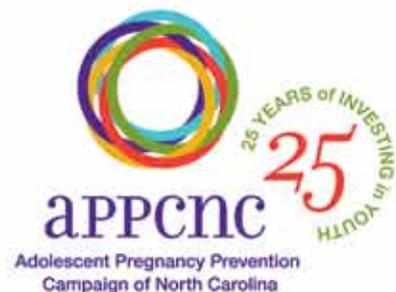




North Carolina's  
Healthy Youth Act

# LOCAL SCHOOLS IMPLEMENTATION GUIDEBOOK



\* Did you know?

In a 2008 survey, 91.8% of parents of North Carolina public school children thought that sexuality education should be taught in schools.

UNC School of Public Health and APPCNC Parent Opinion Survey, 2009.

## FOREWORD

We have all heard the phrase “knowledge is power”, and we know that given this power we have the potential to achieve great things. This guidebook is the result of legislation passed to help give our young people critical fact-based information about reproductive health and safety.

We want our students to make safe choices, to value themselves, and to stay true to their values and beliefs so that they can become healthy adults. The education provided under the Healthy Youth Act will empower students with the skills needed to make smart decisions that will lead to lifelong, healthy relationships.

Much is asked of parents, educators and schools these days. This guidebook will help answer many of the questions that will be asked about how to best convey the information necessary in fulfilling the intended requirements of the Healthy Youth Act.

The sponsors of this legislation would like to extend their thanks for the continued efforts of an energetic coalition of people who worked to gain passage of this legislation. They, like we, understand the importance of conveying the strongest, research-based education to our students as we work to create a healthy future for North Carolina.

With gratitude,

Representative Alma S. Adams, PhD  
Representative Bob England, MD  
Representative Susan C. Fisher  
Representative Winkie Wilkins

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Photography by Lloyd Wolf.

The Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) is North Carolina's only statewide nonprofit working to support local communities in preventing adolescent pregnancy through advocacy, collaboration and education.

For more information or to support our work:  
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\* Did you know?

69.1% of North Carolina high school seniors report having had sexual intercourse, and 46.8% of seniors who had sex did not use a condom the last time they had sexual intercourse.

DPI NC Youth Risk Behavior Survey, 2007.

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# UNDERSTANDING THE LAW

In 2009, the North Carolina General Assembly amended North Carolina's law addressing sexuality education to offer more complete health and safety information. Passed as the Healthy Youth Act, the law makes significant changes to GS 115C-81 which governs Reproductive Health and Safety Education included in Healthful Living Education.

## **Why did the law change?**

Significant research has proven the effectiveness of sexuality education curricula that promote abstinence as the safest choice while presenting critical medical information that students will need as they age into adulthood. North Carolina parents have overwhelmingly indicated their preference for effective, evidence-based sexuality education. In response to these and other factors, NC lawmakers passed the Healthy Youth Act requiring local school systems to offer instructional programs that have been rigorously evaluated and are shown to be effective.

## **Who is affected?**

The Healthy Youth Act requires Reproductive Health and Safety Education for students in grades 7, 8 and 9, unless a parent or guardian withdraws the student from instruction. Specific forthcoming objectives will be added to the Standard Course of Study to address the requirements of the Healthy Youth Act. The law does not address the teaching of any other subject, any other school personnel, or after-school programs.

## **When will changes take place?**

School systems must comply with the requirements of the Healthy Youth Act by the start of the 2010-2011 school year.

## **How will changes be implemented?**

The implementation process may vary based on a school system's decision-making process and the local policies that need to be adjusted to comply with the law. Each system must provide:

1. Reproductive health and safety education that meets the requirements of the Healthy Youth Act as a part of the school health education program;
2. An opportunity for parents/guardians to review materials/curricula used in reproductive health and safety education; and
3. A mechanism for parents/guardians to withdraw their child from instruction.

A public hearing is not required prior to implementation as was the case under the old abstinence only until marriage law.

## **Can schools or students opt out?**

Individual schools with grades 7, 8 and 9 must provide reproductive health and safety education. A parent, however, can withdraw his or her child from all or any portion of sexuality education. Local Boards of Education must adopt a policy and provide a mechanism for a parent or guardian to either withdraw his or her child from instruction or allow his or her child to receive instruction. Practical methods of meeting this requirement include passive consent and simple opt-out policies. Examples of opt-out policies are available on page 23 of this guidebook.

## **Parental Involvement**

Parental involvement is a part of any effective sexuality education curriculum and, in fact, the Healthy Youth Act mandates the promotion of parent-student communication and interaction. Schools must make the reproductive health and safety curriculum available for parents' review. Some curricula recommended in this guide offer activities for parent/guardian-student interaction, and all curricula can be supplemented with parent/guardian-student activities.

## **Materials Selection Criteria**

The Healthy Youth Act emphasizes the importance of the selection of developmentally appropriate classroom materials. Information given to students must be objective and not reflect personal biases. Information must also be based on scientific research which is peer-reviewed and accepted by professionals who have appropriate credentials in sexual health education.

## **Content of Instruction**

Effective sexuality education provides students with safer-sex and safety skill building information, while emphasizing the important role of abstinence as the safest choice for students. The Healthy Youth Act changes the name of the instruction students receive from “abstinence only until marriage education” to “reproductive health and safety education.” The law includes three new subdivisions to address reproductive health and safety: the prevention of sexually transmitted diseases and infections, FDA-approved contraceptive methods, and sexual assault and abuse risk reduction.

