



Chapter 2: Component 2A— Sexual Health Education (SHE)



SHE Rationale

Sexual health education (SHE) helps adolescents acquire the knowledge and skills to prevent HIV, other STDs, and unintended pregnancy. It is a systematic approach informed by research and practice that emphasizes planned, sequential learning across grade levels. As part of a school health education program, SHE uses learning objectives, lessons, materials, and assessments that are medically accurate, age- and developmentally-appropriate, and recognize the diversity of adolescents and their communities to enhance knowledge and skills to prevent negative sexual health outcomes.

Schools play an important role in the prevention of HIV and other STDs and can reduce adolescents' health risks through delivery of effective health education. Research suggests that well-designed and well-implemented school-based HIV and other STD prevention programs can decrease sexual risk behaviors among school-age adolescents, including delaying first sexual intercourse, reducing the number of sex partners, decreasing the number of times adolescents have unprotected sex, and increasing condom use.^{1,2} Effective school health education programs are associated with reductions in adolescent risk behaviors and improved academic performance.^{3,4} Moreover, health education tends to be more effective when it is taught by qualified teachers, connects students to health services, engages parents and community partners, and fosters positive relationships between adolescents and important adults.



SHE Overview

Table 2.1 provides a list of required and additional SHE activities that funded local education agencies (LEA) are expected to implement. Activities are organized according to the three overarching Component 2 domains: strengthen staff capacity, increase student access to programs and services, and engage parents and community partners. These domains reflect the primary population of focus: teachers and other school staff, students, and parents and community members, respectively.

Specific activities relevant to each domain are based on evidence of effectiveness, feasibility considerations, and potential reach. In addition to required activities, LEA may choose to implement additional activities related to strengthening staff capacity or increasing student access to programs and services. These activities have been designated as additional activities because when combined with required activities, they should enhance the impact of programmatic efforts to reach desired outcomes and help funded recipients meet performance standards. Required and additional activities are described in more detail below; all recipients are responsible for implementing the required activities that will support SHE for all secondary school students within their jurisdictions.

Table 2.1. SHE Required and Additional Activities Organized by Domains

Domains	Required SHE Activities	Additional SHE Activities
Strengthen staff capacity	<ul style="list-style-type: none"> ■ Identify and approve a list of instructional competencies to be demonstrated by those teaching skills-based health and sexual health education in middle and high school. ■ Provide necessary training at LEA once per year to ensure school health and sexual health education teachers have content knowledge, comfort, and instructional competencies to effectively implement approved school health and sexual health education instructional programs. 	<ul style="list-style-type: none"> ■ Develop and implement a technical assistance plan that incorporates teacher observation, coaching, peer mentoring, and other methods to improve an individual teacher’s sexual health education instruction in a select number of schools annually.
Increase student access to programs and services	<ul style="list-style-type: none"> ■ Establish, adopt, and implement a skills-based health education course requirement, which includes sexual health education content, for all students attending middle and high schools in the district. ■ Develop and approve a health education scope and sequence that delineates sexual health education learning outcomes for all students in middle and high schools in the district. ■ Develop, revise, or select a sexual health education instructional program consistent with the approved scope and sequence (see previous bullet), and inclusive of instructional lessons, student learning activities, resources, and student assessment. ■ Develop, update, and foster use of teaching tools and resources (e.g., lesson pacing guide, specific lesson plans) for teachers to continuously improve delivery of the identified sexual health education instructional program. 	<ul style="list-style-type: none"> ■ Develop, revise, or select health education instructional programs for students in elementary grades that align with the priorities for health education and sexual health education established in the health education scope and sequence. ■ Incorporate specific changes to existing instructional programs to better meet the needs of LGBT youth. ■ Strengthen student assessment instruments to more accurately assess student mastery of health education knowledge and skills.
Engage parent and community partners	<ul style="list-style-type: none"> ■ Establish and maintain a School Health Advisory Council (SHAC) that regularly provides district-level advice and guidance to improve health and sexual health education programs for students and health and sexual health education instruction for staff. ■ Integrate strategies to actively engage parents in sexual health education instructional programs. 	N/A

The organization funded under Component 3A is expected to provide capacity-building assistance to all LEA to support their abilities to implement all required SHE activities throughout all secondary schools in the district. The Component 3A recipient cannot choose to support only select activities. Boxes throughout this chapter highlight the unique role that the Component 3A recipient can play in supporting Component 2 recipients for each activity.

Timing of Required Activities

Each LEA will differ in their capacity and readiness to implement required activities; however, a suggested order and priority for completing required activities are described below and depicted in Appendix C. For timing considerations, SHE activities are organized into two categories: contextual activities and direct implementation activities.

Contextual Activities

Throughout the project period, LEA should make progress toward the following contextual required activities:

- a. Establishing, adopting, and implementing a skills-based health education course requirement, which includes sexual health education content, for all students attending middle and high schools in the district;
- b. Establishing and maintaining a School Health Advisory Council (SHAC) that regularly provides district-level advice and guidance to improve health and sexual health education programs for students and health and sexual health education instruction for staff; and
- c. Integrating strategies to actively engage parents in sexual health education instructional programs.

These required activities help foster a positive and supportive environment that will allow LEA to implement the remaining five SHE direct implementation activities. Recipients are required by law to establish and maintain an HIV Materials Review Panel (MRP) to review all educational and informational materials relating to HIV, and recipients can integrate this requirement into their district School Health Advisory Council (SHAC) activities. It is recommended that recipients establish a SHAC and an HIV MRP prior to other activities in order to comply with federal regulations. Recipients are encouraged to initiate the three contextual activities early in the project period, but may prioritize and phase them in consultation with their Program Consultant and TA Teams based on capacity, readiness, and feasibility of implementation.

Direct Implementation Activities

The five remaining SHE required activities comprise the direct implementation activities that support SHE in secondary schools. These direct implementation activities will require continued coordination and feedback from Program Consultants, TA Teams, and the Component 3A partner to ensure successful implementation. The three proposed phases of the direct implementation activities are described below.

Phase I includes three essential activities that lay the foundation for successful SHE among students in middle and high schools. LEA need to

1. develop and approve a health education scope and sequence inclusive of SHE content and learning objectives.
2. develop, select, or adapt a SHE instructional program aligned to the approved scope and sequence.
3. provide annual training for teachers and staff to increase knowledge, comfort, and instructional competencies to address and deliver SHE.

This combination of activities should be completed early in the project period and reviewed routinely with ongoing feedback and technical assistance from Program Consultants, TA Teams, and the Component 3A partner. The requirement for SHE teacher and staff training must be implemented annually. Phase II includes the remaining two direct implementation activities:

1. Identifying and approving a list of instructional competencies to be demonstrated by those teaching skills-based health and SHE.
2. Developing, updating, and fostering teaching tools and resources for teachers to continuously improve delivery of the identified SHE instructional program.

These activities build on the foundational efforts of Phase I. They will allow the LEA to further support teachers and staff delivering SHE and to improve students' receipt of effective programs and instruction. Finally, it is expected that by Phase III the LEA can demonstrate successful implementation of all five direct implementation activities for SHE.

Activity-specific Guidance

For each required and additional activity, we indicate the purpose of the activity in relation to intermediate program outcomes and summarize the rationale for implementing the activity as part of school-based HIV and other STD prevention. We describe activities and outline key considerations for implementation based on existing science and best practices. For each activity, we suggest specific resources to facilitate implementation. Where relevant, we highlight connections to SHS and SSE activities. This guidance focuses on activities implemented by LEA (Component 2A). As appropriate, we provide relevant guidance for capacity-building organizations (Component 3A recipients) to facilitate LEA SHE implementation.

