

NYSED Guidance for HIV/AIDS Prevention Education



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Table of Contents

Acknowledgments	1
Disclaimer	4
Forward	5
Introduction	6
Acronyms Used in This Document	7
Section 1 – Information for Local Education Agencies (LEAs)	8
Section 2 – NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education	25
Educator Toolkits	
▪ Elementary	
▪ Secondary	
▪ Commencement	
Section 3 – Information for Parents and Communities	38
Appendix A –HIV/AIDS Advisory Council Members.....	46
Appendix B – HIV/AIDS Prevention Health Education References and Resources	48

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Disclaimer

This guidance document provides local educational agencies with a framework for developing health curricula and implementing instructional and assessment strategies. This document is intended for administrators, school health education and school health services personnel. Every attempt has been made to ensure that the information and resources contained in this document reflect best practice in health education.

This document is intended to be used for guidance purposes only. Any local curricula or instructional strategies developed based upon this document, in whole or in part, should be reviewed through normal district procedures and be consistent with local community values and needs. The New York State Education Department Commissioner's regulation §135.3 (a), (b) and (c) require that appropriate instruction concerning acquired immune deficiency syndrome (AIDS) be taught as part of the sequential health education program in grades K-6, and as part of a required health education course in grades 7-8, and grades 9-12. Please note that Commissioner's regulation §135.3 requires schools to provide appropriate instruction concerning AIDS and does not specifically refer to HIV. However, HIV is the virus that if not properly treated, is known to cause AIDS, therefore this guidance document will address the prevention of both HIV/AIDS and the term HIV/AIDS will be used throughout. The New York State Education Department (NYSED) and the New York State Department of Health AIDS Institute do not endorse individual vendors, products or services. Therefore, any reference herein to any vendor, product, or service by trade name, trademark, manufacturer or otherwise does not constitute or imply the endorsement, recommendation, or approval of either NYS Agency. Some resources may reference comprehensive sexuality education (i.e., National Sexuality Education Standards) Although the existing regulations only require on HIV/AIDS prevention education, school districts may choose, to also include comprehensive sexuality education as part of the health education curriculum. Please note this guidance document will be updated to reflect any future changes in New York State law and/or regulation.

Forward

The Center for Disease Control (CDC) data indicates that 1 in 5 new HIV diagnoses in the United States is in young people aged 13-24 years. Despite the disproportionate number of new HIV infections occurring among youth, the percentage tested for HIV is low compared to other age groups. Only 10% of U.S. high school students have ever been tested for HIV. CDC data show declines in sexual risk behaviors among youth, including fewer sexually active high school students. Still, the prevalence of some behaviors remains high and puts young people at risk. Some young people, including lesbian, gay, and bisexual (LGB) youth, often remain at greater risk for negative health outcomes. It is critical to use tailored approaches to reach the highest risk youth with the right interventions, in the right way, at the right time. Addressing HIV in youth requires that young people are provided the tools they need to reduce their risk, make healthy decisions, and get treatment and care if needed. NYSED is committed to assisting schools and school districts to provide appropriate, current and culturally sensitive information to reduce youth health risk behaviors regarding HIV/AIDS. This guidance document and associated resources were created to help schools be part of the solution in providing current, research-based prevention education for New York State youth and their families. (Source: CDC-Diseases & Conditions, April 2018)

History of NYSED HIV/AIDS Prevention Education Support Initiatives

The landscape of identification, treatment, and education regarding prevention has changed since HIV, the virus which has been medically identified as causing AIDS, was first recognized in 1983. Since 1987, NYSED has collaborated with the NYS Department of Health to support HIV/AIDS education. In 2005, NYSED released *A Guidance Document for Achieving the New York State Standards in Health Education*. This critical resource for health educators focuses on best practices in health education instruction and assessment and contains seven developmental, personal and social skills, comprised of multiple sequential sub-skills. The seven skills are self-management, relationship management, stress management, communication, planning and goal setting, decision-making, and advocacy. Mastery of each skill enables students to enhance their personal, family, and community health and safety. All seven skills are important when teaching positive youth development. This guidance document can be found on the [NYSED Health Education website](#), along with Commissioner's regulation §135.3 regarding health education and other resources dedicated to school health education.

Introduction

Commissioner’s regulation §135.3 requires school districts to provide health education instruction in grades K-12 that includes developmentally appropriate instruction in HIV/AIDS. HIV/AIDS prevention education begins with a supportive learning environment that enhances social and emotional learning and uses a comprehensive, coordinated school health Whole School, Whole Community, Whole Child (WSCC) Model approach. Consistent with the regulation, individual school district HIV/AIDS prevention efforts are locally determined and should be consistent with community values. NYSED supports partnerships with parents, schools and community organizations when addressing youth health risk behaviors. These partnerships help to reinforce consistent prevention and health promotion messages provided for children and youth. It is imperative that young people hear a consistent message about the importance of making sexually healthy decisions and that abstinence is the most effective prevention strategy regarding unintended pregnancies, sexually transmitted diseases (STDs), sexually transmitted infections (STIs) and HIV/AIDS.

This document provides a curriculum framework to assist local school districts in developing quality instructional HIV/AIDS Prevention Education Programs. It includes recommendations and program development and implementation strategies for key stakeholders including, board of education members, HIV/AIDS Advisory Councils, administrators, health coordinators, health educators, teachers, nurses, school counselors, psychologists, social workers, parents and guardians, students, community partners, agencies and organizations. Throughout this document, underlined words and phrases indicate that they are hyperlinked to an online resource which can be accessed by clicking on the phrase. NYSED is not responsible for the content of resources and links outside of the agency.

Acronyms Used in This Document

- **BOE** – Board of Education
- **CDC** – Centers for Diseases Control and Prevention
- **ESSA** – Every School Succeeds Act
- **LEA** – Local Education Agency
- **NYSDOH** – New York State Department of Health
- **NYSDOH-AI** – New York State Department of Health - AIDS Institute
- **NYSED** – New York State Education Department
- **NYSCSH** – New York State Center for School Health

A glossary of terms related to HIV/AIDS is provided in Appendix A HIV/AIDS Prevention Health Education References and Resources Section.

The objectives of the “Guidance Document to Assist Schools in Creating an Instructional and Supportive Framework for HIV/AIDS Prevention Education” are to:

- **Build** the capacity of school districts to provide HIV/AIDS prevention education within a supportive learning environment.
- **Provide** teachers with a framework of best practice and evidence-based resources which provide age-appropriate, comprehensive, up to date materials on HIV prevention.
- **Enhance** participation, maintenance, and strengthening of ongoing partnerships and initiatives by bridging schools, families, parents, and guardians, and community organizations, while building capacity for sustainable infrastructure to promote HIV/AIDS prevention education.
- **Support parents/guardians and community members** with information outlining HIV/AIDS prevention education within the school environment.

This document is organized into three sections:

- **Section 1:** Information for *Local Education Agencies*
- **Section 2:** Information for *Elementary Teachers* Responsible for Teaching Health Education and **NYS Certified School Health Educators**
- **Section 3:** Information for *Parents and Communities*

The Appendix contains additional resources for school districts, educators, and parent and community members.