The Healthy Youth Act specifically mandates teaching the following points as a part of an effective reproductive health and safety education program:

1. Abstinence is the expected standard for school-aged children;
2. Strategies to deal with peer pressure;
3. Reasons, skills and strategies for becoming or remaining abstinent;
4. Abstinence is the only certain means to prevent unintended pregnancy and diseases;
5. The best lifelong means of prevention is fidelity in marriage;
6. The benefits of abstinence as compared to the risks of premarital sex;
7. How STDs are transmitted, the effectiveness of all FDA-approved methods for STD prevention, and information on local resources for testing and treatment;
8. The effectiveness and safety of all FDA-approved contraceptive methods; and
9. Awareness of sexual assault, sexual abuse and risk reduction.

Instruction should:

1. Provide opportunities for parent/guardian-student interaction;
2. Provide factually accurate biological and pathological information related to the human reproductive system; and
3. Be objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health education.

## **STD Prevention**

The Healthy Youth Act requires a medically accurate discussion of sexually transmitted diseases. Classroom discussions about STDs must now include:

1. How STDs are and are not transmitted;
2. Effectiveness and safety of all Food and Drug Administration (FDA) approved methods of risk reduction;
3. Available local resources for testing and for medical care of STDs;
4. STD infection rates among youth and the effects of these diseases; and
5. Specific information about Human Papillomavirus (HPV) and its effects including cervical cancer.

## **Contraception and Pregnancy Prevention**

The Healthy Youth Act requires teaching the effectiveness and safety of all FDA-approved methods for preventing pregnancy. Education on contraception is especially important for students in North Carolina, which consistently has the 9<sup>th</sup> highest teen pregnancy rate in the US. Schools are permitted to demonstrate proper use of contraceptive methods, but prohibited from distributing any contraceptive to students.

## **Sexual Assault, Sexual Abuse and Risk Reduction**

The Healthy Youth Act requires schools to teach awareness about sexual assault, sexual abuse, and risk reduction. This subdivision includes:

1. A focus on building healthy relationships;
2. What constitutes sexual assault and sexual abuse, the causes of those behaviors, and risk reduction;
3. Resources and reporting procedures if students experience sexual assault or sexual abuse; and
4. Common misconceptions about sexual assault and sexual abuse.

# MANDATED, PROHIBITED, ALLOWED

As school systems work to implement the Healthy Youth Act, questions may arise regarding what the law mandates, prohibits and allows. Recorded below is a limited list of items that may draw questions, and how they are treated under GS 115C-81, the Healthy Youth Act. Local school boards may choose to offer more comprehensive sexuality education than what is required by law, but they may not offer less than the law requires.

## **Mandated**

The Healthy Youth Act mandates:

- Discussion of condoms and other contraceptives.
- Discussion of the value of a monogamous, heterosexual marriage as an example of a healthy relationship.
- Instruction that alcohol and drug use increase vulnerability to sexual advances.
- Opportunities for interaction between parent or guardian and student.
- Teaching of HIV and STD transmission facts.
- Teaching of skills and strategies for remaining or becoming abstinent.
- Use of materials that are objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health education.

## **Prohibited**

The Healthy Youth Act prohibits:

- Distribution of contraceptives, including condoms, on school property.

## **Allowed**

The Healthy Youth Act allows:

- Discussion of sexual orientation in the contexts of medically accurate STD prevention and transmission (HYA), tolerance and anti-bullying (Standard Course of Study).
- Demonstration of proper use condoms and other contraceptives.
- Information on where to obtain contraceptives and/or abortion services, if in accordance with local board policy regarding parental consent.
- Using an evidence-based program and supplements to satisfy the requirements of the law.

This list of allowances, prohibitions and mandates is not exhaustive, and only seeks to answer questions or offer clarification around issues raised since the passage of the law.

# EASING IMPLEMENTATION: USING EVIDENCE-BASED CURRICULA

## **Using Evidence-Based Programs to Implement the Healthy Youth Act**

The Healthy Youth Act requires schools to implement the new law by conveying information that is “objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health information.” Using an evidence-based curriculum is the easiest and best way to meet this key requirement of the Healthy Youth Act. In addition, evidence-based sexuality education curricula include the majority of content required by the Healthy Youth Act.

Evidence based programs (also called science-based programs) have been developed by experts in a field, implemented, rigorously evaluated, and proven to work. This means that a program is proven to meet its intended outcomes if implemented as intended, or with “model fidelity.”

Advantages of implementing an evidence-based curriculum include:

1. Certainty that lessons meet the requirement of being “objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health information.”
2. Curricula have been evaluated and are proven effective.
3. Curricula are medically accurate, and can ensure that students are indeed receiving the up-to-date information that is required.
4. Educators can access training or support to increase comfort with subject matter and teaching methodologies.
5. Lesson plans, teaching guides, and predetermined activities ensure educators are using materials that are in compliance with the law, are uniform across a school system, and can be easily reviewed by parents/guardians and administrators.
6. Logic models and evaluations are available to illustrate the effectiveness of a program and to insulate educators, schools and school systems from criticism of required content or methodologies.

The programs highlighted on pages 14 to 20 of this guidebook are evidence-based sexuality education curricula that your school can implement to meet the requirements of the Healthy Youth Act.

## **Characteristics of Effective Sexuality Education**

Years of research have been done in the field of sexuality education to help educators understand what programs work and why they work. From this research, scientists and educators have determined that effective programs have 17 core characteristics. These core characteristics include the way in which a program was created, how it was evaluated, how it is implemented, and specific contents of the curriculum. These 17 characteristics answer the question, “What makes a curriculum an effective curriculum?”

The 17 characteristics are listed on page 10, and help explain the content of an effective curriculum and how a curriculum can be implemented in an effective way.

## **Promising Programs**

Promising programs are programs that have been developed using the 17 characteristics of effective curricula, but have not yet undergone the rigorous level of evaluation needed to be called an evidence-based program. Both Wise Guys and Smart Girls, which were developed in North Carolina and are featured on pages 21 and 22, are promising programs that meet both the content and evaluation requirements of the Healthy Youth Act.