Strengthen Staff Capacity



Required activity: Identify and approve a list of instructional competencies to be demonstrated by those teaching skills-based health and sexual health education in middle and high school.

Rationale

The purpose of this activity is to **increase teachers' ability to teach SHE effectively**. Teachers have a powerful, long-lasting influence on adolescents. Teachers affect how adolescents learn, *what* they learn, *how much* they learn, and the ways they *interact* with peers and the world around them,⁵ making it critical to understand characteristics and skills that make teaching most impactful. Research suggests higher student achievement is associated with teachers who demonstrate competencies such as using a variety of teaching methods (e.g., instructional differentiation); demonstrate organization; foster safe classroom environments; establish clear student learning and behavioral expectations; show enthusiasm for content; build positive relationships with students; and treat students with care, fairness, and respect.⁶⁻¹⁰ Understanding what constitutes teacher effectiveness and skillfulness can help LEA make decisions about instructional delivery, teacher preparation and recruitment, professional development, and evaluation.¹¹

When combined with professional knowledge, practical application, and personal disposition, instructional competencies can increase student achievement and healthy behavior outcomes, making instructional competencies an important intervention point for LEA seeking to decrease adolescent risk for HIV and other STDs. Instructional competencies for SHE teachers, based on research and best practices from the field of school health, include¹²

- a. possessing accurate and current knowledge of child and adolescent development and human sexuality.
- b. understanding and addressing the needs of a demographically diverse student body to increase engagement and learning.
- c. demonstrating content knowledge and mastery in core health topics, including sexual health.
- d. understanding developmentally and culturally appropriate pedagogy practices and strategies.
- e. demonstrating comfort with and confidence in teaching SHE content.
- f. planning and delivering SHE instruction.
- g. implementing effective strategies for addressing student health knowledge and skills in order to improve SHE instruction.
- h. assessing student performance aligned with SHE learning objectives.
- i. fostering safe and equitable learning environments for all students.
- j. connecting students to on-site or community-based health resources or services for referrals.
- k. understanding the laws, policies/codes, and ethical standards that set personal and professional boundaries, inform teaching methods, and guide SHE instruction.

The instructional competencies are structured based on the common pedagogical framework of designing, planning, implementing, and assessing student learning within SHE.¹³ Key knowledge competencies (a-d) are required to enhance skill development and mastery over time for both classroom-level and school-level competencies affecting instruction (e-k). Competencies among SHE teachers, staff, and facilitators will continue to evolve and become stronger with skill-based practice and opportunities for critical reflection and feedback. LEA should identify a priority order to best address and enhance the instructional competencies among those who deliver SHE. In addition to tailored technical assistance, LEA can enhance instructional competencies through professional development, learning, and training.

Activity description

Health education instructional competency is a teacher's mastery of tasks needed to improve students' ability to learn essential knowledge and skills. These competencies tend to be skill-based and can be measured by observations and self-assessment. Mastery of these competencies is one essential piece of effective instruction.

LEA should use instructional competencies to strengthen staff capacity in delivering SHE. The instructional competencies of those delivering SHE should be tailored to the unique needs of students and staff within the district. Such tailoring can take place by adapting the instructional competencies presented above (a-k) or by collaborating with LEA staff to develop a set of desired competencies to be demonstrated by those delivering SHE. When adapting existing instructional competencies or developing new instructional competencies for SHE teachers, the LEA should consult with a variety of stakeholders (e.g., teachers, parents, curriculum specialists, and administrators) through a collaborative process to identify and refine appropriate instructional competencies for district staff. Sample strategies LEA could use to adapt or develop and approve a list of instructional competencies for those teaching SHE include

- consulting scientific literature, professional education standards (e.g., SHAPE's Appropriate Practice in School-based Health Education), and competency frameworks (e.g., The Danielson Group Framework for Teaching) to select research-based and practice-informed instructional competencies.
- conducting teacher observations and evaluations to determine areas of instructional strength and weakness.
- seeking feedback from school and community stakeholders (e.g., teachers, school administrators, curriculum and instruction experts, students, community partners) to determine the most appropriate instructional competencies needed to meet student and school needs.
- collaborating with SHACs or curriculum decision-makers to advocate for adopting instructional competency recommendations for all SHE teachers.

Once identified and approved, teacher instructional competencies can serve multiple purposes. The competencies should be used to create professional development (PD) training agendas, materials, and outcome expectations, as well as to provide a framework for assessing training needs among those delivering SHE. Instructional competencies can be useful when designing and implementing individualized coaching or mentoring programs, and teachers and staff should consider the instructional competencies when reflecting and adapting their SHE instructional strategies. Additionally, the competencies can be used to inform criteria for district-level personnel selection and school-level teacher observation and performance appraisal. LEA are encouraged to update their approved list of instructional competencies annually based on new recommendations and guidance from the field of school health or from feedback garnered from key stakeholders who are involved in the instructional decision making and delivery of SHE.

Key considerations: Additional characteristics of effective health education teachers

In addition to demonstrating the health education instructional competencies described above, individuals implementing SHE should be certified to teach health education and have specialized training related to SHE knowledge and skills. This means that teachers who implement SHE should be knowledgeable about the instructional program content and comfortable and skilled in implementing expected instructional strategies. A recent study showed that among health education teachers, those that had a degree in health education or were certified to teach health education were more likely than peers to report teaching SHE in their classrooms.¹⁴ Health education teachers who receive specialized training on health education topics report more effectively implementing health education programs than those who do not receive training.¹⁴⁻¹⁷ Ideally, SHE teachers would have certification in health education, including specific training in SHE. If existing SHE teachers lack certification or training, LEA should use PD to strengthen the instructional competencies of those teachers.

Component 3A recipients can

- Assist in determining an appropriate list of health education teacher instructional competencies.
- Aid in developing PD events or training materials which use the instructional competencies to build teacher knowledge and skills in SHE.

Resources

Selected resources to support SHE teacher instructional competency:

- **American Association for Health Education (AAHE)/The National Council for Accreditation of Teacher Education (NCATE). 2008 NCATE Health Education Teacher Preparation Standards.** This resource describes the eight professional teaching standards commonly used in teacher preparation programs to support instructional competency among health education teachers.
<https://www.shapeamerica.org/accreditation/upload/ncate-2008-standards.pdf>
- **Healthy Teen Network (HTN). Instructor Competency Assessment Tool.** This resource provides a rubric to assess health education teacher instructional competency in the classroom.
<http://www.healthyteennetwork.org/wp-content/uploads/2014/11/Instructor-Self-Assessment-Tool.pdf>
- **Future of Sexuality Education (FoSE). Performance Assessment Tool for Teacher Candidates Teaching Sexuality Education for use with Middle School and High School Levels.** This tool can be adapted to assist LEA in evaluating teachers' instructional competencies in SHE as framed by the National Teacher Preparation Standards for Sexuality Education.
http://www.futureofsexed.org/documents/Teacher_Candidate_Evaluation_Forms.pdf



Additional activity: Develop and implement a technical assistance plan that incorporates teacher observation, coaching, peer mentoring, and other methods to improve an individual teacher's sexual health education instruction in a select number of schools annually.