Section 1

Information for Public School Districts

Section 1 – Information for Local Education Agencies (LEAs)

Section 1 includes information on the following topics:

- **NYSED Commissioner’s Regulation §135.3 and LEA Policies**
- **Role of HIV/AIDS Advisory Council (Composition, Evaluation and Communications)**
- **Role of the Health Coordinator**
- **Condom Availability Plan**
- **Developing an Effective HIV/AIDS Curriculum**
- **Professional Development**
- **HIV/AIDS Prevention Education Assessment and Sample Form**

Section 1

Information for Public School Districts

NYSED Commissioner’s Regulations §135.3 and LEA Policies

Commissioner’s regulation § 135.3 requires that appropriate instruction concerning AIDS be taught in all public schools and does not specifically refer to HIV instruction. However, HIV is the virus that, if not properly treated, is known to cause AIDS. Therefore, this Guidance Document addresses the prevention of both HIV/AIDS and the term HIV/AIDS will be used throughout this document. This provides an additional opportunity for educators to instruct students on the difference between HIV and AIDS, and the relationship between these two topics. It is critical that schools provide scientific, research and evidence-based, accurate, and up-to-date instruction to students, empowering them to make informed and healthy decisions in this area, thereby decreasing risky and unhealthy behaviors (Commissioner's Regulation Section 135.)

Each school district should have an HIV/AIDS policy in place. HIV/AIDS policies should be recommended by the district’s HIV/AIDS Advisory Council. School districts shall strive to protect the health and safety of their students and employees, recognizing the:

- Rights of students and employees with HIV/AIDS;
- Importance of maintaining confidentiality regarding the medical condition of any individual;
- Importance of an educational environment free of significant risks to health; and
- The necessity for HIV/AIDS education and training for the school and the local community.

School districts shall incorporate Commissioner’s regulation §135.3 requirements as well as important values and ideals of the school and community. The policy should be clear regarding the curriculum taught and who will be providing the instruction at each grade level. In accordance with the regulation, the policy should also have detailed procedures regarding how students can opt out of the prevention methods portions of the HIV/AIDS curriculum and should also cover health protections and universal precautions. HIV/AIDS policies should include information regarding the confidentiality of students and staff infected with HIV/AIDS. The District HIV/AIDS Advisory Council should review the policy regularly. Changes, adaptations, and addendums to the policy should be presented to and voted on by the board of education.

Section 1

Information for Public School Districts

Role of the HIV/AIDS Advisory Council

Commissioner's regulation §135.3 states that it shall be the duty of *“the boards of education to provide a satisfactory program in health education in accordance with the needs of pupils in all grades.”* New York State has determined that elementary schools shall provide appropriate instruction concerning HIV/AIDS as part of the sequential health education program for all pupils. At the secondary level all schools are to provide appropriate instruction concerning HIV/AIDS as part of required health education courses in grades 7-8 and in grades 9-12, which shall provide accurate information to pupils concerning the nature of the disease, methods of transmission, and methods of prevention; stressing abstinence as the most appropriate and effective protection against HIV/AIDS. This instruction is to be age appropriate and consistent with community values. The elementary and secondary portions of these regulations require the board of education to establish an HIV/AIDS Advisory Council to be responsible for making recommendations on the content, implementation, and evaluation of the HIV/AIDS instructional program. The HIV/AIDS Advisory Council is charged with providing advice to the board of education on all aspects of the HIV/AIDS Prevention Education Program. However, it remains the ultimate responsibility of the board of education to adopt health education curriculum and policies that are in accordance with sound public health practices are evidence-based, provide quality instruction, and are consistent with community values.

Advisory Council Composition

Commissioner's regulation §135.3 prescribes the required members of the HIV/AIDS Advisory Council which *“shall consist of parents, school board members, appropriate school personnel, and community representatives, including representatives from religious organizations.”* The appointment of this council affords the school board an excellent opportunity to provide leadership and receive guidance from all segments of the community related to community concerns and values surrounding the teaching of HIV/AIDS. A complete description of member composition is available in [Appendix A](#).

Required HIV/Aids Advisory Council Members

- Parents
- School Board Members
- Appropriate School Personnel
- Community Members
- Religious Organizations

Recommended HIV/AIDS Health Advisory Council Members

- Students
- Community-Based Organizations
- Medical and Public Health Professionals
- Policy Creators

Section 1

Information for Public School Districts

HIV/AIDS Advisory Council Evaluation of Recommendations

While medical and public health professionals may provide medical facts regarding HIV/AIDS, community members may represent community values, and religious organizations may reflect concerns on morality and values. It is ultimately the teacher that can best address age-appropriate student learning, parent engagement, and community relationship building and understanding. Best practice requires that the board of education formally adopt a statement that outlines the HIV/AIDS Advisory Council's role in recommending health education curriculum and policies, and to approve the members of the HIV/AIDS Advisory Council and ultimately making the final decisions related to the health education curriculum and policies. The recommendations of the HIV/AIDS Advisory Council must include how the outcomes of their recommendations will be evaluated. Evaluative results should include both the health education curricula implemented, and the HIV/AIDS Policies the board adopts. The evaluation plan must include when, how, and to whom the results will be reported. It is recommended that the HIV/AIDS curriculum be reviewed on a regular basis to assure alignment with school policy. The Association for Supervision and Curriculum Development (ACSD) recommends that review is an ongoing process integrated into district practice for all curriculum.

Board of Education Support For HIV/AIDS Education Prevention

Having the support of the board of education is necessary for an effective HIV/AIDS education program. Listed below are suggestions to consider when creating a presentation for the board of education.

- Names and affiliation of individuals on the HIV/AIDS Advisory Council
- District mission statement
- HIV/AIDS data (local, regional, national and international)
- NYSED HIV/AIDS Commissioner's Regulations
- Research and best practices information
- Research regarding community values
- Parent/guardian rights for opting out of the prevention portion of the curriculum
- Community agencies and partnerships available as resources
- Goals of the HIV/AIDS curriculum and HIV/AIDS curriculum content

Section 1

Information for Public School Districts

Creating an Informational Letter for Parents/Guardians Regarding the HIV/AIDS Prevention Education Program

Communicating with parents/guardians regarding HIV/AIDS education is critical when introducing the HIV/AIDS program. Listed below are elements to consider including when meeting with groups of parents, Parent Teacher Associations/Organizations, and/or when writing a parent letter about the HIV/AIDS program. Information provided should reflect respect for the parent/guardian role in teaching children about sexuality and sensitivity to cultural and religious beliefs and values.

- HIV/AIDS Program Information (i.e., goals, rationale, description, purpose) and invitation to review the HIV/AIDS Curriculum
- A copy or link to [NYSED HIV/AIDS Commissioner's regulation §135.3](#)
- Parental rights, requirements, procedures to opt a student out of the “methods of prevention” portion of the HIV/AIDS curriculum
- Parent/Guardian responsibility to teach a child at home if opting out of prevention as per the Commissioner's Regulations
- Encouragement of parent/guardian to discuss HIV transmission and prevention with their student
- Evidence-based resources for parents provided by the HIV/AIDS Advisory Council, teacher, or school nurse
- Classroom teacher, health education teacher, and administrator contact information

(See [Sample Parent/Guardian Notification Opt-Out Letter](#).)

Section 1

Information for Public School Districts

Role of the Health Coordinator

The role of a health coordinator is defined by Commissioner's regulation §135.3 and includes oversight the Health Education Program.

“A member of each faculty with approved preparation shall be designated as a health coordinator, so that the entire faculty may cooperate in realizing the potential health teaching values of the school programs. The health coordinator shall ensure that related school courses are conducted in a manner supportive of health education and provide for cooperation with community agencies and use of community resources necessary for achieving a complete school community health education program.”

It is recommended that the individual designated as the health coordinator has knowledge of coordinated school health Whole School, Whole Community, Whole Child (WSCC) Model, team building, data analysis and interpretation, planning, implementation, and assessment.