# 17 CHARACTERISTICS OF AN EFFECTIVE CURRICULUM

Educators and experts in the field of sexual health education recognize that there are 17 common characteristics of an effective sexuality education curriculum. These characteristics were identified by Dr. Douglas Kirby through the review of more than 80 curricula.

The 17 characteristics of an effective curriculum address three areas: how a curriculum was designed, the contents and teaching methodologies of a curriculum, and how a curriculum is implemented.

These characteristics are adapted from Kirby D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

## **Curriculum Development Process**

- 1. Involved multiple people with different backgrounds in theory, research and sexuality or HIV/STD education to develop the curriculum.**
- 2. Assessed the needs of the students targeted by the curriculum.** Developers considered what content is developmentally and culturally appropriate for students.
- 3. Used a logic model to develop the curriculum.** This logic model includes the specific health goals, behaviors that affect those health goals, the risk and protective factors that affect those behaviors, and activities to address those risk and protective factors.
- 4. Designed activities consistent with community values and available resources.** Developers of the curriculum were cognizant of the potential limitations educators might face such as classroom space and teaching time.
- 5. Pilot-tested the curriculum with the intended audience and made any necessary modifications before introducing a final curriculum.**

## **Curriculum Contents**

### **Goals and Objectives**

- 6. Focused narrowly on pregnancy prevention, HIV prevention, and/or STD prevention.** A focus on these topics allows educators to fully communicate clear messages on young people's susceptibility to these consequences of risky behavior.
- 7. Focused on the specific types of behavior that cause or prevent pregnancy, HIV and/or STDs and gave clear messages about the behaviors.** It is especially important that curricula repeat clear and consistent messages about protective behaviors, such as using a condom or practicing abstinence.
- 8. Addressed specific sexual psychosocial factors that affect the specified types of behavior and changed some of those psychosocial factors.** These include changing students' perceptions of sexual risks and norms, personal values about sex and abstinence, and confidence in their ability to avoid sex or use a condom.

## Teaching Methodologies

- 9. Created a safe social environment for youth to participate.** This may include creating ground rules for discussion, not asking personal questions, and the potential to separate the class into same-sex groups.
- 10. Included multiple activities that changed each of the targeted risk and protective factors.** Examples might include demonstrating the appropriate use of a condom in order to increase students' ability to use safer sex practices or role play to increase students' ability to say no to sexual activity.
- 11. Used instructionally sound teaching methods that actively involved students and helped them personalize and internalize information.** By engaging students in activities such as role-plays, games, quizzes, anonymous surveys, skits, or other activities, they can build usable skills based on lessons learned in class. An example might be a role-play in which one person in a relationship has to refuse the advances of another.
- 12. Employed activities, instructional methods and behavioral messages that are appropriate for students' culture, developmental age, and sexual experience.** An example might be structuring a curriculum so that younger students (7th graders) focus on developing confidence around personal values and responsibility and on building abstinence skills, and having older students focus on disease prevention and protection.
- 13. Topics are covered in a logical sequence.** Most curricula are sequenced in the following order: Basic information about pregnancy/HIV/STDs, susceptibility to these consequences, ways to reduce vulnerability, an exploration of barriers to protective behavior, and the development of skills needed to adopt protective behavior.

## Implementation

- 14. Secured support from appropriate authorities such as school systems or health departments.** This affords educators the basic support they need to feel comfortable talking about subjects, such as HIV transmission, that might be new to students or feel controversial to schools as they implement the new law.
- 15. Selected educators with desired characteristics (when possible), trained them, and provided monitoring, supervision and support.** This ensures that teachers feel comfortable talking about subject matter and that they have an ongoing support system to ask questions or improve their teaching tactics.
- 16. Implemented activities to recruit and retain adolescents.** This is not an issue in a school setting. It is important for health educators in a community program or after-school setting to recognize barriers, such as transportation, that might keep youth from participating in a program.
- 17. Implemented curricula with reasonable fidelity.** A curriculum is unlikely to achieve the desired and proven outcomes if it is not implemented in the way it was intended. This means that a program loses its effectiveness if activities are missed or if elements are not taught in the logical sequence. Individual curriculum modules may be strong in and of themselves, but the overall curriculum outcomes cannot be guaranteed unless model fidelity is maintained.

# REQUIRED SUPPLEMENTS

No single curriculum meets every single requirement of the Healthy Youth Act. However, using an evidence-based curriculum remains the best way to satisfy the majority of the Healthy Youth Act.

The curricula detailed on the following pages can be strengthened to fully comply with the Healthy Youth Act by adding supplements to address marriage, sexual abuse/sexual assault, and parental engagement. Additional supplemental materials can be used to address the specific needs of special needs students.

## **Marriage**

The Healthy Youth Act requires that educators reinforce the benefits of marriage, including:

- Teaching that “a mutually faithful monogamous heterosexual relationship in the context of marriage is the best life-long means of avoiding sexually transmitted diseases, including HIV/AIDS;”
- The benefits of abstinence until marriage; and
- That “abstinence from sexual activity outside of marriage is the expected standard for school-age children.”

All evidence-based curricula emphasize the benefits of abstinence and focus on building healthy relationships. Teachers can satisfy this requirement of the Healthy Youth Act by emphasizing that a healthy marriage is a strong example and positive goal during curriculum modules that discuss healthy relationships.

## **Bullying and Harassing Behavior**

Educators should be aware that sensitive discussions can arise in the context of reproductive health and safety education. These discussions help students build skills to hold true to the values they have learned at home or in their community as they transition from adolescence into adulthood. Topics that arise may vary from class to class or curriculum to curriculum, and might include students’ religious beliefs toward sexual activity, perceived characteristics based on race and/or national origin, gender identity and/or sexual orientation.