Rationale

The purpose of this activity is to **increase teachers' ability to teach SHE effectively**. As described above, it is important for LEA to help teachers strengthen their teaching knowledge and instructional competencies.^{11,18,19} One strategy for improving instructional competency is providing mentoring or peer coaching programs for those teaching SHE. A critical review of mentoring programs for beginning teachers describes positive effects on teachers' instructional activities and classroom management strategies, and higher scores on student achievement tests after participation.¹⁸ Additional evidence describes the benefits of formal mentoring programs for first-year or beginning teachers^{19,20} and shows instructional delivery, teacher satisfaction, and retention were positively associated with mentoring program participation.¹⁸

Activity description

In general, mentoring programs—whether formal or informal—provide a system to integrate teachers into school culture and expectations and provide professional support to enhance teaching performance and student achievement. Teacher mentoring programs should align to the needs and priorities of the district and teachers. Programs may be highly structured to include ongoing weekly or monthly meetings between mentors and mentees, whereas other structures might include single meetings or appointments on a needs-only basis. Face-to-face mentoring between novice and veteran teachers is the most traditional type of mentoring,²⁰ however, online and web-supported mentoring (e.g., tele-mentoring) programs can also provide teachers with necessary support.²⁰ If SHE teachers are new to the discipline or unfamiliar with SHE content, teacher learning communities, or Communities of Practice, may be an effective structure to provide support and mentorship.²⁰ Peer teaching or coaching programs, another tailored form of mentoring, can involve two or three teachers with varying levels of experience observing each other's lessons, sharing teaching materials and strategies, discussing solutions to common problems, and conducting peer assessment with one another.²⁰⁻²² Such approaches to teacher mentoring can help new or inexperienced SHE teachers share ideas and resources to improve instruction and also provide opportunities for teachers to confide in their fellow peer coaches.

Key considerations: Teacher mentoring programs

Potential elements of any teacher mentoring or peer coaching program should be tailored to the unique needs of district teachers and staff to most effectively enhance SHE. Important elements to consider when planning, implementing, and evaluating teacher mentoring or peer coaching programs include

- mentor and mentee(s) meeting on a regular or needs-only basis throughout the school year.
- conducting observations of SHE teacher in the instructional setting.
- connecting the SHE teacher to other staff members and resources that can provide direction and support, encouraging and helping to develop collegial relationships.
- assisting the SHE teacher in developing and maintaining an effective classroom behavioral management plan.
- offering suggestions regarding a variety of teaching methods, instructional approaches, and assessment strategies.
- participating in ongoing evaluation and making necessary annual adjustments.
- maintaining confidentiality regarding all aspects of the mentoring program, including the observations, conversations, etc. with the SHE teacher.

Component 3A recipients can

- Assist in developing a teacher mentoring, coaching, and observation system that promotes process evaluation and timely feedback on instructional practice and delivery.

Resources

Selected resources to support SHE teacher coaching/peer mentoring programs:

- **West Virginia Department of Education. *Collegial Coaching Toolkit*.** This toolkit provides guidance on how to establish a coaching and supervision system for teachers that uses activities designed to build collective leadership and continuously improve teacher instructional capacity and student learning.
<https://wvde.state.wv.us/titlei/documents/CoachingModelDefined.doc>
- **The Alberta Teachers' Association. *Mentoring New Teachers Handbook*.** This ready-to-use handbook provides guidance on developing and implementing school mentoring programs for teachers.
<http://ncee.org/wp-content/uploads/2017/01/Alb-non-AV-18-ATA-Mentoring-beginning-teachers.pdf>



Required activity: Provide necessary training at LEA once per year to ensure school health and sexual health education teachers have content knowledge, comfort, and instructional competencies to effectively implement approved school health and sexual health education in-instructional programs.

Rationale

The purpose of this activity is to **increase teachers' ability to teach SHE effectively**. PD on health education is associated with successful implementation of classroom instruction.¹⁴⁻¹⁶ Successful in-service programs have been shown to increase both the amount of time teachers spend on health topics and their self-efficacy toward current and future SHE instruction.^{23,24} Research has also shown that following PD, higher perceived teacher credibility and affinity (e.g., empathy) are significantly associated with increased student value of learning and knowledge.²⁵ Furthermore, a review of nineteen HIV and other STD prevention education curricula that significantly impacted adolescent sexual behaviors found that nearly all effective curricula trained their educators in curriculum implementation and delivery strategies, while programs that did not show significant positive impacts were less likely to do so.²⁶

Activity description

PD should provide health education and SHE teachers with the necessary skills to use innovative, non-lecture focused approaches, like active learning strategies, for developing students' knowledge and skills to prevent HIV, other STDs, and pregnancy.^{13,26,27} SHE coordinators and teachers should receive PD which provides up-to-date information and skill development on a number of SHE topics, including

- populations of youth at highest risk for HIV, other STDs, and unintended pregnancy.^{28,29}
- prevalence of HIV, other STDs, and unintended pregnancy.
- consequences of HIV, other STDs, and unintended pregnancy.
- modes of transmission for HIV and other STDs.
- effective prevention strategies.
- skills needed (e.g., assertive communication) to avoid or decrease risk of HIV, other STDs, and pregnancy.³⁰
- skills needed (e.g., self-efficacy) to access and use SHS.
- influences from social factors (e.g., peers, media) on sexual activity.
- characteristics of healthy relationships, personal safety, and setting boundaries.

All PD should be implemented in accordance with CDC's guidance on Professional Development Practices (See Chapter 5). The *Professional Development Practices (PDP)* resource provides guidance on planning, implementing, and evaluating PD for school health. This guidance recommends that PD opportunities for teachers and staff be grounded in adult-learning theory and use active learning strategies, including interactive training events, opportunities to practice skills (e.g., SHE lesson delivery), technology integration, peer observation and feedback, and professional coaching to build knowledge and skills. These intensive strategies can be complemented by more traditional, didactic approaches that outline best practices and direct SHE school or district staff to key tools and resources.



Key considerations: Important elements for SHE professional development

To complement the SHE topics detailed above, LEA should consider integrating the following key elements into the PD event(s) provided by the district for those delivering SHE:

- Acknowledging educators' own beliefs about sexuality and how to communicate acceptance of the values and beliefs of others through their words, body language, and role modeling.
- Using a variety of instructional strategies to deliver SHE content, including strategies to increase comfort in delivering material about sex and sexuality and handling topics that are potentially sensitive or embarrassing for students.
- Developing group facilitation skills to lead specific SHE classroom activities. Strategies to encourage discussion may include small-group exercises, activity learning, technology-connected activities, role-play, and homework with parents and trusted adults.
- Delivering specific commercial programs with opportunities to practice skills and activities necessary for effective implementation and fidelity.
- Creating a comfortable and safe learning environment for students receiving SHE through effective classroom management techniques.
- Understanding current district or school board policies or curriculum guidance regarding SHE.
- Assessing students' knowledge and skills in SHE.
- Aligning lessons and materials with the district scope and sequence for SHE.
- Addressing SHE content as part of broader health education to address other health topics (e.g., alcohol and other drug use, mental and emotional health, or violence prevention).
- Connecting students to on-site or community-based SHS.



Component 3A recipients can

- Assist in providing training that targets SHE tools such as developing and revising a health education scope and sequence, Health Education Curriculum Analysis Tool (HECAT), or instructional pacing guide.

Resources

Selected resources to support SHE teacher professional development:

- **CDC. *Fostering Professional Development Practices*.** This resource provides guidance on planning, implementing, and evaluating PD for school health. <https://www.cdc.gov/healthyouth/fundedprograms/1308/pdf/practicessmartcardf3.pdf>
- **CDC. *Professional Development 101: The Basics—Part I*.** An online video to introduce the six PD Practices and increase the skill-building capacity of staff as they work toward improving health and educational outcomes. <https://www.cdc.gov/healthyschools/tths/pd101.htm>
- **CDC. *Training Tools for Healthy Schools: Professional Development*.** An eLearning series that consists of five core training tools, including the Health Education Curriculum Analysis Tool, to support school health education and SHE. <https://www.cdc.gov/healthyschools/trainingtools.htm>
- **CDC. *E-learning Design*.** This resource assists e-learning developers in creating quality products and will help those new to e-learning understand the basics. <https://www.cdc.gov/trainingdevelopment/e-learning-design/index.html>

Increase Student Access to Programs and Services



Required activity: Establish, adopt, and implement a skills-based health education course requirement, which includes sexual health education content, for all students attending middle and high schools in the district.