Health Coordinator tasks may include:

- Staffing and convening the district's HIV/AIDS Advisory Council
- Reviewing existing health education curriculum with attention paid to how the HIV/AIDS curriculum fits into the comprehensive health education program
- Using a needs assessment tool to establish program strengths and weaknesses in reviewing:
 - HIV/AIDS school district policies, regulations, and practices
 - Information available for distribution to students, parents, and faculty regarding the nature of the disease, methods of transmission and prevention
 - Available resources (i.e., health services) for answering questions posed by students, parents, staff and the community impacted by HIV/AIDS
 - List of community programs providing services for those with HIV/AIDS

The HIV/AIDS Advisory Council will benefit from having a clear vision of what they are to review, recommend and/or produce. The health coordinator can assist the HIV/AIDS Advisory Council with defining and adopting guidelines to support their work by providing:

- Well-defined responsibilities
- A timeline for implementation, meetings or project work
- Consensus-based decision-making guidelines
- Financial limitations
- An outline of procedures and rules for governing controversy
- Final adoption of any program or project developed by the HIV/AIDS Advisory Council is subject to district approval before implementation

NYSED Guidance for HIV/AIDS Prevention Education

Section 1

Information for Public School Districts

Condom Availability Plan (CAP)

As stated in Commissioner's regulation §135.3 (c) (2-ii), boards of education or trustees may make condoms available to students as part of a district's HIV/AIDS instruction program. As part of this program, the Commissioner must approve a local education agencies (LEA's) plan for the training of school personnel and/or health service personnel as defined in §136.1(c) that will provide personal health guidance.

Commissioner's regulation §135.3(c)(2-ii) states: "Such plan shall be approved upon a finding of the commissioner/designee that the training is adequate to prepare such school personnel and/or health service personnel to provide the required personal health guidance in an effective manner." After the New York State Education Department confirms that the LEA's CAP is in compliance with CR §135.3(c)(2)(ii) and upon receiving approval from NYSED of its plan for training, an LEA may implement its CAP. To assist schools with this the process, NYSED has developed and identified an assessment rubric for LEAs to use as guidance when preparing and writing their CAP, titled: NYSED Assessment Process for Review of a Local Education Agencies (LEAs) Condom Availability Plan (CAP) and Approval of the Plan for Training for School Personnel and/or Health Service Personnel Providing Personal Health Guidance to Students.

A self-paced CAP Webinar and CAP Action Plan Tool to assist LEA 's in completing the CAP Rubric can be viewed on the NYSCSH Website Health Education page at www.schoolhealthny.com. NYSED's goal is to support the school and community needs of LEAs when implementing a CAP thereby promoting local level control and decision-making. For technical assistance, LEAs may contact the NYSED Office of Student Support Services (518)486-6090 and Office of Curriculum and Instruction (518)474-5922.

Developing an Effective HIV/AIDS Curriculum

When developing a district's HIV/AIDS curriculum, it is imperative to identify content based on grade level, NYS Health Education Learning Standards, National Health Education Standards, National Sexuality Education Standards, and current, medically accurate, evidence-based research. Content should be free of bias and culturally responsive to the community in which it is being taught. Learning goals and objectives for each grade level should flow in a sequential manner from the elementary, to intermediate, to commencement level, and the Health Education HIV/AIDS curriculum should align with the Guidance Document for Achieving the New York Standards in Health Education that focuses on health and education best practices, identified as the Navigational Stars and includes these elements:

- **Skills-Driven:** Students learn, practice, and apply seven health education skills which include:
 - Self-Management
 - Relationship Management
 - Stress Management
 - Communication
 - Planning and Goal Setting
 - Decision Making
 - Advocacy

Section 1

Information for Public School Districts

Developing an Effective HIV/AIDS Curriculum

Additional elements in the Guidance Document for Achieving the New York Standards in Health Education focuses on health and education best practices, identified as the Navigational Stars:

- **Standards-Based:** Students achieve benchmarks and learning standards.
- **Scientifically-Based:** Schools identify effective theory-based health education programs that integrate promising strategies likely to improve health behaviors; "use what works."
- **Learner-Centered:** Students apply relevant health information facilitated by the health educator.
- **Strength-Based:** Students build on their prior knowledge, skills, and strengths.
- **Authentic:** Students apply real-life learning experiences and skills.
- **Integrated into the Total Educational Program:** Schools provide a sound comprehensive health education program.
- **Taught by Qualified and Skilled Teachers:** Schools provide health educators with professional development and other effective professional mentoring.
- **A coordinated school health Whole School, Whole Community, Whole Child (WSCC) Model approach:** Schools provide related health services, physical education, food service, counseling, and guidance.
- **Supported by the School and Community:** Schools provide parents, school staff, and the community ways to support students through family and community-based initiatives.

According to the Center for Disease Control (CDC), Characteristics of an Effective Health Education Curriculum, an effective health education curriculum focuses on health-related goals and behavioral outcomes that are directly related to instructional strategies and learning experiences. An effective health education curriculum has the following characteristics according to reviews of effective programs, curricula and experts in the field:

- Provides basic functional knowledge that is accurate and contributes to health-promoting decisions.
- Develops essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.
- Provides age-appropriate and developmentally-appropriate information, learning strategies, teaching methods, and materials.
- Shapes personal values and beliefs that support healthy behaviors.
- Shapes group norms that value a healthy lifestyle and addresses social pressures and influences.
- Are research-based and theory-driven.
- Builds personal competence, social competence, and self-efficacy by addressing skills.
- Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.
- Engages in intercultural interactions and builds on the cultural resources of families and communities.
- Provides adequate time for instruction and learning.
- Provides opportunities to reinforce skills and positive health behaviors.
- Plans for professional development and training that enhance the effectiveness of instruction and learning.

NYSED Guidance for HIV/AIDS Prevention Education

Section 1

Information for Public School Districts

Section 1

Information for Public School Districts

HIV/AIDS Health Education Curriculum Elements

An HIV/AIDS health education curriculum at the local level might include the following:

- | | |
|---|--|
| <ul style="list-style-type: none">▪ Name of the Curriculum and Year of Development▪ Date of Approval/Adoption by School Board▪ Names and Roles of the Developers▪ The objective of the Curriculum▪ <u>National Standards Alignment</u>▪ State Standards- Inclusive of connections <u>and alignment with New York State New York State Learning Standards</u>▪ Diagnostic and Guiding Questions▪ Continuing and Sustainable Outcomes▪ Functional Knowledge and Skills link to <u>NYSED Guidance Document to Achieving New York State Learning Standards in Health</u>▪ Intended Audience▪ Grade Levels | <ul style="list-style-type: none">▪ The topic of the Curriculum▪ Background Knowledge▪ Units within the Curriculum▪ Names of Lessons within the Curriculum▪ Instructional Strategies▪ Student Assessments▪ Integrating Appropriate Content from Other Academic Subjects▪ Supplemental Materials Included in the Curriculum▪ Types of Technology in the Curriculum▪ Data Included in the Curriculum▪ Research/evaluation results and theoretical foundation |
|---|--|

HIV/AIDS Health Education Curriculum Resources:

- Health Education Curriculum Analysis Tool (HECAT) CDC, (2012)
- National Health Education Standards (NHES) (2007)
- NYCDOE Office of School Wellness HIV/AIDS Curriculum 2012 Edition - K-12 instructional Guide
- NYS Department of Health Youth Sexual Health Plan: Promoting Sexual Health Through Prevention of HIV, STDs, Unintended Pregnancy, Hepatitis C, Drug User Health & Trauma-Informed Care (2018)
- NYS Education Department Guidance Document for Achieving the New York State Standards in Health Education (2005)
- NYSED Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels
- Universal Design for Learning Guidelines version 2.2 CAST (2018)

Additional links for curriculum development and evaluation are in the appendix to this document.

