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Adapting the “Get Real” Curriculum: Improving Sexual Health in School Age Children

Jessica White

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Conflict of Interest Statement

- I declare that there are no relationships, conditions, or circumstances that present a conflict of interest relevant to the content of this presentation.
- This project did not receive any funding

Ethical Considerations

- This project did not directly intervene with students or teachers
- Planned Parenthood is partnering with Education Training and Research (ETR) to help implement their curriculum and does receive payment from schools to help train health educators to teach the Get Real Curriculum.

Acknowledgements

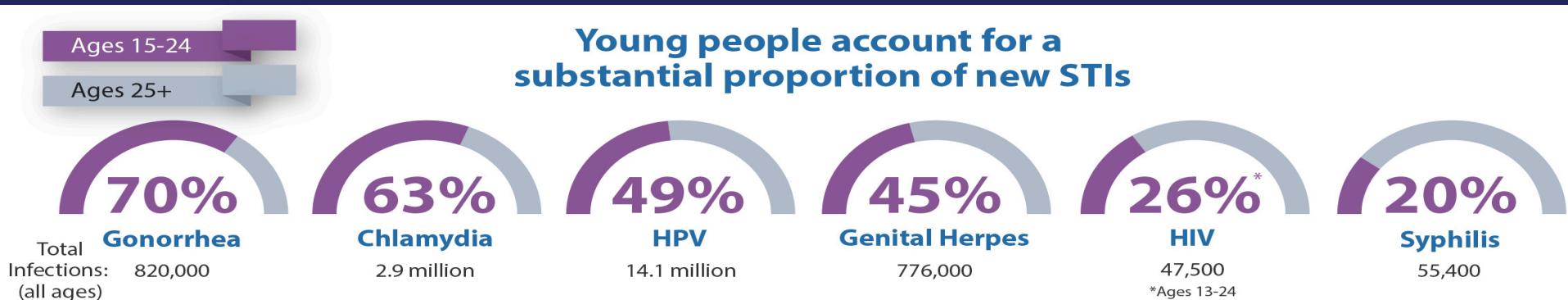
- Andrea Nicoletta
- Amy O'Meara
- Ellen Long-Middleton
- Jennifer Laurent
- PPNNE



Introduction- Problem

- 15–24 y/o = **half** of all new STDs
- Sexually active females: **1:4** has an STD.
- Chlamydia **↑** nationwide.
- Gonorrhea **increased** by 11.3%
- Unintended pregnancy rates
 - Nationwide: 22.3 per 1,000
 - Vermont: 11.6 per 1,000
 - **VT pregnancy rates are substantially higher than in other western industrialized nations****

CDC, 2017)



Introduction — Problem

- No standardized sex-ed curriculum in Vermont.
- Planned Parenthood of Northern New England (PPNNE) trying to implement Get Real curriculum to help standardize it's delivery.



Available Knowledge

- **Comprehensive Sex Ed vs. Abstinence Only**

Decreased	Increased
Pregnancy rates	Delay in sexual initiation
Sexual partners	Condom/contraceptive use
Frequency of sex	
Unprotected sex	

(Advocates for Youth, 2009; Chin et. al, 2012; Lindberg et. al, 2012)

- **Get Real Curriculum schools:**

- ↓ sex by the end of 8th grade (Grossman, 2013; ETR, 2017).
- Adolescent reports wanting parent involvement in sexual health (Charmaraman et. al, 2011)
- delayed sexual debuts for boys (ETR, 2017)
- Get Real shown to improve communication skills, students feel more prepared to assert themselves, communicate in relationships and say “no” to sex (Erkut et. al, 2013)



Problem

- Barriers to adoption of curriculum:
 - Association of sex-ed curriculum w/ PPNNE
 - Cost
 - Parents/community
 - not adapted to match the new health proficiencies
 - Length of Curriculum

Sample Graduation Proficiencies & Performance Indicators

VT CONTENT AREA GRADUATION PROFICIENCIES & PERFORMANCE INDICATORS:

- ARE REQUIRED BY SECTION 2120.8 OF THE EDUCATION QUALITY STANDARDS
- REFLECT EXISTING LEARNING STANDARDS REQUIRED BY THE VT STATE BOARD OF EDUCATION, UNDER THE VT FRAMEWORK OF STANDARDS (CCSS, NGSS, AND GEs)
- ARE DESIGNED TO BE USED IN CONJUNCTION WITH THE VT TRANSFERABLE SKILLS GRADUATION PROFICIENCIES, WHICH OUTLINE STUDENTS’ DESIRED SKILLS AND HABITS ACROSS CONTENT AREAS
- INCLUDE THREE SETS OF PERFORMANCE INDICATORS DIFFERENTIATED BY GRADE CLUSTER— ELEMENTARY, MIDDLE, AND HIGH SCHOOL
- SERVE AS BENCHMARKS OF LEARNING PROGRESSION FOR ELEMENTARY AND MIDDLE SCHOOL

THIS DOCUMENT IS DESIGNED TO:

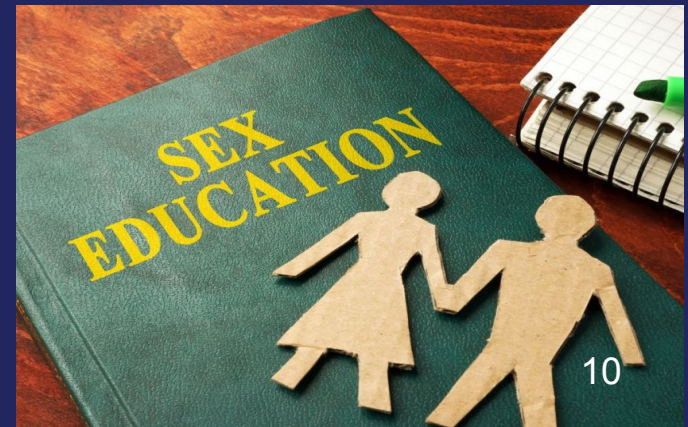
- ASSIST VERMONT SCHOOLS AND DISTRICTS/SUS IN DEVELOPING LEARNING REQUIREMENTS AND EXPECTATIONS FOR THEIR STUDENTS
- PROMOTE CONSISTENCY ACROSS SCHOOLS AND DISTRICTS/SUS FOR TRANSFER STUDENTS
- INCREASE PERSONALIZATION AND FLEXIBILITY FOR INSTRUCTION AND LEARNING
- HELP BUILD CURRICULUM AND STEER ASSESSMENT DEVELOPMENT
- SUPPORT FORMATIVE ASSESSMENT PRACTICES, INCLUDING PERFORMANCE ASSESSMENT
- SIMULTANEOUSLY PROVIDE DATA AND INSIGHT INTO ACHIEVEMENT WHEN ALIGNED WITH THE TRANSFERABLE SKILLS
- SUPPORT STUDENT ACHIEVEMENT OF THE EXPECTED CONTENT STANDARDS

GRADUATION PROFICIENCIES	PERFORMANCE INDICATORS— ELEMENTARY SCHOOL	PERFORMANCE INDICATORS—MIDDLE SCHOOL	PERFORMANCE INDICATORS—HIGH SCHOOL
1. Core Concepts Comprehend concepts related to health promotion and disease prevention to enhance health.	a. Describe the relationship between healthy behaviors and personal health. (16 V.S.A. §131) b. Describe ways in which safe and healthy school and community environments can promote personal health. (16 V.S.A. §131) c. Describe ways to prevent common childhood injuries and health problems. (16 V.S.A. §131)	a. Analyze the relationship between healthy behaviors and personal health. (16 V.S.A. §131) b. Analyze how the environment affects personal health. (16 V.S.A. §131) c. Describe ways to reduce or prevent injuries and other adolescent health problems. (16 V.S.A. §131) d. Examine the likelihood of injury or illness if engaging in unhealthy behaviors. (16 V.S.A. §131)	a. Predict how healthy behaviors can affect health status. (16 V.S.A. §131) b. Analyze how environment and personal health are interrelated. (16 V.S.A. §131) c. Propose ways to reduce or prevent injuries and health problems. (16 V.S.A. §131) d. Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors. (16 V.S.A. §131). e. Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others. (16 V.S.A. §131)

¹ Citations in parentheses in Performance Indicators refer to legislative requirements for comprehensive K-12 health education, as incorporated in the Vermont Grade Expectations.