Rationale

The purpose of this activity is to **increase student receipt of effective SHE**. Healthy People 2020 outlines priorities for improving the nation's health, and two of these priorities deal directly with school-based SHE. The first priority is to increase the number of schools that provide health education on key health topics such as HIV, other STDs, and unintended pregnancy. Roughly 20% of school districts still report that they have not adopted a policy stating that their high school would teach topics within SHE (i.e., HIV prevention, STD prevention, pregnancy prevention, or human sexuality).³¹ The lack of SHE policy climbs to roughly 30-40% among middle schools. In addition, the percentage of middle schools and elementary schools that have a policy to teach HIV prevention has fallen since 2000.³¹ Reversing these trends is critical to ensure that schools are teaching health education topics that are closely linked to priority public health issues, such as HIV and other STD prevention. The second priority is to increase the number of schools whose curricula course requirements support skills-based instruction and practice for adolescents.³²⁻³⁴ According to an extensive review of HIV and STD prevention programs, skills-based curricula generally included many of the characteristics of effective curricula and were more effective at changing behavior. In contrast, curricula that lacked a focus on skill development did not include many of the characteristics of effective curricula and were found to be less effective at achieving desired behavior change among adolescents.³⁴

Activity description

Skills-based health education, inclusive of sexual health content, uses lesson content, learning objectives and outcomes, teaching methodologies, and assessment strategies to foster a classroom environment where critical thinking, collaboration, and active learning are developed at the same time that knowledge is acquired.³⁵ A large portion of time is dedicated to practicing, assessing, and reflecting on skill development, and such education moves students toward independence, thinking critically, and solving problems. Key health education skills include analyzing influences which impact health, accessing valid and reliable health information and services, using decision-making and communication to improve health, and advocating for self or others to improve health.³⁵

To accomplish both *Healthy People 2020* priorities, it is helpful to build support for a health education course requirement; this requires collaboration and input from a variety of stakeholders. LEA should work with school board members, curriculum decision-makers, SHACs, and/or similar committees/councils to gain momentum for creating or adopting formal health education course requirement policies for all secondary students in the district. LEA can provide technical assistance, professional development, or local-level guidance on implementing health education policies. Such policy development and implementation should focus on health education courses that demonstrate strong likelihood to enhance adolescents' skills to avoid or delay risk behaviors that contribute to HIV, other STDs, and unintended pregnancy. Resources such as the *National Health Education Standards (NHES)* and CDC's School Health Index (SHI) are available to guide LEA in creating or adopting supportive health education course requirement policies. Additionally, providing epidemiological (e.g., trends, prevalence, incidence rates), social determinants of health (e.g., education, income, housing), and national data that indicate how health education programs and SHE are linked to positive academic and health outcomes for youth can provide justification for health education course requirements.^{4,34}



Resources

Selected resources to help establish, adopt, and implement skills-based health education:

- **National Health Education Standards (NHES).** The NHES provide a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional re-sources, and assessing student achievement and progress. Importantly, the standards provide students, families, and communities with concrete expectations for health education. <https://www.cdc.gov/healthyschools/sher/standards/index.htm>
- **CDC. School Health Index (SHI): Self-Assessment & Planning Guide.** This resource is an online self-assessment and planning tool (also available in a downloadable, printable version) that schools can use to improve their health and safety policies and programs. It is easy to use and completely confidential. <https://www.cdc.gov/healthyschools/shi>



Required activity: Develop and approve a health education scope and sequence that delineates sexual health education learning outcomes for all students in middle and high schools in the district.

Rationale

The purpose of this activity is to **increase teachers' ability to teach SHE effectively**. Effective planning makes for effective instruction that accelerates student learning and achievement. School documents or plans which frame the work of teachers, at least to the extent of identifying the content to teach and the possible methods to use in the instructional process, are critical to successful implementation.³⁶ Research from curriculum planning and instruction describes scope and sequence charts and similar unit/lesson planning documents as effective resources for assessing, planning, and designing instruction.^{37,38} One such planning resource is the health education scope and sequence (S&S). This document outlines the breadth and arrangement of key health topics and concepts across grade levels (scope) and the logical progression of essential health knowledge, skills, and behaviors to be addressed at each grade level (sequence) from pre-kindergarten to 12th grade.³⁹

Activity description

An S&S provides a picture of a LEA's entire instructional program in a given subject area. It also identifies *what* the student should know and be able to do at the end of each grade or grade group and *when* content should be taught.¹³ The S&S corresponds with national, state, or local health education standards, benchmarks, and requirements, while also reflecting locally identified priorities and needs. The S&S accounts for unique developmental needs and addresses SHE concepts and skills necessary to prevent adverse health outcomes during adolescence.³⁹ (Box 2.2)

Box 2.2. Elements of a Sexual Health Education Scope and Sequence²⁶

- Aligns with national, state, or local health education standards, benchmarks, and indicators
- Aligns with the state health education framework
- Shows an awareness of students' developmental needs
- Is sequential, addressing the concepts and skills students need before risk behaviors and health needs emerge
- Exhibits a scope reflective of effective coordination within a standard and across grades pre-K-12
- Balances hours and grades of instruction so that no grade is over-loaded
- Reinforces skills and concepts without excessive repetition
- Is tailored to the community's needs, including the specific HIV, other STD, and unintended pregnancy prevention needs of local youth, and to the needs and instructional methods used in schools

Key consideration: Using the CDC's scope & sequence tools

CDC recommends LEA use the 11-step process outlined in the *Developing a Scope and Sequence for Sexual Health Education* guidance tool to create and implement a S&S. The development of a SHE S&S is usually facilitated by an experienced and knowledgeable leader, such as the School Health Coordinator, with assistance from others (e.g., teachers, curriculum directors, SHACs, or similar committees/councils). The leader establishes a regular meeting schedule and timeline for completion, and actively involves individuals with knowledge, expertise, and experience in SHE, curriculum development, and the sexual health needs

of youth. The S&S serves as a general guide for curriculum directors, administrators, teachers, parents, and school board members.

Additionally, CDC's HECAT provides valuable information to assist LEA in developing an S&S.⁴⁰ The HECAT articulates the NHES, identifies the healthy behavior outcomes (HBOs) of specific health content areas such as sexual health, and identifies the essential knowledge and skill expectations directly related to each healthy behavior outcome by standard and grade group. LEA should use the HECAT Sexual Health Module to identify the complete list of sexual health student knowledge and skills expectations to be delivered across each grade level in secondary schools.

Component 3A recipients can

- Assist with the S&S development process.
- Assist in evaluating existing S&S document(s) to identify gaps or areas of improvement to enhance SHE.

Resources

Selected resources to support developing and adopting a health education S&S:

- **CDC. *Developing a Scope and Sequence for Sexual Health Education*.** This resource outlines the 11-step process LEA can follow to create an S&S for SHE. https://www.cdc.gov/healthyouth/hecat/pdf/scope_and_sequence.pdf
- **CDC. *Health Education Curriculum Analysis Tool (HECAT), Module Sexual Health*.** This resource provides the Sexual Health Education module from the CDC's HECAT that can be used to determine the HBOs to guide instruction in SHE. http://www.cdc.gov/healthyouth/hecat/pdf/hecat_module_sh.pdf
- **The Michigan Model. *Scope and Sequence, Health Education, Grades 7-12*.** This resource provides a sample S&S document for health education in secondary schools. <https://www.eupschools.org/cms/lib/M17000134/Centricity/Domain/45/7-12%20scope%20and%20sequence.pdf>
- **The Michigan Model. *Scope and Sequence, Health Education, Grades K-6*.** This resource provides a sample S&S document for health education in elementary schools. https://www.eupschools.org/cms/lib/M17000134/Centricity/Domain/45/k-6_scope_and_sequence.pdf
- **CDC. *Sexual Health Education Instructional Pacing Guide Template*.** This resource provides a sample pacing guide template to help LEA guide SHE instruction. It is available through Program Consultants.