Section 1

Information for Public School Districts

Professional Development

Ensuring the most up-to-date, age-appropriate information and data are available to all teachers responsible for delivering HIV/AIDS instruction is imperative. Special attention should be paid to the professional development of elementary classroom teachers, focusing on increasing their content knowledge and skill-related confidence. Districts should provide a variety of professional development opportunities that address the following topics adapted from the Health Education Curriculum Analysis Tool (HECAT):

- Current terminology, HIV effects, signs and symptoms
- Methods of transmission (window period)
- Treatment (early medical treatment results in better prognosis)
- Prevention techniques
- Resources (i.e., HIV testing information inclusive of types of tests and confidentiality)
- Outline of how the approved curriculum was deemed consistent with community values
- HIV/AIDS curriculum, lesson, and assessment development
- Use of the Comprehensive Evaluation Rubric for School District HIV/AIDS Prevention Education and Programming
- Communication to parents about the HIV/AIDS curriculum
- Emerging trends and current news/events on HIV/AIDS

Resources for Professional Development

Multiple avenues exist to provide professional education that assists classroom teachers that are responsible for health education, and New York State certified health education teachers attain and maintain currency in both content and delivery methods of HIV/AIDS health education curriculum. It is critical that accurate, current, evidence-based training and resources be used that align with both NYS and National Health Education Standards. Some of these include state and national professional organizations for health education such as:

- [American School Health Association \(ASHA\)](#)
- [CDC Training Programs](#)
- [The Center for Health and Health Care in Schools](#)
- [NYS Association of Health, Recreation, PE and Dance \(NYSAHPERD\)](#)
- [NYS Education Department](#)
- [NYS Center for School Health \(NYSCSH\), contract support office of the NYSED](#)
- [NYS Department of Health AIDS Institute](#)

Additional links for learning are in the [Appendix](#) of this document.

Section 1

Information for Public School Districts

HIV/AIDS Prevention Education Assessment Form

This HIV/AIDS Prevention Education Assessment Form was created to provide a comprehensive evaluation tool for School District HIV/AIDS Prevention Education. It was designed to provide school communities with an opportunity to thoroughly assess the extent to which their HIV/AIDS prevention education efforts are aligned with state and federal regulations, HIV/AIDS prevention education research, and best practices. The tool provides an opportunity to evaluate how research-based strategies and best practices are embedded throughout all HIV/AIDS prevention education efforts. Additionally, this tool helps clarify and validate expectations for HIV/AIDS prevention education, as well as for allowing stakeholders to access the criteria for quality prevention education.

Implementing an effective HIV/AIDS Prevention Education Program is a process that requires thoughtful, purposeful planning and continuous evaluation.

Districts can use this information to answer the following questions:

- What are our strengths in supporting district-wide implementation?
- What areas need improvement? In other words, in what ways can the district improve on current practices to better support district-wide implementation
- Are we where we need to be to increase the likelihood of effective implementation?
- How can we increase our capacity to support district-wide implementation?

This tool is most effective if used collaboratively by members of the school community (such as a Coordinated School Health Committee or an HIV/AIDS Advisory Council) who represent key stakeholder groups (i.e., youth, parents, community members, school administrators, board of education members, teachers, and school district staff). The tool is divided into four sections related to HIV/AIDS prevention education, and school communities may wish to focus on assessing one aspect or section at a time:

- **Section 1:** HIV/AIDS Prevention Education Policy
- **Section 2:** HIV/AIDS Prevention Education Curriculum, Instruction, and Assessment
- **Section 3:** HIV/AIDS Prevention Education Professional Development
- **Section 4:** HIV/AIDS Prevention Education Communication and Collaboration

Based on the results of this assessment, stakeholders will be able to determine existing strengths from which to build upon, as well as areas that are most in need of improvement. Ultimately, the information obtained from this assessment can be used to create an action plan and timeline for addressing the HIV/AIDS prevention education criteria that are deemed most critical by the school community.

Section 1

Information for Public School Districts

Test

Sample Assessment Form for HIV/AIDS Prevention Education Implementation

This recommended form is in alignment with the “[Guidance Document for Achieving the New York State Standards in Health Education](#)” to provide school districts with a coordinated and comprehensive model to utilize with stakeholders for an HIV/AIDS program evaluation. It is recommended that routine program evaluation is an ongoing and comprehensive part of monitoring the effectiveness of any district policies and programs to strengthen program planning, effectiveness, and management.

The purpose of the form is to provide a recommended framework for collecting, recording and evaluating information related to a school district’s HIV/AIDS prevention education program. Read the criteria statement and determine the extent to which the HIV/AIDS Prevention Education and Programming practices are evident. Document any evidence and notes in the space provided.

Section 1: HIV/AIDS Prevention Education Policy

	Not in Place	Partially in Place	Fully in Place
1. The district has an HIV/AIDS prevention education policy approved by the board of education that has been updated within the last 5 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
2. The district HIV/AIDS prevention education policy is reviewed regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
3. Language in the district HIV/AIDS prevention education policy is clear and well-defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
4. The district HIV/AIDS prevention education policy is aligned with the district’s vision and mission and connects to other related policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
5. The district has appointed a Health Education Coordinator, with a board of education approved job description including oversight of HIV/AIDS prevention education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
6. The district has established an HIV/AIDS Advisory Council involving administrators,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			

Section 1

Information for Public School Districts

Section 2: HIV/AIDS Prevention Education Curriculum, Instruction, and Assessment

	Not in Place	Partially in Place	Fully in Place
7. Elementary HIV/AIDS prevention education is taught by NYS certified classroom educators/professionals and secondary HIV/AIDS prevention education is taught by qualified teachers who are certified to teach health education per NYS Commissioner's regulation §135.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
8. The district has an approval/screening process if outside agencies conduct presentations or assemblies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
9. HIV/AIDS instruction is included in the K-12 health education program providing all students with developmentally appropriate, non-stigmatizing, and accurate information concerning nature of the disease, methods of transmission, and methods of prevention. Instruction is sequential, age-appropriate, consistent with community values, and stresses abstinence as most effective protection against HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
10. Parents/guardians may opt a child out of the methods of prevention curriculum by submitting a letter to the school principal and agreeing to instruct their child on this material at home in accordance with Commissioner's regulation §135.3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
11. Instructional materials providing accurate information on methods of prevention; stress abstinence as most appropriate and effective protection against HIV/AIDS, and are age-appropriate and consistent with community values are available to parents/guardians choosing to opt their child out of the methods of prevention curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
12. The K-12 HIV/AIDS prevention education program is standards-based, skills-driven, developmentally appropriate, and reinforces protective factors and positive youth development. HIV/AIDS prevention education integrates learning standards from other content areas as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
13. The K-12 HIV/AIDS prevention education curriculum/program was developed/chosen using the key elements of the Guidance Document for Achieving the NYS Standards in Health Education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
14. The K-12 HIV/AIDS prevention education curriculum/program is research-based, theory-driven and focuses on assisting youth with avoiding specific behaviors that increase the risk of infection with HIV. It addresses social pressures and focuses on increasing personal perception of risk and harmfulness of specific health risk behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			

Section 1

Information for Public School Districts

Section 2: HIV/AIDS Prevention Education Curriculum, Instruction, and Assessment

	Not in Place	Partially in Place	Fully in Place
15. Instruction is student-centered, inquiry-based, and student-driven in alignment with NYS and National Health Education Standards. Instruction provides students with functional knowledge that is accurate and contributes to the mastery of essential health education skills and behaviors that promote health and support the essential question: “What HIV/AIDS knowledge and skills do I need to know and use to be safe, and healthy?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
16. Assessment is ongoing and allows students to demonstrate the acquisition of HIV/AIDS functional knowledge and personal health skills to multiple, personally complex, and challenging real-life or “near” authentic situations. Assessment data is available for review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
17. A supportive teaching and learning environment for HIV/AIDS prevention education exists that encourages positive youth development through meaningful, developmentally appropriate instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
18. A positive youth development philosophy is a foundation for HIV/AIDS prevention education and provides learning and assessment opportunities that build upon students’ existing strengths, skills, and competencies, allowing students to advocate for healthy and safe school, family and community environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
19. The administration advocates for the importance of HIV/AIDS prevention education and encourages its implementation to assist students with mastering the NYS Learning Standards for Health Education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			