In addition to passing the Healthy Youth Act in 2009, NC lawmakers also passed the School Violence Protection Act which strengthens anti-bullying measures in schools. This act requires school systems to develop anti-bullying policies that address “bullying or harassing behavior motivated by perceived or actual differentiating characteristics, such as race, color, religion, ancestry, national origin, gender, socioeconomic status, academic status, gender identity, physical appearance, sexual orientation, or mental, physical, developmental, or sensory disability, or by association with a person who has or who is perceived to have one or more of these characteristics.”

Teachers should maintain a safe and open environment - one of the characteristics of an effective curriculum - that meets the standards of the NC School Violence Protection Act.

## **Sexual Abuse/Sexual Assault**

All recommended curricula help students build skills to develop a healthy relationship, a required focus of the Healthy Youth Act. None teach all requirements of the Healthy Youth Act with regard to Sexual Assault/Sexual Abuse, including:

- What constitutes sexual assault and sexual abuse, causes of those behaviors, and risk reduction;
- Resources and reporting procedures if they experience sexual assault or sexual abuse; and
- Common misconceptions and stereotypes about sexual assault and sexual abuse.

Teachers should supplement lessons with information on these three bullet points. Good resources for these supplements might be the NC School Health Training Center, the NC Coalition Against Sexual Assault, local Departments of Social Services, or local crisis centers.

## **Parental Engagement**

The Healthy Youth Act requires that schools provide an opportunity for interaction between the parent or legal guardian and the student. The Safer Choices and Smart Girls curricula both include a parent component, but other curricula do not. The parent component of the Safer Choices curriculum could be added to other curricula. Examples of activities could include take-home worksheets, "interview your parent" activities, or a parent education night. Parent education curricula are also available.

## **Special Needs Students**

The Healthy Youth Act does not specifically state any requirement with regard to special needs students, although it does require developmentally appropriate education. Special needs students are of increased vulnerability for abuse, and many will ultimately become sexually active adults. F.L.A.S.H. (Family Life and Sexual Health Education) has a curriculum designed for special needs students. The curriculum covers topics such as friendship and dating, acquaintances and strangers, assertiveness, and hearing "No" and saying "No." Lesson plans and more information are available through Seattle and King County Public Health. For more information, visit <http://www.kingcounty.gov/healthservices/health/personal/famplan/educators.aspx> or call 1-800-325-6165.

## **Enhancing the School Environment**

Schools may use extracurricular programs to enhance the school learning environment, and offer opportunities for continued engagement between students and their peers, parents and community. TOP (Teen Outreach Program) and TeenPEP have both been used successfully as extracurricular programs in North Carolina, and may serve to strengthen lessons learned in reproductive health and safety education. More information on TOP is available at [http://www.wymancenter.org/wyman\\_top.php](http://www.wymancenter.org/wyman_top.php). More information on TeenPEP is available at <http://www.teenpep.org>.

## **Additional Resources for Supplemental Materials**

### **Abstinence:**

Making a Difference! is an abstinence education curriculum related to Making Proud Choices! Portions of Making a Difference! can be used to strengthen the abstinence component of other programs. To order: <http://selectmedia.org/customer-service/evidence-based-curricula/making-a-difference>

### **Parent Engagement:**

Parents Matter is a science-based curriculum that fosters communication between parents and their children. The NC Comprehensive School Health Training Center offers training and information on this curriculum. (828) 265-8625

### **Sexual Assault:**

The NC Comprehensive School Health Training Center can provide supplemental materials to cover the sexual assault portion of reproductive health and safety education. (828) 265-8625

# MAKING PROUD CHOICES! A Safer-Sex Approach TO HIV/STDs AND TEEN PREGNANCY PREVENTION

## About the Curriculum

Making Proud Choices! is an eight-module curriculum that provides young adolescents with the knowledge, confidence and skills necessary to reduce their risk of contracting STDs or HIV and teen pregnancy by abstaining from sex or by using condoms if they have sex. The curriculum was developed using cognitive behavioral theories, focus groups and the authors' experience working with youth. Making Proud Choices! has been selected by the Centers for Disease Control and Prevention as a "Program that Works."

## Target Audience

Making Proud Choices! has been evaluated positively for its use with African-American, White and Hispanic adolescents, ages 11-13, who attend middle schools or youth-serving community programs.

## Program Outcomes

Making Proud Choices! has been evaluated and proves that students achieve the following objectives:

1. Increase their knowledge of HIV/STDs and pregnancy prevention;
2. Believe in the value of safer sex, including abstinence;
3. Improve students' ability to negotiate abstinence and/or safer sex practices;
4. Increase their ability to use a condom correctly;
5. Strengthen intentions to use condoms if they have sex;
6. Lower incidence of sexual risk-taking behavior that can lead to HIV/STDs; and
7. Take pride in choosing responsible sexual behaviors.

## Types of Activities

Making Proud Choices! includes a series of fun and interactive learning experiences designed to increase participation and to help young adolescents understand faulty reasoning and decision-making about taking risks that could lead to HIV/STDs or pregnancy. Activities are designed to increase comfort with negotiating abstinence, safer sex and correct condom use, and to address concerns about negative attitudes toward practicing safer sex and abstinence.

## Program Length

Making Proud Choices! has eight hours of content divided into eight one-hour modules. It can be implemented in eight one-hour sessions or four two-hour sessions.