Required activity: Develop, revise, or select a sexual health education instructional program that is consistent with the approved scope and sequence (see previous required activity) and inclusive of instructional lessons, student learning activities, resources, and student assessment.

Rationale

The purpose of this activity is to **increase student knowledge, skills, and behaviors to avoid and reduce sexual risk**. Empirical evidence indicates a number of SHE programs demonstrate effectiveness in changing adolescent behaviors associated with HIV, other STDs, and unintended pregnancy. This includes delaying sexual activity, reducing the frequency of sex, reducing the number of sexual partners, and increasing condom or other contraceptive use.^{1,41–46} Research also suggests that effective health education curricula, including SHE content, include program goals and objectives that explicitly seek to^{30,47}

- increase functional knowledge that will provide adolescents with a foundation to engage in healthy sexual behaviors and avoid or reduce risk behaviors over a lifetime.
- improve adolescents' perceptions of the severity of and their susceptibility to negative health outcomes (e.g., HIV, STDs, or unintended pregnancy).

- address attitudes, values, and beliefs to promote healthy sexual behaviors and avoid or decrease sexual risk behaviors.
- correct perceptions of peer norms to provide adolescents with a realistic view of the frequency and acceptability of sexual behaviors among their peers, as unrealistic views of these peer norms may be associated with sexual risk behavior.
- increase adolescents' self-efficacy (i.e., their feelings of mastery) and their skills to engage in healthy behaviors and to avoid or reduce unhealthy sexual behaviors.
- improve adolescents' intentions to avoid or decrease risky behaviors.
- increase the quality of parent-adolescent communication about health and sexuality.

Additionally, effective HIV and other STD prevention programs¹³ are those that

- are implemented sequentially across grade levels using medically accurate, developmentally appropriate, and diversity-inclusive lessons and materials.
- include strong emphasis on skill-building.
- use instructional strategies that are relevant and engaging.
- focus on healthy behaviors in safe school environments.
- are delivered by well-qualified and trained instructors.
- integrate parents, youth-serving organizations, and community health partners.

Activity description

The specific content addressed in health education, including SHE, is organized within an instructional program. The instructional program incorporates a structured, sequential, developmentally appropriate series of intended learning outcomes and associated learning objectives for students from pre-kindergarten through 12th grade¹³ and outlines the skills, performances, and attitudes adolescents are expected to learn in SHE (Box 2.3).

Box 2.3. Components of a Health Education Instructional Program

- A set of intended learning objectives and outcomes that are directly related to students' acquisition of health-enhancing knowledge, attitudes, and skills
- A sequential, planned progression of learning that uses developmentally appropriate learning objectives and content that leads to achieving outcomes
- A continuity and sequence of concepts and content that clearly reinforce the adoption and maintenance of specific health-enhancing behaviors
- Accompanying teaching lessons, materials, and activities to help teachers and students meet the learning objectives
- Assessment strategies to determine if students achieve the desired learning

Key consideration: SHE instructional program selection

LEA should use a systematic process to develop, revise, or select SHE instructional lessons, materials, and activities that closely align with the skills-based health education course requirement. LEA should begin by reviewing their developed or selected instructional program materials using the CDC's HECAT, specifically Chapter 4: Preliminary Curriculum Considerations. Within this HECAT chapter, four assessment tools can help analyze and score the four important characteristics of any health education instructional program—accuracy, acceptability, feasibility, and affordability. LEA may find the tools useful for considering instructional program characteristics prior to investing extensive time in reviewing other curricula.⁴⁸ Furthermore, the Sexual Health module within the HECAT provides guidance to assess an instructional program's expected knowledge and

skill acquisition aligned to national health educational standards. This systematic tool can help LEA make decisions about SHE instructional program selection, revision, or adaptation.¹³

When possible, LEA should use SHE materials that meet the highest level of scientific evidence to change adolescents' sexual risk behavior.³⁰ Whereas some programs with the highest levels of evidence are developed for particular settings or groups of youth, LEA should be cautious about assuming that programs developed for one population will be effective in another. Similarly, individual programs intended to reach a general classroom of students may not be effective with everyone in that classroom (e.g., LGBT youth).⁴⁹ If LEA expect to impact youth in a given population or setting, they should choose instructional programs and lessons designed for that specific population or setting; if none are available, LEA should consider adapting existing programs, as long as programmatic fidelity is maintained,⁵⁰ and providing necessary training and resources to staff.

The NHES emphasize the general knowledge and skills that students should possess following an effective health education instructional program and that should be considered when developing, adopting, or selecting a SHE instructional program.³⁵ LEA may adopt their own health education standards using the NHES as a guide and use them to set criteria for their SHE instructional program. LEA should use the CDC's HECAT to confirm that their SHE content contains the essential knowledge and skills students need to prevent HIV, other STDs, and unintended pregnancy.¹³

LEA may also consider using evidence-based interventions (EBIs) that meet the SHE learning outcomes for a specific grade or grade group. EBIs are rigorously evaluated SHE programs that demonstrate evidence of effective or promising results among youth. EBIs are a valuable supplement to fulfill parts of a district-approved SHE S&S; however, they should not be used to replace a health or SHE instructional program. In the absence of available EBIs for SHE, LEA should consider other promising programs or practice-informed approaches that meet the SHE learning outcomes.⁵¹ LEA must be aware of the limitations of relying on commercially packaged instructional programs to meet all the instructional expectations for SHE. LEA may need to select multiple sets of lessons and materials from various commercially packaged programs to accomplish the goals of the SHE instructional program.

Key consideration: Implementing SHE instructional programs with fidelity

To implement a commercially packaged or district-developed SHE instructional program with fidelity means to commit to maintaining the core program components and essential characteristics that are responsible for the program's effectiveness.^{52,53} Categories of core components include maintaining the explicit learning objectives and activities and maintaining the recommended structure of lessons (e.g., not reducing the length of time, maintaining interactive exercises) through effective delivery. Implementation that includes the core components is key to replicating the results of effective instructional programs. Therefore, LEA should provide guidance to SHE teachers or facilitators on how to maintain the core components of any selected program. LEA staff should also ensure that selected SHE materials can be feasibly delivered in the time allotted, are affordable, and are supported by appropriate PD and technical assistance. Otherwise, the school's ability to implement the instructional program may be compromised by practical limitations.

Key consideration: Adapting SHE instructional programs to meet the needs of youth

Adaptation is the process of making changes to an existing program. Adaptations might be considered to accommodate local students' needs, district requirements, or differences in implementation schedules. Adaptations should not be made if they contradict the core components necessary to meet the needs of a particular population or a school's capacity to implement an instructional program. Existing materials, including commercially packaged SHE instructional programs, may need to be adapted to make them appropriate and relevant for a specific setting or population. Educators should use adaptation guidance to plan for and make adaptations that retain the fidelity of the core components of specific programs.^{52,54}

Adaptations can range from adding activities or lessons inclusive of a setting or population to comprehensively changing language, content, and activities across the whole of the instructional program to address specific population needs. Some federal agencies provide information about allowable adaptations for some specific SHE instructional programs, but LEA should also consider general adaptation guidance, such as ETR's Green/Yellow/Red Light guidance, to determine which adaptations are safe to make without compromising the fidelity of the core components of the SHE program.^{52,54}

Component 3A recipients can

- Assist in identifying and selecting SHE instructional programs, lessons, and learning materials based on best available evidence from research and practice.
- Support in adapting instructional activities to reach the SHE learning objectives and health behavioral outcomes (HBOs).
- Collaborate with 3B and 3C organizations to identify cross-cutting opportunities for SHE implementation.