Purpose

- Increase buy-in from schools to adopt the “Get Real” curriculum.
 - Match “Get Real” curriculum to VDE’s new graduation proficiencies in order for students to graduate middle and high school.
 - Adapt lessons to match more proficiencies/lesson
 - ↑ Efficiency

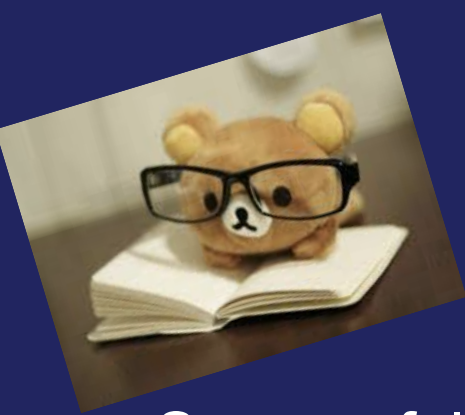


Intervention

- Read “Get Real” Curriculum
 - Full middle school curriculum
 - High school curriculum grade 9
- Read Health graduation proficiencies required for graduation by the Vermont Department of Education.
- Recognized which proficiencies (or sub-parts) were already met by the original curriculum.

Intervention

- Adapted remaining parts of the curriculum to meet the 6 proficiencies.
- **Edited** and reviewed adapted curriculum with AN.
- Created a user friendly spreadsheet for school districts.
- Present new curriculum to parents, health educators, school board and administrators (**in process**)



Measures

- Successful adaptation of Get Real curriculum to meet health proficiencies for both middle and high school.
- Qualitative data from school districts to assess if buy-in improved.
 - This project focused on Chittenden east, Milton and Orange North school districts.
- A successful intervention will be measured by the approval of the curriculum by local Vermont schools.
 - Specific to curriculum adaptations

Results

- All 6 health proficiencies were met by the **middle school** curriculum
 - Adaptations facilitated teachers' decisions to choose certain lessons to be more time and content effective.



Proficiency Chart

Proficiencies→						
6.1		2b		4a, 4e	5f	
6.2				4a, 4b, 4c		6a
6.3	1a, 1c,			4a, 4b, 4f	5b	6a
6.4	1a, 1c		3a		5b	
6.5	1a, 1c					
6.6	1a, 1b, 1c	2b			5f	
6.7	1a, 1b, 1c	2a, 2b		4f, 4g	5b, 5c, 5d, 5e, 5f	
6.8	1a, 1b, 1c	2a			5b, 5c, 5d, 5e, 5f	6a
6.9			3b	4a, 4b, 4c, 4d, 4e, 4f	5b, 5d, 5g	

Lessons ↓ Proficiencies→	1	2	3	4	5	6
7.1		3b		4c	5c	
7.2	1b	2a	3b			
7.3	2a		3b			
7.4		2b	3b	4a, 4c, 4e, 4f		6a
7.5	1a, 1c, 1d	2b*		4a	5b, 5d, 5f	
7.6				4a, 4b, 4g	5f	
7.7	1a, 1c, 1d		3a, 3b	4a, 4f	5d	6a
7.8	1c		3a, 3b	4f	5b, 5c, 5d	6a
7.9	1c			4b, 4f	5c, 5d, 5e	
Creative Project 1:			3a, 3b	4a, 4c*, 4e, 4f, 4g		
Creative Project 2:				4b, 4c*, 4f*		
Assessment			3b	4b, 4c	5e	6a

* See additional activities/questions/comments at the beginning of each lesson to add this proficiency to the lesson

Adaptations

Lesson 8.5:

Proficiency 4d

Under Activity 8.5-2 “Sweetly Transmitted Infections” add to the question, “What would you recommend I do in this situation, and *how would I ask for help?*”

Lesson 8.6:

Proficiency 4b and 4c

Under Activity 8.6-3 “Facts to Know” in the Teacher’s guide, there are bullet points that the speaker should try to touch on. Bullets 6 and 7 could be asked to the students to reflect on after the presentation.