## Cost

Basic Package (incl. facilitator's manual; activity set with handouts, role-plays and posters; and video clips)	\$145
Required add-ons:	
The Truth About Sex	\$135
The Subject is: HIV	\$118
Nicole's Choice	\$80
The Hard Way	\$95
<b>Total Cost:</b>	<b>\$535</b>

# MAKING PROUD CHOICES! A Safer-Sex Approach to HIV/STDS and Teen Pregnancy Prevention (CONT.)

## **For More Information**

For more information or to order Making Proud Choices!, visit:

<http://selectmedia.org/customer-service/evidence-based-curricula/making-proud-choices>

## **Making Proud Choices! Lesson Modules**

1. Getting to Know You and Making Your Dreams Come True
2. The Consequences of Sex: HIV Infection
3. Attitudes and Beliefs About HIV/AIDS and Condom Use
4. Strategies for Preventing HIV: Stop, Think and Act
5. The Consequences of Sex: STDs and Correct Condom Use
6. The Consequences of Sex: Pregnancy
7. Developing Condom Use Skills and Negotiation Skills
8. Role-Plays: Refusal and Negotiation Skills

# safer CHOICES

## **About the Curriculum**

Safer Choices is a broad, multiple component intervention that focuses on school-wide change and the influence of the total school environment on student behavior. In addition to a 20-session classroom curriculum, Safer Choices engages parents, the community, peer networks, faculty and school administration. In addition to helping students make positive decisions about sex, the broader reach of Safer Choices helps them feel supported by their school and community in making the safest choices about sex and relationships.

## **Target Audience**

Safer Choices is designed to be taught over two consecutive years in a classroom setting.

## **Program Outcomes**

At the conclusion of Safer Choices students will have achieved the following objectives:

1. Increased knowledge about HIV and other STDs;
2. More positive attitude toward choosing not to have sex or using condoms if having sex;
3. Greater confidence in their ability to refuse sexual intercourse or unprotected intercourse, use a condom, and communicate with a partner about safer sexual practices;
4. Perceive fewer barriers to condom use;
5. More accurate perceptions of their risk for HIV/STDs;
6. Communicate more with their parents regarding sexual issues;
7. Ability to use refusal and negotiation skills in sexual situations; and
8. Reduce sexual risk behaviors by choosing not to have sex or by increasing condom use and use of other protection methods if having sex.

## **Types of Activities**

Safer Choices engages the school, parents and community in elements of the curriculum. Activities include student-parent homework activities, school-wide peer-led activities, professional development for school staff and engagement of community speakers, such as an HIV-positive member of the community.

## **Program Length**

Safer Choices is intended to be taught over the course of two consecutive years, with ten sequential lessons in each year. Each lesson lasts 45 minutes. The program assumes that students have a basic understanding of puberty, anatomy and physiology.

## **Implementation of the Curriculum**

Safer Choices is intended to be implemented in a school environment, and includes components to involve faculty, administration, community and parents.

# SAFER CHOICES (CONT.)

## Cost

Total cost - \$189.95

The Safer Choices program kit includes the two ten-lesson curricula, two teacher workbooks, a peer leader training guide, two peer leader workbooks, an implementation manual, and an activity kit.

## For More Information

ETR Associates

1-800-321-4407

<http://pub.etr.org/ProductDetails.aspx?prodid=H556>

## Safer Choices Lesson Modules

### Year One

1. Not Everyone's Having Sex
2. The Safest Choice: Deciding Not to Have Sex
3. Saying No to Having Sex
4. Understanding STD and HIV
5. Examining the Risk of Unsafe Choices
6. Teens With HIV: A Reality
7. Practicing the Safest Choice
8. Safer Choices: Using Protection Part 1
9. Safer Choices: Using Protection Part 2
10. Know What You Can Do

### Year Two

1. Making Safer Choices
2. The Safest Choice Challenge
3. Talking With a Person Infected With HIV
4. Personalizing the Risk for Pregnancy
5. Avoiding Unsafe Choices
6. Sticking With Your Decision
7. Using Condoms Consistently and Correctly
8. Resources
9. Media Influences
10. Making a Commitment

# GET REAL ABOUT AIDS

## About the Curriculum

Get Real About AIDS high school version is a 14-lesson curriculum that uses entertaining activities, discussion, role-plays, simulations and videos to give teens the knowledge and skills needed to reduce their risk of HIV infection. Although Get Real About AIDS is an HIV prevention curriculum, it addresses risk-taking behaviors related to pregnancy prevention. These topics include delaying sexual activity, using condoms, the importance of monogamy, and avoiding risky situations.

## Target Audience

Get Real About AIDS has been evaluated in a high school classroom setting, with an average participant age of 15. A special curriculum kit is available for students in grades six through nine.

## Program Outcomes

At the conclusion of Get Real About AIDS students are likely to:

1. Reduce their risk of becoming infected with HIV;
2. Delay sexual activity;
3. If sexually active, use good judgement by abstaining from drug use, using condoms correctly, getting tested for HIV and being monogamous; and
4. Not share needles.

## Types of Activities

During the first several classes, students study the transmission and prevention of HIV, teen vulnerability to the virus, and determinants of risky behaviors. Later, students learn and repeatedly practice skills to help them identify, manage, avoid and leave risky situations. The final sessions help students integrate the program's lessons into their own lives.

## Program Length

Get Real About AIDS includes 14 different lessons.

## Cost

Total Cost - \$495

Curriculum kit developed by the Comprehensive Health Education Foundation includes: lesson plans, age-appropriate videos, worksheets, games and posters. This multimedia collection provides instructors with tools to address the needs of students in grades six through nine.

## For More Information

For more information or to order Get Real About AIDS, visit: <http://www.socio.com/srch/summary/pasha/full/passt07.htm> or <http://store.discoveryeducation.com/product/show/49428> for more information on the kit for grades 6 to 9.