Resources

Selected resources to use when developing, revising, or selecting a SHE instructional program:

- **National Health Education Standards (NHES).** This resource provides written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education. <https://www.cdc.gov/healthyschools/sher/standards/index.htm>
- **Future of Sex Education Initiative (FoSE). National Sexuality Education Standards: Core Content and Skills, K-12.** This resource provides core content for sexuality education that is developmentally and age appropriate for students in grades K–12. <http://www.futureofsexed.org/nationalstandards.html>
- **CDC. Characteristics of an Effective Health Education Curriculum.** This resource describes characteristics of effective health education curricula based on evidence from research and best practices. <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>
- **CDC. Scope & Sequence for Sexual Health Education.** These resources provide guidance on developing a scope and sequence for sexual health education. https://www.cdc.gov/healthyouth/hecat/pdf/scope_and_sequence.pdf and https://www.cdc.gov/healthyouth/hecat/pdf/developing_scope_factsheet.pdf
- **CDC. Health Education Curriculum Analysis Tool (HECAT).** This resource can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district. <http://www.cdc.gov/healthyouth/HECAT/>
- **CDC. HECAT Sexual Health Module** https://www.cdc.gov/healthyouth/hecat/pdf/hecat_module_sh.pdf
- **CDC. E-learning Series: Training Tools for Healthy Schools, Health Education Curriculum Analysis Tool (HECAT)** webinar https://www.cdc.gov/healthyschools/professional_development/e-learning/hecat.html
- **Healthy Teen Network. HECAT Resources, All about the HECAT! Mini-Webinar Series** <https://www.healthyteennetwork.org/resources/hecat/>
- **CDC. Effective HIV and STD Prevention Programs.** This two-page summary provides an overview of school-based HIV and other STD prevention programs evaluated by rigorous research and evaluation. https://www.cdc.gov/healthyouth/sexualbehaviors/pdf/effective_hiv.pdf
- **ETR. ReCapp: Tool to Assess Characteristics of Effective Sex Education.** This planning tool outlines a set of questions designed to help practitioners assess whether curriculum-based programs have incorporated the common characteristics of effective programs in HIV, other STDs, and pregnancy prevention. <http://recapp.etr.org/recapp/documents/programs/tac.pdf>

- **ETR. *General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula.*** This resource describes guidelines on how to make appropriate adaptations to sexual health EBIs without sacrificing their core components. This guide provides general green (safe), yellow (proceed with caution), and red (unsafe) light adaptation guidance for practitioners considering making adaptations to sexual health EBIs. <https://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf>
- **ETR. *Program Success Planning Tool.*** This resource includes the Program Success Planning Tool to identify training or technical assistance support related to school health education. <https://www.etr.org/ebi/program-success-framework/program-success-tool/>
- **ETR. *Evidence-based Program Selection Tool.*** This resource provides an interactive set of questions to help guide LEA in selecting an instructional program for delivery in SHE. <https://www.etr.org/ebi/programs/ebi-selection-tool/>
- **ETR. *Reducing the Risk: Theoretical Guide to Develop and Adapting Curriculum-based Programs.*** This resource provides an overview of key considerations when developing or adapting curriculum-based programs in HIV, other STDs, and pregnancy prevention for adolescents. <https://www.etr.org/store/product/reducing-adolescent-sexual-risk/> (\$)

Selecting and implementing sexual health education instructional programs

- ***Family and Youth Services Bureau Making Adaptations Tip Sheet.*** This resource guide can be helpful when considering program adaptations. It provides information that can be utilized to implement appropriate adaptations in SHE instructional programs. <http://www.acf.hhs.gov/sites/default/files/fysb/prep-making-adaptations-ts.pdf>
- ***Promoting Science Based Approaches—Getting To Outcomes (PSBA-GTO).*** This resource offers a clear and accessible process for local practitioners to follow for delivering teen pregnancy prevention programs using a systematic and science-based approach to their work. <https://www.cdc.gov/teenpregnancy/pdf/littlepsba-gto.pdf>

Federal registries of evidence-based programs for youth

- ***Community Preventive Services Task Force Findings for HIV/AIDS, STIs and Teen Pregnancy.*** This resource provides a summary of the evidence and access to supporting materials for programs targeting HIV, STD, and pregnancy prevention among adolescents. <https://www.thecommunityguide.org/content/task-force-findings-hiv-aids-stis-and-teen-pregnancy>
- ***CDC. Registries of Programs Effective in Reducing Youth Risk Behaviors.*** This resource identifies several registries that include youth-related programs that are considered worthy of recommendation on the basis of expert opinion or a review of design and research evidence. <http://www.cdc.gov/healthyouth/AdolescentHealth/registries.htm>
- ***CDC. Listing of All Risk Reduction Interventions, by Characteristic.*** This resource provides suggested HIV prevention programs based on unique demographic and risk factor characteristics by population sub-group. <http://www.cdc.gov/hiv/prevention/research/compendium/rr/characteristics.html>



Additional activity: Develop, revise, or select health education instructional programs for students in elementary grades that align with the priorities for health education and sexual health education established in the health education scope and sequence.

Rationale

The purpose of this activity is to **increase student knowledge, skills, and behaviors to avoid and reduce sexual risk.** A growing body of literature documents public support for SHE in younger grade levels. Empirical evidence describes parental support for implementing SHE among elementary-aged students and cites support for topics such as communication, anatomy, abstinence, HIV prevention, and gender and sexual orientation.⁵⁵ Health education that includes SHE in elementary grades can positively

contribute to knowledge and skill development that children need to prevent risky sexual behaviors and associated negative health outcomes during adolescence.

Activity description

LEA interested in integrating SHE programs in elementary grades should consult a variety of stakeholders (e.g., teachers, parents, school health advisory council members, administrators, and community members) to determine level of interest, appropriateness, and need among youth. Using national education standards can then help LEA determine grade-specific health topics and content for elementary audiences. The National Sexuality Education Standards (NSES) provide a framework for designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress.⁵⁶ The NSES, based on research and extensive professional expertise, outline minimum SHE content and skills for grades K-12 that consider students' needs and teachers' preparation, availability, and resources.⁵⁶

The NSES include seven key topic areas: anatomy and physiology, puberty and adolescent development, identity, pregnancy and reproduction, STDs and HIV, healthy relationships, and personal safety. These standards provide guidance across all grade levels, beginning in second grade, and suggest a sequenced pattern of learning that integrates knowledge and skills content for youth in elementary and secondary settings.⁵⁶ LEA can use the NHES and NSES to design SHE, which is sequential and part of a broader health education approach for students beginning in elementary school.

Resources

Selected resources for integrating SHE instructional programs at the elementary level:

- **National Health Education Standards (NHES).** This resource provides written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education.
<https://www.cdc.gov/healthyschools/sher/standards/index.htm>
- **Future of Sex Education Initiative (FoSE). National Sexuality Education Standards: Core Content and Skills, K-12.** This resource provides a set of standards that outline essential content and skills for K-12 sexuality education. <http://www.futureofsexed.org/nationalstandards.html>



Additional activity: Incorporate specific changes to existing instructional programs to better meet needs of lesbian, gay, bisexual, and transgender (LGBT) youth.