Section 1

Information for Public School Districts

Section 3: HIV/AIDS Prevention Education Professional Development

	Not in Place	Partially in Place	Fully in Place
1. The district provides appropriate and ongoing training and HIV/AIDS curriculum materials for educators and staff members including school administrators, teachers, nurses, and counselors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
2. The district ensures that professional development provides knowledge and skills practice in creating effective, developmentally appropriate instructional strategies and promotes staff comfort, confidence, and capacity to deliver HIV/AIDS prevention education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
3. The district allocates the necessary resources for HIV/AIDS prevention education (i.e., budget, materials, planning time). Sufficient program development time, classroom time, and research-based educational materials are provided and used for HIV/AIDS prevention education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			

Section 1

Information for Public School Districts

Section 4: HIV/AIDS Prevention Education Communication and Collaboration

	Not in Place	Partially in Place	Fully in Place
1. The district has formally communicated the importance of HIV/AIDS prevention education to all students and staff (i.e., formal written memos, orientation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
2. The district has a plan/procedure in place to communicate HIV/AIDS prevention education and related efforts to the school community (i.e., newsletter, website, board of education meetings, Parent Teacher Association Meetings, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
3. The HIV/AIDS prevention education program is coordinated and integrated with related school health areas and is an important component of a more comprehensive school health education program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
4. The district provides opportunities to share HIV/AIDS prevention education with school and community stakeholders while seeking partnerships, grants and funding sources to combine with district resources to meet HIV/AIDS prevention education programming, safety, goals, and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
5. The district builds relationships and collaborates with community agencies and youth-serving organizations in the use of available HIV/AIDS prevention education and arts, cultural and other community institutions to enhance and expand HIV/AIDS prevention education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
6. The district builds relationships and collaborates with community agencies and youth-serving organizations in the use of available HIV/AIDS prevention education and arts, cultural and other community institutions to enhance and expand HIV/AIDS prevention education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
7. HIV/AIDS-related data are collected from the school and community and are used to drive prevention education and programming efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			
8. HIV/AIDS prevention education programs and outcomes are monitored, assessed and analyzed using a documented review process with adjustments being implemented as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence/Notes			

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

Section 2 – NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

Section 2 includes information on the following topics:

- Teacher Qualifications
- NYS Learning Standards for Health Education
- HIV/AIDS and Sexual Risk Functional Knowledge
- Instructional Considerations
- Teaching Components
- HIV/AIDS Prevention Education Rubric
- Educator Tool Kits

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

Teacher Qualifications

The U.S. Centers for Disease Control and Prevention (CDC) has advocated for strong health education programs in public schools to help combat health issues facing young people today. NYSED Commissioner's regulation §135.3 establishes the requirements for teaching HIV/AIDS curriculum content in NYS schools.

- HIV/AIDS education at the primary level, K-6 can be taught by a NYS certified health educator or a regular classroom teacher. As stated previously, classroom teachers should receive adequate training on HIV/AIDS education before teaching the subject in the classroom. All teachers responsible for HIV/AIDS education should have a thorough understanding of the district's health education policies.
- HIV/AIDS education in grades 7-12 must be taught by an NYS certified health educator. Highly qualified health educators should be well versed in best practices for teaching HIV/AIDS education.

NYS Learning Standards for Health Education

The New York State Education Department Learning Standards for Health, Physical Education and Family Consumer Science are listed below.

- **Standard 1: Personal Health and Fitness**
 - Students will understand human growth and development and recognize the relationship between behaviors and healthy development. They will understand ways to promote health and prevent disease and practice positive health behaviors.
- **Standard 2: A Safe and Healthy Environment**
 - Students will demonstrate personally and socially responsible behaviors. They will care for and respect themselves and others. They will recognize threats to the environment and offer appropriate strategies to minimize them.
- **Standard 3: Resource Management**
 - Students will understand the influence of culture, media, and technology in making decisions about personal and community health issues. They will know about and use valid health information, products, and services. Students will advocate for healthy families and communities.

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

HIV/AIDS and Sexual Risk Functional Knowledge

HIV/AIDS and sexual risk functional knowledge is scientifically research-based health knowledge deemed essential information for students to know and be able to use within the context of health education skills. Functional knowledge related to the NYS Learning Standards has been created at three developmental levels: elementary, intermediate and commencement. The functional knowledge areas are based on the priority health risk behaviors for youth as identified by the following sources:

- Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey
- NYS Commissioner’s Regulation §135.3
- A Guidance Document for Achieving the New York State Standards in Health Education

Instructional Considerations

When teaching HIV/AIDS prevention education, three main areas are stressed:

- Nature of the disease
- Methods of transmission
- Methods of prevention

HIV/AIDS education deals with topics on interpersonal relationships inclusive of student and family HIV/AIDS status, sexual behaviors, drug use and abuse, morbidity, and mortality. Students come to the classroom with many different values, cultural and religious beliefs and family constructions. The teacher’s capacity to listen empathetically without bias, and to demonstrate a comfortable attitude in dealing with students’ beliefs and feelings associated with HIV/AIDS is crucial to successful implementation of the health education curriculum. Teachers should keep in mind that because students come from many backgrounds and traditions, some may have difficulty sharing ideas and discussing these issues with peers. It is important that discussions are inclusive and affirming of all students including those who may be lesbian, gay, bisexual, transgender or questioning (LGBTQ). *(Adapted from the New York City HIV/AIDS Curriculum)*. Teachers must be aware of Commissioner’s regulation §135.3 opt-out provisions and should be respectful of families decisions in opting their children out of the methods of prevention portions of the HIV/AIDS curriculum.

Health education lessons should deliver important health information and help students develop positive health behaviors or change negative behaviors. Promotion of protective factors should be included as results from a growing number of studies suggest that greater health impact might be achieved by also enhancing protective factors that help children and adolescents avoid multiple behaviors that place them at risk for adverse health and educational outcomes. Lessons should include activities that will increase a student’s understanding of risk factors for contracting HIV, activities that teach transmission of HIV and its consequences, assessments of students perception of the severity of HIV, opportunities to model and practice risk reduction, refusal skills, and opportunities for students to evaluate their efficacy.

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

The teacher should use a variety of instructional strategies, set clear objectives and develop assessments for a student-centered approach. Each lesson should be age appropriate to deepen student understanding, which emphasizes the student's ability to use functional health knowledge, demonstrate health-related behaviors, develop personal beliefs to help them adopt and maintain healthy behaviors. Teachers need to allow sufficient time for students to personalize issues and relate them to their risks and situation.

Every student is unique and enters a classroom with unique abilities, experiences, and needs. Learning style, language proficiency, background knowledge, readiness to learn, and other factors can vary widely within a single class group. It is therefore beneficial for educators to differentiate instruction to accommodate all types of learners. "Differentiated instruction is an instructional theory that allows teachers to face this challenge by taking diverse student factors into account when planning and delivering instruction. Based on this theory, teachers can structure learning environments that address the variety of learning styles, interests, and abilities found within a class. Differentiated instruction is based upon the belief that students learn best when they make connections between the curriculum lessons and their diverse interests and experiences. Rather than providing a single avenue for learning for all students in a class, teachers using differentiated instruction match tasks, activities, and assessments with their students' interests, abilities, and learning preferences."