## Get Real About AIDS Lesson Modules

1. Teenage Vulnerability to HIV
2. Transmission of HIV
3. All About AIDS and other STDs
4. Delaying Sex
5. Preventing HIV Infection
6. Limits
7. The Refusal Skill, Day 1
8. The Refusal Skill, Day 2
9. Peer Messages
10. Using the Refusal Skill Proactively
11. Becoming Comfortable Using the Refusal Skill
12. The Refusal Skill for Self-Control
13. The Community Meeting
14. Transfer

# ¡CUIDATE!

## About the Curriculum

The word ¡Cuidate! means “take care of yourself,” which is the theme of this culturally based program designed to reduce HIV sexual risk among Latino youth. ¡Cuidate! includes cultural beliefs related to abstinence and condom use. Program activities show these attitudes and beliefs in a positive way. Aspects of Latino culture, such as familialism and gender role expectations, including machismo, are also built into the program. These values are used to show abstinence and condom use as culturally acceptable and effective ways to avoid unplanned pregnancy or STDs, including HIV/AIDS.

## Target Audience

Hispanic males and females in middle and high school

## Program Outcomes

The ¡Cuidate! program has proven effective in reaching three primary goals. They are to:

1. Influence attitudes, behavioral and normative beliefs, and self-efficacy regarding HIV risk-reduction behaviors, specifically abstinence and condom use, by incorporating the theme of ¡Cuidate!—taking care of oneself, one’s partner, family, and community.
2. Highlight cultural values that support safer sex, and reframe cultural values that are perceived as barriers to safer sex.
3. Emphasize how cultural values influence attitudes and beliefs in ways that affect HIV risk-associated sexual behavior.

## Types of Activities

The ¡Cuidate! program includes learning activities such as small group discussions, videos, games, demonstrations, and role-plays.

## Program Length

¡Cuidate! is taught in six one-hour modules.

## Cost

Facilitators Curriculum \$165

Implementation Manual \$75

Training of Facilitators Manual \$145

## For More Information

For more information or to order, go to <http://selectmedia.org/customer-service/evidence-based-curricula/cuidate/>

## ¡Cuidate! Lesson Modules

1. Introduction and Overview
2. Building HIV Knowledge
3. Understanding Vulnerability to HIV Infection
4. Attitudes and Beliefs About HIV/AIDS and Safer Sex
5. Building Condom Use Skills
6. Building Negotiation and Refusal Skills

# REDUCING THE RISK: BUILDING SKILLS TO PREVENT PREGNANCY, HIV AND STDS

## About the Curriculum

Reducing the Risk includes 16 well-defined lessons which clearly emphasize teaching refusal statements, delay statements and alternative actions students can use to abstain from sex or protect themselves.

## Target Audience

Reducing the Risk is designed for both English- and Spanish-speaking students in grades nine through 12.

## Program Outcomes

At the conclusion of Reducing the Risk students are likely to have achieved the following objectives:

1. Evaluate the risks and consequences of becoming an adolescent parent or contracting HIV or another STD;
2. Recognizing that abstaining from sexual activity or using contraception are the only good ways to avoid pregnancy or HIV/STDs;
3. Conclude that factual information about contraception and protection is essential for avoiding teen pregnancy or HIV/STDs; and
4. Demonstrate effective communication skills for remaining abstinent and for avoiding unprotected sexual intercourse.

## Types of Activities

Reducing the Risk presents a powerful, active approach to pregnancy and HIV/STD prevention that motivates students to change their high-risk behaviors. Lessons first focus in increasing students' comfort level with role-play and discussion, and then provide opportunities to practice skills learned such as saying no to sex or how to negotiate using protection.

## Program Length

Reducing the Risk includes 16 lessons; each lesson is 45 minutes long. Lessons may be lengthened to allow more time for students to acclimate to role-play and discussion.

## Cost

Teacher Manual	\$42.95
Activity Kit (includes posters, role-play cards and risky behavior cards)	\$39.95
English-language Student Workbook	\$18.95 for 5
Spanish-language Student Workbook	\$18.95 for 5

Total cost is determined by number of students.

## For More Information

For more information or to order Reducing the Risk, visit: <http://pub.etr.org/ProductDetails.aspx?prodid=359>

## Reducing the Risk Lesson Modules

1. Introduction: Pregnancy Prevention
2. Abstinence: Not Having Sex
3. Using Refusal Skills
4. Using Refusal Skills
5. Delay Tactics
6. Avoiding High-Risk Situations
7. Getting and Using Protection
8. Getting and Using Protection
9. Skills Integration
10. Skills Integration
11. Skills Integration
12. Preventing HIV and Other STDs
13. HIV Risk Behaviors
14. Implementing Protection from HIV and Pregnancy
15. Sticking with Abstinence and Protection
16. Skills Integration

# WISE GUYS

## About the Curriculum

Wise Guys is a male responsibility curriculum that may be incorporated into a health promotion program, family life education or employment preparedness program.

## Target Audience

Wise Guys is intended for males 11-17 years old

## Program Outcomes

At the conclusion of Wise Guys, students will have achieved the following objectives:

1. Increased family communication between adolescent males and their parents;
2. Increased knowledge about healthy sexual attitudes and behavior as well as risks and consequences of sexual involvement; and
3. Increased ability to identify personal values and beliefs regarding sexuality and sex role stereotypes which influence behavior in relationships.

## Types of Activities

The Wise Guys: Male Responsibility Curriculum is designed to prevent adolescent pregnancy by reaching adolescent males. The program acknowledges young males as "whole" individuals with a variety of needs and desires. Participatory lessons and activities focus on assisting them to ask themselves the questions: "Who am I?"; "Where am I going?"; and "How do I get there?"