Lesson 8.7:

Proficiency 5f

Under Activity 8.7-3 when explaining that it is important for people to use self awareness to check in with their personal values and feelings about what is OK or not OK, the teacher could add: “Take a moment to think about or write down some personal health practices that you are proud of and ones you may be less proud of or could use improvement, you do not need to share these with the class.”

Lesson 8.8:

Proficiency 5g

Under Activity 8.8-2 include goals on personal health practices under the process questions section.

Results

- Only grade 9 lesson evaluated and adapted due to time constraints
 - Not all proficiencies met
 - More added with adaptations
 - Will have to be met by other types of health education subject.



Interpretation

- **Impact of project on people and systems:**
 - Too soon to determine at this time:
 - Further projects to monitor impact
- **Costs/Trade-offs:**
 - Cost of curriculum:
 - Middle School: \$499.99
 - High School: \$299.99
 - Student workbooks: Set of 30: \$90
 - Time saved by adaptations



Discussion

- Many proficiencies per lesson = beneficial
- Introducing health proficiencies ? increase “buy-in”
- Curriculum to be implemented for fall 2019 school year
 - Too soon to see any effects on teen pregnancy, age of sexual debut, STI rates and improved communication with parents.

Limitations



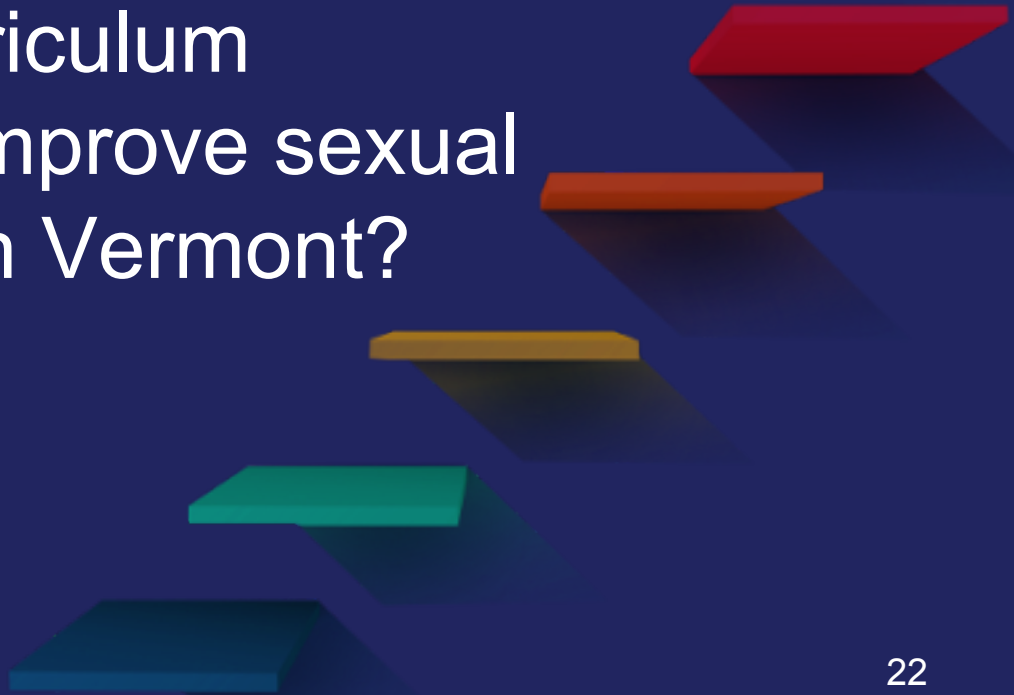
- Preliminary qualitative data only
- Generalizability
- Internal Validity
 - Proficiencies were reviewed with two members of the education department at Planned Parenthood to ensure that proficiencies that were listed were adequately represented in the corresponding lesson plan.

Conclusions

- Middle school curriculum meets all proficiencies
- 9th Grade Curriculum meets **many (5/6)** proficiencies
- Adaptations allow for more proficiencies to be met per lesson.
 - Can abbreviate or choose lessons based on need

Next Steps

- Do these proficiencies facilitate buy-in by school districts in Vermont?
- Overtime will curriculum implementation improve sexual health statistics in Vermont?



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