other factors on sexual risk behaviors |
| 10. How to correctly use a condom | 22. How to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy |
| 11. Methods of contraception other than condoms | |
| 12. Importance of using a condom at the same time as another form of contraception | |

Source: School Health Profiles, Lead Health Education Teacher Surveys, 2022

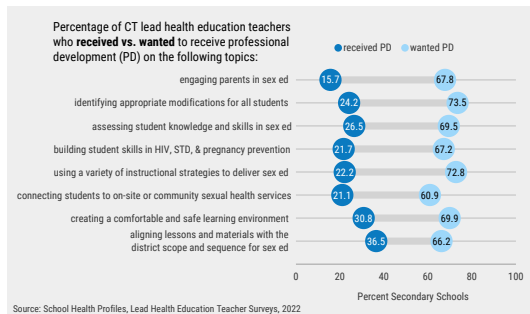
81

Professional development is lacking



82

Professional development is lacking



83

Youth Roundtables = Youth Voices!

- An effort to understand youth experiences in New Britain
- 37 youth; 6 Roundtables
- 25 females, 12 males
- 33 high school students, 3 middle school students, 1 young adult
- 27 Black or LatinX, 8 White, 2 unknown

84

Youth Roundtables = Youth Voices!

Major Themes

- 1) Reproductive Health / Health Class Lacking
 - Middle School & High School Reproductive Health / Health class lacking;
 - youth / peers' lack of knowledge;
 - inconsistent teaching / need for teacher training.

85

Youth Roundtables = Youth Voices!

Major Themes

- 2) Youth support for reproductive health education with focus on specific topics they want covered:
 - Condoms;
 - STIs;
 - Anatomy & puberty.

86

Youth Roundtable: Major Themes

Major Themes

- 3) Preferred Teaching Strategies
 - Hands-on activities / discussions;
 - Videos;
 - Seeing instructor as 'relatable'

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**Questions?
Thoughts?
Comments?**

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CT Regulations

Pertaining health education in public schools

89

C.G.S. Sec. 10-221a. high school graduation requirements specify that...

... Commencing with classes graduating in 2023, students must satisfactorily complete (3) one credit in physical education and wellness; (4) **one credit in health and safety education** prior to graduation.

90

C.G.S. Sec. 10-16b requires

public schools to offer a program of instruction that includes health and safety.

91

Health and safety is defined as:

human growth and development; nutrition; first aid, including CPR; disease prevention and cancer awareness, community and consumer health; physical, mental, and emotional health; substance abuse prevention; safety, including safe use of social media; and accident prevention (Sec. 10-16b.)

92

In other words...

... while public schools are required, per Sec. 10-16b., to provide instruction about human growth and development, they are **NOT required** to provide instruction about reproductive health.

93

C.G.S. Sec. 10-19(b) requires...

... that instruction in alcohol, tobacco & nicotine, drugs and Acquired Immune Deficiency Syndrome (AIDS / HIV) be offered during the regular school day in Grades K-12, in a planned, ongoing, and systematic fashion.

94

However...

- ... instruction about **other STIs** (e.g., chlamydia, gonorrhea, and genital herpes) **is NOT required** by state law;
- also **missing** from the state statute is the requirement to provide instruction about **STI testing** and **utilization of reproductive health services**.

95

Additionally...

- CGS Sec. 10-19(b) allows the content and scheduling of instruction to be within the **discretion** of the local or regional board of education, and
- allows each local or regional board of education to adopt a policy, as the board deems appropriate, concerning the **exemption of pupils** from such instruction, upon written request of the parent or guardian.

96

C.G.S. Sec. 10-16c requires...

... the State Board of Education to “develop curriculum guides to aid school boards in developing family life education programs within public schools” to provide instruction related to “family planning, sexuality, parenting, nutrition and the emotional, physical, psychological, hygienic, economic and social aspects of family life.”

97

However, C.G.S. 10-16d specifies:

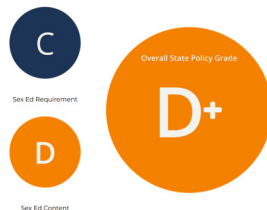
that school boards are **NOT required** to develop or institute family life education programs, as described in Sec. 10-16c.

Additionally, Sec. 10-16e expressly states that no student shall be required to participate in any such family life education program.

98

**CT overall state policy on sex ed in schools
received a D+ grade from SIECUS, a
national advocacy organization**
Connecticut's State of Sex Ed

Sex education is **not** currently mandated in Connecticut. If schools want to teach sex education they may follow the state's guidelines for sexual health education which include “comprehensive, medically accurate instruction” among other requirements. As Connecticut schools are not required to provide sex education to students, school districts are left to decide what, if any, type of sex education they provide to youth.

[Download Scorecard](#)


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The D+ grade is a function of the following:

- Schools are **NOT required** to teach sex ed
- No requirement to align with the National Sex Education Standards
- No law regarding instruction on abstinence
- No law regarding medically accurate sex education instruction
- No law regarding instruction on consent

100

**CT can and
must do better!**

101

We need to address gaps in legislation:

- Health education in schools should align with the National Sex Education Standards.
- At a minimum, health education should include:
 - ✓access & use of reproductive health services,
 - ✓STI awareness & prevention,
 - ✓mistimed pregnancy prevention,
 - ✓medically accurate information,
 - ✓consent, refusal & negotiation skills,
- Ongoing professional development for health teachers must be provided.

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Questions?
Thoughts?
Comments?

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