## Program Length

Wise Guys includes 10 lesson modules typically taught over a 16-week period.

## Cost

Wise Guys Curriculum: Level 1 (Males 11-17 years old)

Initial Copy: \$150.00

Additional Copy: \$120.00

## For More Information

For more information or to order, go to [www.wiseguysnc.org](http://www.wiseguysnc.org) or call 336-333-6890.

Wise Guys Training Information: <http://www.wiseguysnc.org/training.htm>

## Wise Guys Lesson Modules

1. Myself
2. Personal and Family Values
3. Communication and "Masculinity"
4. Sexuality
5. Dating Violence
6. Abstinence and Contraception
7. Sexually Transmitted Infections
8. Goal-Setting
9. Decision-Making
10. Parenthood

# SMART GIRLS

## **About the Curriculum**

Smart Girls was developed by the Guilford County Department of Public Health. The curriculum encourages participants to explore their attitudes, feelings and values about self-esteem, relationships, dating and sexual behavior to promote healthy decision-making.

## **Target Audience**

Smart Girls Life Skills Training Part I targets girls in 7th or 8th grade in schools or community settings. If desired, there is a Part II that can be implemented with 9th and 10th grade girls.

## **Program Outcomes**

At the conclusion of Smart Girls, students will have achieved the following objectives:

1. Enhance self-esteem
2. Sharpen decision-making skills
3. Set goals for the future
4. Strengthen family connections

## **Types of Activities**

Smart Girls includes learning activities such as small group discussions, videos, games, demonstrations, and role-plays.

## **Program Length**

Smart Girls is facilitated in 8 to 10 sessions lasting 40 minutes each.

## **Cost**

Curriculum: \$100.00 plus tax and \$10 shipping

The cost of the training if provided in Guilford County is \$250 and includes a copy of the curriculum. If training is facilitated in another community, the cost is \$800 for up to 12 people and includes one copy of the curriculum.

## **For More Information**

To receive more information or to order, contact:

Guilford County Department of Public Health

Jean Workman: 336-845-7720

Wanda Mackey: 336-641-4690

Laura Mroska: 336-641-6113

## **Smart Girls Lesson Modules**

1. Smart Actions to Enhance Self Esteem
2. Smart Decision Making
3. It Is Smart to Be Assertive
4. Smart Bodies
5. Smart Attitudes to Avoid Pregnancy
6. Smart Attitudes to Avoid STI's
7. Smart Relationships
8. Smart Goals
9. Smart Connections for Strong Families

# CREATING AN OPT-OUT POLICY

A parent or guardian may withdraw his or her child from any portion of reproductive health and safety education or from the instruction in its entirety. School systems must adopt a policy that allows for this withdrawal. School systems can choose from a variety of methods to implement an opt-out policy in compliance with the Healthy Youth Act.

## **Passive Consent**

Perhaps the most practical methods for providing parents/guardians with the ability to withdraw students from instruction is through passive consent. Using passive consent, schools would inform parents of upcoming instruction and the option to withdraw a child in writing through a student handbook, web site, newsletter or other mass communication. This statement might read:

"Students in grades 7-9 will receive reproductive health and safety education. This instruction will include information on abstinence from sexual activity and its benefits; STD transmission, risks, consequences and prevention; FDA-approved contraceptive methods; and information regarding sexual assault, sexual abuse and risk reduction. Instructional materials are available for review in the school's media center. If you wish to withdraw your child from all or part of this instruction, please inform the principal in writing."

## **Letter**

Schools can inform parents of upcoming reproductive health and safety education through a letter sent home to parents at the beginning of the school year, or prior to instruction. This letter might read:

This statement might read:

"This year your student will receive reproductive health and safety education. This instruction will include information on abstinence from sexual activity and its benefits; STD transmission, risks, consequences and prevention; FDA-approved contraceptive methods; and information regarding sexual assault, sexual abuse and risk reduction. Instructional materials are available for review in the school's media center. If you wish to withdraw your child from all or part of this instruction, please inform the principal in writing."

# HEALTHY YOUTH ACT

## GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2009

### SESSION LAW 2009-213 HOUSE BILL 88

#### AN ACT TO DIRECT LOCAL SCHOOL ADMINISTRATIVE UNITS TO PROVIDE REPRODUCTIVE HEALTH AND SAFETY EDUCATION IN GRADES SEVEN THROUGH NINE.

The General Assembly of North Carolina enacts:

SECTION 1. This act shall be known as the "Healthy Youth Act of 2009."

SECTION 2. G.S. 115C-81(e1)(1)l. reads as rewritten: Reproductive health and safety education; and.

SECTION 3. G.S. 115C-81(e1)(3) is repealed.

SECTION 4. G.S. 115C-81(e1)(4) reads as rewritten:

Each local school administrative unit shall provide a reproductive health and safety education program commencing in the seventh grade that includes the following instruction:

- a. Teaches that abstinence from sexual activity outside of marriage is the expected standard for all school-age children.
- b. Presents techniques and strategies to deal with peer pressure and offering positive reinforcement.
- c. Presents reasons, skills, and strategies for remaining or becoming abstinent from sexual activity.
- d. Teaches that abstinence from sexual activity is the only certain means of avoiding out-of-wedlock pregnancy, sexually transmitted diseases when transmitted through sexual contact, including HIV/AIDS, and other associated health and emotional problems.
- e. Teaches that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including HIV/AIDS.
- f. Teaches the positive benefits of abstinence until marriage and the risks of premarital sexual activity.
- g. Provides opportunities that allow for interaction between the parent or legal guardian and the student.
- h. Provides factually accurate biological or pathological information that is related to the human reproductive system.

Materials used in this instruction shall be age appropriate for use with students. Information conveyed during the instruction shall be objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health education.