Rationale

The purpose of this activity is to **increase student knowledge, skills, and behaviors to avoid and reduce sexual risk.** Schools play a vital role in educating young people about sexual health, and this venue is especially important for LGBT youth. Many school-based SHE programs do not address the needs of LGBT youth directly,^{57,58} despite higher prevalence of many health risk behaviors among LGBT youth compared with their heterosexual peers.⁵⁹ Research reports that adolescent sexual minority males receive different messaging and content related to AIDS and HIV prevention education in their school-based SHE courses than do their non-sexual-minority male peers.⁴⁹ Additional studies with LGBT youth suggest school-based SHE provided information on safe sex behaviors (e.g., correct and consistent condom use) but lacked discussion of sexual orientation and related issues.⁶⁰ LGBT youth often describe their SHE as hetero-centric or heteronormative, and sometimes excluding LGBT content altogether.^{61,62} A one-size-fits-all approach to SHE is not appropriate for LGBT youth as it lacks important context related to their particular risks and protective factors.⁴⁹

Activity description

LEA should ensure SHE program design incorporates the needs and perspectives of LGBT youth by selecting LGBT-inclusive programs or adapting existing programs. LEA should use multiple strategies when creating or adapting teaching resources that address LGBT youth's needs and relevant topics within the context of SHE. LEA may systematically review and select HIV, other STD, and unintended pregnancy prevention teaching materials (e.g., textbooks, worksheets, and student learning activities) that integrate gender-neutral language, examples, and terminology, and representation from LGBT youth populations.^{57,63} LEA can develop sexual health instructional programs that incorporate LGBT individuals, history, and events into teaching materials.⁶⁴ Such strategies have been shown to increase LGBT youth connectedness and feelings of inclusion with their peers and school community.^{63,64} SHE teachers and staff can collaborate to develop or adapt LGBT-youth-inclusive classroom materials based on recommendations from research and practice and disseminate such instructional materials to other teachers in their school or district. Additionally, LEA should leverage the collective voice and expertise of their district SHAC or similar committee/council to help promote awareness and action toward implementing LGBT-youth-inclusive SHE programs among teachers, parents, school administrators, and community partners.

Resources

Selected resources to help implement LGBT youth-inclusive SHE:

- **CDC. *LGBT Youth Resources: Resources for Educators and School Administrators*.** This page provides resources from CDC, other government agencies, and community organizations for LGBT youth and their friends, educators, parents, and family members to support positive environments. <https://www.cdc.gov/lgbthealth/youth-resources.htm#school>
- **GLSEN. *LGBT-Inclusive Curriculum*.** This resource provides free lesson plans and support materials for LGBT-inclusive SHE instruction. <https://www.glsen.org/educate/resources/curriculum>



Additional activity: Strengthen student assessment instruments to more accurately assess student mastery of health education knowledge and skills.

Rationale

The purpose of this activity is to **increase teachers' ability to teach SHE effectively**. For schools to be successful in achieving expected health education outcomes, it is essential to assess student learning, the instructional environment, and instructional programs. Assessment provides evidence that students are acquiring the knowledge and skills that contribute to healthy behavioral outcomes and that the delivery of instruction and learning strategies are contributing to students' achievement of health education standards.⁶⁵

Activity description

LEA should approach health education and SHE assessment through an iterative process of evaluating student work over time and providing descriptive feedback that supports opportunities for students to practice and improve health-related knowledge and skills. Assessment strategies used in SHE should target students' level of understanding of health-related concepts, their ability to demonstrate health-enhancing skills, and their efficacy to apply conceptual learning in ways that improve their personal health.^{13,65}

Box 2.4 describes unique student assessment strategies appropriate for a SHE instructional program. An effective classroom assessment process occurs over time, includes a variety of methods, offers a personalized record of student achievement, and provides timely and descriptive feedback to the student. It is essential that students know the learning targets (standards) and the assessment criteria (rubric or performance checklist) and have continuous access to evidence of progress. Students can then collaborate with their teacher and

peers to work toward proficiency. Students will have the information they need to take responsibility for their learning, and teachers will have the information necessary to improve their instruction.

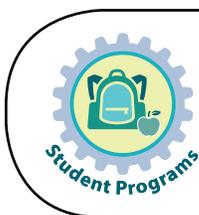
Box 2.4. Sample Assessment Instruments to Evaluate SHE

- Objective tests (multiple choice, true/false)
- Checklists
- Concept maps
- Writing samples
- Reflective journals
- Self-assessments
- Portfolios or e-portfolios
- Educational games

Resources

Specific resources to support SHE student assessment development and implementation:

- **CDC. HECAT: Understanding Health Education Assessment**
https://www.cdc.gov/healthyouth/hecat/pdf/hecat_append_6.pdf



Required activity: Develop, update, and foster use of teaching tools and resources (e.g., lesson pacing guide, specific lesson plans) for teachers to continuously improve delivery of the identified sexual health education instructional program.

Rationale

The purpose of this activity is to **increase teachers' ability to teach SHE effectively**. Effective teachers use various teaching strategies and tools to support student learning and achievement.^{5,66,67} Determining the appropriateness, accuracy, and relevance of SHE lessons, teaching tools, and learning materials should be based on students' unique needs, community priorities, school resources, relevant national or state health education standards, and characteristics of an effective health education curriculum.⁶⁸ SHE teaching tools and resources should recognize the diversity of the students and community and include a variety of activities and examples (e.g., gender identity, race, ethnicity, religion, age, physical/mental ability, and sexual orientation). Tool and resource characteristics such as promoting values, attitudes, and behaviors that acknowledge the demographic and cultural diversity of students; optimizing relevance to all students; and building on cultural resources of families and communities have been linked to effectiveness.⁶⁸

Activity description

The specific design and elements of teaching tools and resources should reflect the unique needs of the adolescents and staff across the LEA. LEA should consider available scientific literature, national health education and sexuality education standards, and practice-informed approaches when developing and selecting teaching tools. Training and professional development opportunities that allow teachers to develop, test, and refine active learning strategies and teaching resources are needed to enhance the instructional practice of SHE teachers and staff.⁶⁷ Moreover, teachers may collaborate and share tools, resources, student activities, or materials with peers. As part of their instructional plan, LEA may provide specific lessons and teaching materials to guide the instructional delivery of health education and SHE at the district or school level. Tools such as lesson pacing guides, supporting materials (e.g., handouts), or assessment rubrics can assist teachers in continuously improving their SHE delivery.

Key considerations: Characteristics of teaching tools and resources for SHE

According to reviews of effective programs and curricula and experts in the field of health education, teaching tools and resources in SHE should include the following elements:⁶⁸

- Address key health-related concepts.
- Be student-centered, interactive, and experiential (e.g., group discussions, cooperative learning, problem solving, role playing, and peer-led activities).
- Correspond with students' cognitive and emotional development.
- Help students personalize information and maintain their interest and motivation.
- Accommodate diverse capabilities and learning styles.
- Promote creative thinking and expression.
- Provide opportunities to share opinions, thoughts, or feelings.
- Foster new perspectives or considerations.
- Cultivate critical thinking and discussion.

Component 3A recipients can

- Assist in identifying and selecting appropriate teaching tools and resources to enhance SHE.
- Assist in adapting SHE teaching tools and resources to meet the unique needs of the LEA student and staff.

Resources

Selected resources to develop and adopt SHE teaching tools and resources:

- **CDC. Health Education Teacher Visitation (Observation) Form.** This resource provides a sample teacher observation template to assess classroom instruction in SHE. It is available through Program Consultants.
- **CDC. Sexual Health Education Instructional Pacing Guide.** This tool can be used to help teachers improve delivery of SHE content. It is available through Program Consultants.

Engage Parents and Community Partners



Required activity: Establish and maintain a school health advisory council (SHAC) that regularly provides district-level advice and guidance to improve health and sexual health education programs for students and health and sexual health education instruction for staff.