Universal Design for Learning (UDL) is one approach that describes a set of principles for curriculum development that provides all students with equal opportunities to learn. UDL provides a blueprint for creating instructional goals, methods, materials, and assessments that offer flexible approaches that can be customized and adjusted for individual needs. These principles may help teachers develop meaningful health lessons guiding students to ask questions, find materials, and apply information effectively in the real world while encouraging change in, or the adoption of, health-enhancing behaviors. Based on the principles for health education curriculum development, educators are encouraged to:

- Provide multiple examples
- Highlight critical features or important details
- Provide multiple media components and formats including videos, books, and websites
- Support background context
- Provide opportunities to practice with support
- Offer flexible opportunities for demonstrating a variety of skills, including refusal skills
- Offer choices of learning contexts: multiple, flexible opportunities for engagement of materials

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

Comprehensive HIV/AIDS instruction may include many of the components listed below:

Instructional methods to develop students' skills:	Use of the following teaching strategies:	Teaching the following topics:
Storytelling Films and media Analysis of media messages Communication skills (reading, writing, speaking and listening) Accessing valid health information, products, and services Advocating for personal, family and community health Decision-making Goal setting Conflict resolution Resisting peer pressure Stress management	Group discussions Cooperative group activities Role-play, simulation, or practice Language, performing, or visual arts Pledges or contracts for behavior change Guest speakers Peer educators Technology such as computer-assisted instruction	Identifying how to keep yourself safe and healthy Developing listening skills Demonstrating the difference between verbal and non-verbal skills Demonstrating healthy ways to express needs, wants and feelings Describing the characteristics of a responsible family member and friend Recognizing deterrents to achieving good health Recognizing abstinence as the most effective method to avoid HIV infection Learning how HIV is transmitted Learning how HIV affects the human body Recognizing the effectiveness and limitations of contraception Understanding the influence of alcohol and other drugs on HIV-related risk behaviors Recognizing social and cultural influences on HIV-related risk factors Knowing the number of young people infected by HIV Learning how to get valid information or services related to HIV or HIV testing Having compassion and empathy for persons living with HIV or AIDS

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

HIV/AIDS Prevention Education Lesson Rubric

The *Guidance Document for Achieving the New York State Standards in Health Education* enables teachers to refine their health education curriculum, instruction and assessment practices in ways that are aligned with district, state and national standards. This was designed to chart the course for improving health education and was coined “Navigate by the Stars.” The HIV/AIDS Prevention Education Rubric uses the Navigational Stars as its base with HIV/AIDS prevention education as the focus area. The rubric includes the six Navigational Stars as criteria. Understanding, applying, and following the Navigational Stars are critical to the success of the HIV/AIDS prevention education program. Teachers can use the rubric to determine the extent to which their lessons reflect effective HIV/AIDS prevention education. It aligns with NYS and National Health Education Standards, and NYS Commissioner’s Regulation §135.3 Health Education.

Dimension: Standards-Based

All HIV/AIDS prevention education is focused on student achievement of the NYS and National Health Education Learning Standards and is aligned with NYS Commissioner’s Regulation §135.3. Teaching and learning enable young people to maintain and enhance personal fitness, create and maintain safe environments, and manage personal and community resources.			
4	3	2	1
Alignment of HIV/AIDS prevention education with NYS and National Health Education Standards and NYS Commissioner’s regulation §135.3 is incorporated.	Alignment of HIV/AIDS prevention education with NYS and National Health Education Standards and Commissioner’s regulation §135.3 is clear.	Alignment of HIV/AIDS prevention education with NYS and National Health Education Standards and Commissioner’s regulation §135.3 is not explicit but can be inferred.	Alignment of HIV/AIDS prevention education with NYS and National Health Education Standards and NYS Commissioner’s regulation §135.3 is contrived or difficult to determine.
HIV/AIDS prevention education learning opportunities, assessments, and student work are directly related and clearly, support students’ attainment of the standards.	HIV/AIDS prevention education learning opportunities and assessments are directly related to the standards.	HIV/AIDS prevention education learning opportunities and assessments are partially related to the standards.	HIV/AIDS prevention education learning opportunities and assessments appear to be unrelated to the standards.

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

Dimension: Skills Driven

<p>HIV/AIDS prevention education provides youth with the opportunity to learn, practice and apply developmental, personal, and social health skills successfully, numerous times, with positive reinforcement and social support. Teaching and learning enable young people to develop the competence and confidence to effectively apply health skills to a variety of HIV/AIDS prevention situations</p>			
4	3	2	1
<p>HIV/AIDS prevention education requires students to apply HIV/AIDS functional knowledge and health skills to an authentic, relevant and personal health situation.</p>	<p>HIV/AIDS prevention education requires students to apply HIV/AIDS functional knowledge and health skills to a relevant, “near” real-life situation.</p>	<p>HIV/AIDS prevention education requires students to identify HIV/AIDS functional knowledge and skills that could be applied to relevant, “near” real-life situation.</p>	<p>HIV/AIDS prevention education requires students to identify HIV/AIDS knowledge or skills.</p>
<p>The sequencing of health skills and subskills as identified in the NYS Education Department Guidance Document for Achieving the New York State Standards in Health Education (2005) are completely aligned.</p>	<p>The sequencing of health skills and subskills as identified in the NYS Education Department Guidance Document for Achieving the New York State Standards in Health Education (2005) are somewhat aligned.</p>	<p>The sequencing of health skills and subskills as identified in the NYS Education Department Guidance Document for Achieving the New York State Standards in Health Education (2005) are inconsistent.</p>	<p>The sequencing of health skills or subskills as identified in the NYS Education Department Guidance Document for Achieving the New York State Standards in Health Education (2005) are absent.</p>
<p>Multiple opportunities are provided for the discussion, modeling, and practice of sequential health skills and subskills per the <i>Guidance Document</i>.</p>	<p>There are opportunities for the discussion, modeling, and practicing health skills and subskills per the <i>Guidance Document</i>.</p>	<p>Health education skills are discussed and modeled with little opportunity for student practice.</p>	<p>Health education skills are discussed with no opportunity for modeling or practice.</p>
<p>Multiple opportunities are provided for ongoing peer and self-reflection of health skill practice.</p>	<p>Opportunities are provided for peer and self-reflection.</p>	<p>Opportunities for self-reflection is provided after the instruction and assessment is complete.</p>	<p>Opportunity for self-reflection is not present.</p>

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

Dimension: Scientifically Research-Based

Peer-reviewed research and evaluation literature drive the integration of effective theory-based HIV/AIDS prevention education, teaching and learning processes, and strategies. <u>Research includes content on HIV/AIDS Risk Reduction and Protective Factors from the CDC</u> and other nationally recognized sources of evidence-based research.			
4	3	2	1
Peer-reviewed research completely supports the instructional and assessment strategies used for HIV/AIDS prevention education.	HIV/AIDS prevention education incorporates instructional and assessment strategies that show promise in their effectiveness.	HIV/AIDS prevention education incorporates instructional and assessment strategies that are effective, ineffective and those whose effectiveness is unknown.	HIV/AIDS prevention education instructional and assessment strategies have not been demonstrated in the research literature as being effective.
Peer-reviewed research used to guide the development and implementation of effective instructional and assessment strategies is always evident. The evidence is documented to justify the strategies used for HIV/AIDS prevention education.	Research used to guide the development and implementation of effective instructional and assessment strategies is often evident and documented.	Research used to guide the development and implementation of effective instructional and assessment strategies is limited inconsistent or not documented.	Research has not been used to guide the development and implementation of effective instructional and assessment strategies.
The sexual health risk factors as identified by the CDC are incorporated and integrated into all education environments	Sexual health risk factors as identified by the CDC are incorporated.	Sexual health risk factors as identified by the CDC are partially incorporated.	Sexual health risk factors as identified by the CDC are absent.