SECTION 5. G.S. 115C-81(e1) is amended by adding a new subdivision to read:

Each local school administrative unit shall also include as part of the instruction required under subdivision (4) of this subsection the following instruction:

- a. Teaches about sexually transmitted diseases. Instruction shall include how sexually transmitted diseases are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting sexually transmitted diseases, and information on local resources for testing and medical care for sexually transmitted diseases. Instruction shall include the rates of infection among pre-teen and teens of each known sexually transmitted disease and the effects of contracting each sexually transmitted disease. In particular, the instruction shall include information about the effects of contracting the Human Papilloma Virus, including sterility and cervical cancer.
- b. Teaches about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.
- c. Teaches awareness of sexual assault, sexual abuse, and risk reduction.

The instruction and materials shall:

1. Focus on healthy relationships.
2. Teach students what constitutes sexual assault and sexual abuse, the causes of those behaviors, and risk reduction.
3. Inform students about resources and reporting procedures if they experience sexual assault or sexual abuse.
4. Examine common misconceptions and stereotypes about sexual assault and sexual abuse.

Materials used in this instruction shall be age appropriate for use with students. Information conveyed during the instruction shall be objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health education. Each local board of education shall adopt a policy and provide a mechanism to allow a parent or a guardian to withdraw his or her child from instruction required under this subdivision.

SECTION 6. G.S. 115C-81(e1)(5) reads as rewritten:

The State Board of Education shall make available to all local school administrative units for review by the parents and legal guardians of students enrolled at that unit any State-developed objectives for instruction, any approved textbooks, the list of reviewed materials, and any other State-developed or approved materials that pertain to or are intended to impart information or promote discussion or understanding in regard to the prevention of sexually transmitted diseases, including HIV/AIDS, to the avoidance of out-of-wedlock pregnancy, or to the abstinence until marriage curriculum. The review period shall extend for at least 60 days before use.

SECTION 7. G.S. 115C-81(e1)(6) is repealed.

SECTION 8. G.S. 115C-81(e1)(7) reads as rewritten:

Each school year, before students may participate in any portion of (i) a program that pertains to or is intended to impart information or promote discussion or understanding in regard to the prevention of sexually transmitted diseases, including HIV/AIDS, or to the avoidance of out-of-wedlock pregnancy, (ii) a reproductive health and safety education program, whether developed by the State or by the local board of education, the parents and legal guardians of those students shall be given an opportunity to review the objectives and materials. Local boards of education shall adopt policies to provide opportunities either for parents and legal guardians to consent or for parents and legal guardians to withhold their consent to the students' participation in any or all of these programs.

SECTION 9. G.S. 115C-81(e1) is amended by adding a new subdivision to read:

Each local school administrative unit shall provide a comprehensive school health education program that meets all the requirements of this subsection and all the objectives established by the State Board. Each local board of education may expand on the subject areas to be included in the program and on the instructional objectives to be met.

SECTION 10. This act is effective when it becomes law and applies beginning with the 2010-2011 school year.

In the General Assembly read three times and ratified this the 25th day of June, 2009.

s/ Walter H. Dalton  
President of the Senate

s/ Joe Hackney  
Speaker of the House of Representatives

s/ Beverly E. Perdue  
Governor

Approved 5:28 p.m. this 30th day of June, 2009

# ADDITIONAL RESOURCES

## **Program Content:**

- **List of FDA-approved Contraceptive Methods**

<http://www.fda.gov/womens/healthinformation/birthcontrol.html>

- **Health Education Curriculum Analysis Tool (HECAT)**

Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of Effective Health Education Curricula. The HECAT results 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. APPCNC can help facilitate the use of HECAT. APPCNC, (919) 226-1880.

- **Centers for Disease Control National Health Education Standards**

<http://www.cdc.gov/HealthyYouth/SHER/standards/index.htm>

- **Centers for Disease Control Characteristics of Effective Health Education Curricula**

<http://www.cdc.gov/HealthyYouth/SHER/characteristics/index.htm>

## **Research Resources:**

- **Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC)**

Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC) by Doug Kirby, PhD, Lori Rolleri, MSW, MPH, and Mary Martha Wilson, MA, February 2007. <http://www.etr.org/recapp/documents/programs/tac.pdf>. APPCNC is available to help implement this tool. APPCNC, (919) 226-1880.

- **"Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics"**

"Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics" by Doug Kirby, PhD, B.A. Laris, MPH and Lori Rolleri, MSW, MPH, May 2006. <http://www.etr.org/recapp/documents/programs/SexHIVedProgs.pdf>

- **Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy**

Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy - Full Report (2007) by Douglas Kirby, Ph.D. This comprehensive review of evaluation research offers practitioners and policymakers reviews research on a wide range of programs, including curriculum-based sexuality and abstinence education for teens and pre-teens, sex education for parents, contraceptive and family planning clinics and programs, early childhood programs, youth development and service learning programs, and community-based, multiple-component initiatives. [http://www.thenationalcampaign.org/resources/pdf/pubs/EA2007\\_FINAL.pdf](http://www.thenationalcampaign.org/resources/pdf/pubs/EA2007_FINAL.pdf)

# REFERENCES

NC Youth Risk Behavior Survey (YRBS). (2007). NC Department of Instruction and NC Department of Health and Human Services. Retrieved from <http://www.healthyschools.org/data/yrbs>.

Parent Opinion Survey. Survey Research Unit, Dept. of Biostatistics, Gillings School of Public Health, UNC Chapel Hill and Adolescent Pregnancy Prevention Campaign of North Carolina. (2009). North Carolina Parent Opinion Survey of Public School Sexuality Education. Bolin Creek Center. UNC, Chapel Hill, NC. Retrieved from <http://www.appcnc.org>.