Rationale

The purpose of this activity is to **increase teachers' ability to teach SHE effectively and to increase student receipt of effective SHE.** A SHAC, or a similar council/committee, is an ongoing advisory group composed primarily of community members who assist the LEA in carrying out their responsibilities for promoting and protecting student and employee health.^{69,70} An active SHAC can be an excellent mechanism for parent and community involvement and provides a way for schools to benefit from valuable resources and expertise in their communities.^{69,71,72} The group acts collectively to provide advice and recommendations to the LEA about all aspects of school health, including but not limited to health education, health services and programs, and fostering SSE. SHAC efforts to support this broad school health framework can result in improved programs and services for students, staff, and the community. The council can advise an entire school district, but a SHAC or school health team may also be useful for a priority school desiring their own school-level advisory group.^{69,70,72}

Activity description

A key first step in establishing a SHAC or similar council/committee is selecting appropriate members. Representation from various segments of the community can enrich the level of discussion and acceptance of proposed activities, and it is important to have a SHAC that accurately represents the demographic diversity of the community (e.g., age, sex, race, income, geography, ethnicity, profession, religious affiliation). Possible sources for SHAC membership include parents of students in the district, students and teachers, school administrators, health care and social service professionals, the business community, law enforcement, nonprofit organizations, local domestic violence prevention programs, media outlets, public health agencies, civic and service organizations, youth groups, housing authorities, before- and after-school organizations, and faith community leaders.

The SHAC is responsible for making school health recommendations to the school board and should work with school board personnel to determine feasibility, cost, and sustainability of recommendations.^{70,73} For example, a SHAC might use the CDC's HECAT in collaboration with district curriculum and instructional staff to review and select SHE instructional programs for all secondary school students. Such analysis of SHE instructional programs could result in recommendations to the school board about adopting or adapting instructional programs. The LEA can designate a school health coordinator to oversee school health policies, programs, practices, and services, and to establish partnerships between schools, families, and community organizations. As an active member of the SHAC, this coordinator can also help identify and involve key stakeholders.

Key considerations: Process for establishing a SHAC

Recommendations by Howell (1991) and the Public Schools of North Carolina, Division of Curriculum and Instruction describe an in-depth process to establish and maintain an active SHAC.^{69,74} These steps include

1. Review any established school system procedures for advisory councils.
2. Gather 3-5 interested persons to determine shared perceptions about the need for a SHAC.
3. Establish the general purpose and major functions of the SHAC.
4. Conduct a realistic analysis of challenges in the community and school system.
5. Identify potential categories of SHAC members and a tentative schedule.
6. Prepare a brief proposal on the formation of a SHAC.
7. Gain support from school system central office personnel.
8. Hold a first meeting to determine interest levels and support for a SHAC.
9. Revise and finalize membership roster.
10. Adopt by-laws and charter membership.
11. Conduct training for members.
12. Conduct needs assessment.
13. Develop task and project plans based on needs assessment.
14. Carry out proposed plans and monitor progress.
15. Establish mechanism for regular reporting to school system and community.

Resources

Selected resources to support developing and maintaining a SHAC:

- **Howell, K.; North Carolina State Department of Public Instruction, Raleigh Division of Curriculum and Instruction. *Establishing and Maintaining School Health Advisory Councils: A How-To Manual for Local Educational Agencies.*** This resource is for individuals seeking information on the development and operation of a SHAC. The information has been organized in an easy-to-use style

with the intent of serving as a how-to manual. <https://files.eric.ed.gov/fulltext/ED336694.pdf>

- **Public Schools of North Carolina. *Effective School Health Advisory Councils: Moving from Policy to Action*.** This resource guide will assist LEA in developing new SHACs or revitalizing or strengthening existing SHACs and maintaining them as effective entities that support and guide school health practices, programs, and policies. https://fns-prod.azureedge.net/sites/default/files/NC_effective_school_health_council_manual.pdf
- **American Cancer Society (ACS). *Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils*.** This resource will assist LEA in developing a new SHAC, strengthening an existing SHAC, and maintaining entities that support school health education programs. <http://www.schoolwellnesspolicies.org/resources/AGuideToCommunitySchoolHealthCouncils.pdf>



Required activity: Integrate strategies to actively engage parents in sexual health education instructional programs.

Rationale

The purpose of this activity is to **increase parent/student communication, both general and specific to sexual health**. CDC's framework for parent engagement in schools recognizes that parents can help school staff implement school-level policies and practices associated with reductions in adolescent sexual risk,⁷⁵ including SHE. The majority of parents support the provision of SHE in schools.^{55,76} This support can be leveraged to facilitate implementation of SHE activities that can enhance staff capacity and increase student access to effective SHE programs. Moreover, SHE programs that involve parents have positive student-level effects, such as better communication and monitoring.⁷⁷ Promoting parent-adolescent communication through SHE can also complement parent activities related to SSE (see Chapter 4).

Activity description

CDC's *Parent Engagement: Strategies for Involving Parents in School Health* offers a process that can be used by LEA to better engage parents in SHE:⁷⁸

1. Make a positive connection with parents.
2. Provide a variety of activities and frequent opportunities to fully engage parents.
3. Work with parents to sustain their engagement by addressing the common challenges to getting and keeping them engaged.

It is important to ensure activities are tailored to support SHE, even though parent engagement in schools may address broader goals and objectives. CDC's strategy guide outlines some strategies that are most closely linked to SHE: providing a variety of volunteer opportunities, supporting learning at home, and encouraging parents to participate in decision-making. LEA may consider incorporating activities relevant to SHE into school-wide parent engagement action plans and committees. Box 2.5 provides sample activities for each stage of this process specific to SHE and adolescents.^{79,80}

Box 2.5. Parental Engagement Strategies that Support Sexual Health Education⁷⁰

Strategy 1: Make a positive connection with parents

- Ask parents about their needs and interests regarding SHE and ways they would like to be involved in supporting implementation.

Strategy 2: Provide a variety of activities and frequent opportunities to fully engage parents

- Provide parents with seminars, workshops, and information on SHE that relate directly to lessons taught in the health education classroom.
- Train teachers to develop family-based education strategies that involve parents in discussions about health topics with their children (e.g., homework assignments that involve parent participation).
- Involve parents in choosing health education curricula, specifically SHE content, with the help of tools such as the HECAT.
- Use parents as members of and decision-makers on a SHAC.

Strategy 3: Work with parents to sustain their engagement by addressing the common challenges to getting and keeping them engaged

- Assess barriers parents face in engaging in SHE and identify potential solutions.

Resources

Selected resources to integrate parents into SHE:

- **CDC. *Parent Engagement: Strategies for Involving Parents in School Health*.** This 28-page reference describes a variety of approaches for getting parents engaged in school health activities. www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf
- **CDC. *Parent Engagement*.** This webpage provides a number of resources on the importance of parent engagement and ways to promote parent engagement in schools. https://www.cdc.gov/healthyyouth/protective/parent_engagement.htm
- **CDC. *Positive Parenting Practices*.** This resource includes fact sheets schools can disseminate about parental monitoring, the influence of fathers, and parents' influence on lesbian, gay, or bisexual teens. <https://www.cdc.gov/healthyyouth/protective/positiveparenting.htm>
- **United States Department of Education. *Family and Community Engagement (FACE)*.** This page provides several resources to engage families and community members in youth-centered programs, education experiences, and learning. <https://www2.ed.gov/parents/academic/help/partnership.html>
- **American Psychological Association (APA). *Safe and Supportive Schools Project*.** This resource center houses several tools and resources to help schools navigate successful parental practices and engagement opportunities with and in schools. www.apa.org/pi/lgbt/programs/safe-supportive/parental-engagement/default.aspx

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