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

Dimension: Learner-Centered

<p>Students are at the center of HIV/AIDS prevention learning. They have multiple opportunities to construct their knowledge and skills and personally apply them to relevant HIV/AIDS prevention related situations. Engaging and challenging opportunities and experiences are provided for students to assess, explore, discover, question, personalize, apply, adapt and evaluate HIV/AIDS prevention learning.</p>			
4	3	2	1
<p>HIV/AIDS prevention education allows students multiple opportunities to apply knowledge and skills to HIV/AIDS prevention related situations that are meaningful and personally relevant.</p>	<p>HIV/AIDS prevention education allows students to apply knowledge and skills to HIV/AIDS prevention related situations that are personally relevant.</p>	<p>HIV/AIDS prevention education allows students to apply knowledge and skills to HIV/AIDS prevention related situations that are contrived, or teacher driven.</p>	<p>HIV/AIDS prevention education lacks the opportunity for students to apply knowledge and skills to HIV/AIDS prevention related situations.</p>
<p>Students are actively engaged and involved by constructing the meaning of HIV/AIDS prevention in a deductive or inductive fashion.</p>	<p>Students are actively involved in their learning of HIV/AIDS prevention education by responding to teacher prompts and directives.</p>	<p>Students are passive in their learning of HIV/AIDS prevention education except for brief moments when they respond to the teacher or complete an assignment.</p>	<p>Students are passive throughout their learning of HIV/AIDS prevention.</p>
<p>HIV/AIDS prevention education learning opportunities allow students to see learning as worthy of their time and effort. The learning is sensitive to their individual health and cultural needs.</p>	<p>HIV/AIDS prevention education learning opportunities allow students to infer meaningfulness with teacher explanation. The learning attends to health and cultural diversity in general terms.</p>	<p>HIV/AIDS prevention education learning opportunities are peripheral to students' lives, health, and safety. The learning lacks reference to students' individual needs or cultural diversity.</p>	<p>HIV/AIDS prevention education learning opportunities are unrelated to most students' lives, health and safety, interests, needs, and cultural backgrounds.</p>

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

Dimension: Strength-Based

<p>HIV/AIDS prevention education takes a positive youth development approach by building on students' existing strengths, skills and competencies. It is positive and builds character as students are most likely to adopt healthy behaviors when they know what they must do, believe they can do it, have successfully practiced it and believe that the healthy behaviors will benefit them.</p>			
4	3	2	1
<p>HIV/AIDS prevention education is clearly designed to build positive health education skills/behaviors and/or prevent unhealthy behaviors.</p>	<p>HIV/AIDS prevention education is designed to build upon existing strengths and address identified needs.</p>	<p>HIV/AIDS prevention education lacks alignment or is inappropriate based on identified strengths and areas of need.</p>	<p>HIV/AIDS prevention education is deficit-based and/or misaligned with students' strengths or needs.</p>
<p>Opportunities exist for students to identify what they know and can do well about HIV/AIDS prevention. This information is used to inform instruction and to assist students with learning and applying developmentally appropriate and personally relevant HIV/AIDS prevention knowledge and skills.</p>	<p>Opportunities exist for students to identify what they already know and can do well about HIV/AIDS prevention. This information is used to inform instruction and support student learning and application of HIV/AIDS prevention knowledge and skills.</p>	<p>Little opportunity exists for students to identify what they already know and can do about HIV/AIDS prevention. Information used to inform instruction may or may not be related to what students already know and can do about HIV/AIDS prevention.</p>	<p>There is no opportunity for students to identify what they already know and can do about HIV/AIDS prevention. Information used to inform instruction is based on what the teacher believes that students already know and can do about HIV/AIDS prevention.</p>
<p>Students self - reflect throughout their learning with ongoing questions, checklists or rubrics that focus on their strengths and skills and encourage the adoption of healthy behaviors and their benefits. Students advocate for the health and safety of themselves, others, the school, family or community.</p>	<p>Students self - reflect at specific phases of their learning with questions, checklists or rubrics that focus on using their strengths and skills to adopt healthy behaviors. Students advocate for the health and safety of the school, family or community.</p>	<p>Students reflect in general with questions, checklists or rubrics that are peripherally related to using their strengths and skills to adopt healthy behaviors. Student advocacy is not authentic.</p>	<p>Reflection opportunities are randomly provided or not provided at all. Students do not have an opportunity to think about how they can use their strengths and skills to adopt healthy behaviors. Students do not advocate.</p>

Section 2

NYS Certified School Health Educators and Elementary Teachers Responsible for Health Education

Dimension: Authentic

<p>HIV/AIDS prevention education provides real-life learning experiences and fosters personal application of HIV/AIDS knowledge and skills in relevant situations. Assessments allow students to demonstrate the application of HIV/AIDS prevention knowledge and skills through personal wellness plans, logs, reflective journals, demonstrations, simulations, role-plays, community service learning and other tangible products and performances.</p>			
4	3	2	1
<p>HIV/AIDS prevention education provides ongoing authentic assessment opportunities for students to demonstrate their personal application of HIV/AIDS prevention functional knowledge and health skills in real-life, “near” real-life and relevant situations. Assessments are used to support student learning and to inform instruction.</p>	<p>HIV/AIDS prevention education provides an authentic assessment opportunity for students to demonstrate their personal application of HIV/AIDS prevention functional knowledge and health skills. The assessment is used to determine how well students are engaging with the material that has been taught.</p>	<p>HIV/AIDS prevention education provides an assessment opportunity that partially allows students to demonstrate acquisition of HIV/AIDS prevention functional knowledge and health skills. The assessment is mostly contrived and detached from students’ lives or situations. The assessment is not used as a supplement or support for student learning or instruction.</p>	<p>HIV/AIDS prevention education lacks an assessment opportunity, or the assessment is completely unrelated to students’ lives.</p>

Educator Toolkits

HIV/AIDS education is most appropriate and effective when taught in a comprehensive, sequential, and age-appropriate health education program. These programs help to establish relationships between personal behaviors and wellness. The Elementary, Intermediate, and Commencement Tool Kits provided below focus on age-appropriate content for each grade level as well as introduce, develop and provide opportunities to practice essential health education skills. Click any toolkit below to view it.

[Elementary Toolkit](#)

[Secondary Toolkit](#)

[Commencement Toolkit](#)

Educator Toolkits

Global, National and State Data

When preparing a plan for educating youth about HIV/AIDS, it is helpful to have global, national, state and local data. Links are provided to each source below.

New York State Data	National Data	Global Data
<p>NYS Department of Health</p> <ul style="list-style-type: none"> • State Testing • New York State HIV/AIDS Statistics • NYS HIV/AIDS Treatment and Intervention • NYS Education Department Youth Risk Behavior Survey 2017 	<p>US Department of Health and Human Services</p> <ul style="list-style-type: none"> • National Testing • National HIV/AIDS Statistics • National HIV/AIDS Treatment <p>Centers for Disease Control and Prevention</p> <ul style="list-style-type: none"> • National HIV/AIDS Demographics • HIV/AIDS Risk Behaviors • Today’s HIV/AIDS Epidemic 	<p>US Department of Health and Human Services</p> <ul style="list-style-type: none"> • Global HIV/AIDS Statistics <p>World Health Organization</p> <ul style="list-style-type: none"> • Global Testing • Consolidated guidelines on HIV prevention, diagnosis, treatment, and care for key populations • Global HIV/AIDS Treatment • Global HIV/AIDS Demographics

Section 3 – Information for Parents and Communities

Section 3 includes information on the following topics:

- HIV/AIDS Prevention Education Instruction Options for Parents and Guardians
- Importance of Reliable Resources
- Parent’s Rights and Opting Out of Methods of Prevention Instruction
- From Instruction
- Sample Parent/Guardian Notification Letter
- LEAS, Families, and Communities Collaborating to Support Healthy Youth
- Creating Collaborating Partnerships

Section 3

Information for Parents and Communities

HIV/AIDS Prevention Education Instruction Options for Parents and Guardians

It is important for students to understand how their bodies work and to prepare for the physical, emotional, and social changes they will face as they enter various developmental stages and into adulthood. HIV/AIDS prevention education includes providing students with medically accurate information, as well as communication skills and self-confidence to avoid unhealthy behaviors. In addition to factual knowledge, health instruction also includes teaching students how to make healthy life choices through values exploration, goal setting, and communication with family. Lessons in self-management, relationship management, stress management, communication, decision-making, and advocacy skills address critical components of health education. In alignment with Commissioner's regulation §135.3 abstinence should be stressed as the most appropriate and effective way to avoid sexual transmission of HIV/AIDS.

Once the HIV/AIDS curriculum has been approved, it is recommended that each lesson is labeled under one of three areas: the nature of the disease; nature of transmission; or methods of prevention. It is essential that the HIV/AIDS curriculum be made available to parents/guardians. This information can be provided at the beginning of the school year, the beginning of each semester, and made available online. If parents request additional information, they can be shown all the lessons, with particular attention paid to the lessons labeled methods of prevention. This will enable them to make an informed decision about whether to opt-out their child, recognizing they will need to teach the prevention components at home.

Provision of Reliable Resources for Parents

Parents/guardians should be given access to the list of reliable resources the school has compiled to answer student questions. Board of Education guidelines on HIV/AIDS education should designate the responsibility for answering questions raised by teachers, administrators, and parents to a specific staff member(s) or department within the district. The Health Coordinator is a logical choice as every district is required to have such a position. The Board of Education must ensure that the approved HIV/AIDS curriculum is taught throughout the district. Special attention must be given in districts with more than one building to ensure all parents/guardians are permitted to remove their child from the lessons of prevention and have the necessary information regarding the district's approved HIV/AIDS curriculum to make an informed choice. Parents/guardians that choose to remove their child from the HIV/AIDS methods of prevention lessons are to provide assurances that their child will be taught the necessary information and skills at home.

Instructing Students in Accessing Reliable Information

An essential component of all health education instruction includes helping students discover reliable sources of information. Instruction in these areas must include information about how to judge the appropriateness and reliability of the source based on standards of accessing reliable health information using resources such as the National Institutes of Health Finding and Evaluating Online Resources, January 2018. All HIV/AIDS curricula adopted by Boards of Education should be reliable, evidence-based and include appropriate listings of local, state, national and international sources of information.

Section 3 Information for Parents and Communities

Parents/Guardians Rights and Opting Out of Methods of Prevention Instruction

Commissioner’s regulation §135.3 provides that, “No pupil shall be required to receive instruction concerning the methods of prevention of HIV/AIDS if the parent or legal guardian of such pupil has filed with the principal of the school which the pupil attends a written request that the pupil does not participate in such instruction, with an assurance that the pupil will receive such instruction at home.” Thus, students may only be removed from lessons in the HIV/AIDS curriculum that are focused on methods of prevention. The regulation breaks the lessons into three parts:

- Nature of the disease
- Methods of transmission
- Methods of prevention

Parent/Guardian Opt Out of HIV/AIDS Prevention Education Instruction Form Recommendations

It is recommended best practice for Boards of Education to adopt a Parent/Guardian Opt-Out form developed with input from the HIV/AIDS Advisory Council. This form may be provided to the parent/guardian upon request to opt their child out of the methods of prevention portion of the HIV/AIDS curriculum. Recommended components that may be included in forms include:

- | | |
|---|--|
| <ul style="list-style-type: none">▪ The name of the child/student▪ The name of the parent/guardian▪ The date the request was submitted▪ A specific statement about the HIV/AIDS lessons of prevention from which parent/guardian requests their child be excluded▪ The time-period the method of prevention information will be covered | <ul style="list-style-type: none">▪ A specific statement assuring that the parent/guardian agrees to teach the child at home the methods of prevention of HIV/AIDS▪ The parent/guardian’s signature▪ A statement explaining where and when the form must be filed▪ Copy of Commissioner’s regulation §135.3 |
|---|--|

While Commissioner regulation §135.3 states that the form requesting opting-out must be turned into the building principal, it is a recommended that district guidelines include that the student’s teacher is informed of this request promptly to ensure that the parent’s/guardian’s request is honored. The parent/guardian must be assured that when honoring a request for removal of a student from a lesson it will be handled discreetly, so it does not cause the student to be singled out and is not seen as punitive. Guidelines for how this is best accomplished should be clearly defined and explained beforehand to parents, students, and teachers who will be expected to implement these procedures.

NYSED Guidance for HIV/AIDS Prevention Education

Section 3 Information for Parents and Communities

Human Immunodeficiency Virus (HIV)/Autoimmune Deficiency Syndrome (AIDS) Curriculum:

Sample Parent/Guardian Notification Opt-Out Letter¹

School/School District Letterhead

Date

Dear Parent/Guardian:

HIV/AIDS is one of the most serious health problems Americans have ever faced. Advances in medicine now allow people infected with HIV to live long lives, but there is still no cure. Educating students about making healthy choices is the only way we can help them learn to protect themselves from becoming infected.

The Commissioner's regulation §135.3 requires that HIV/AIDS education be taught to students in elementary schools as part of the sequential health education program, and secondary level schools as part of the required health education course. The HIV/AIDS Curriculum used to teach your child is science-based and age-appropriate. It focuses on how HIV affects the body, how it is transmitted, and methods of prevention. Lesson content is available in the main office and on our website at: [web link_____](#). You can also talk with your child's teacher. Sample content at the different grade levels is below.

- Elementary students learn how diseases make people sick and how to stay healthy by washing their hands, covering their coughs other general health habits.
- Middle school students learn how HIV affects the immune system, the risks of alcohol and drug use, and the importance of communicating with parents/guardians or caregivers.
- High school students learn how to avoid behaviors that put them at risk for HIV, Sexually Transmitted Diseases (STDs) and unintended pregnancy.

We respect your role as parents/guardians in teaching your child about healthy behaviors related to sexuality that support your beliefs and family values. We encourage you to share your beliefs with your child while discussing the information they are receiving in health class.

You have the right to excuse or "opt out" your child from certain HIV/AIDS lessons that teach about methods of HIV/STD prevention. These "opt out" prevention lessons are identified in the HIV/AIDS Curriculum. To "opt out" your child, you must write a letter to the principal stating:

- Your child should not be in the classroom during the "opt out" prevention lessons; and
- You will teach your child about HIV/AIDS prevention at home.

If you have any questions regarding this correspondence or would like information on how to participate in the district's HIV/AIDS Advisory Council, please contact me at _____.

Sincerely,

Principal & Superintendent
(include contact information here/letterhead)
cc: Educators responsible for teaching the HIV/AIDS Program

¹ Source: Adapted from New York City Department of Education HIV/AIDS Curriculum
NYSED Guidance for HIV/AIDS Prevention Education

Section 3

Information for Parents and Communities

(include contact information here/letterhead)

LEAs, Families, and Communities Collaborating to Support Healthy Youth

Being a young adult is generally a healthy and enjoyable time of life for most, but according to Adolescent Health-Healthy People 2020, it can also be a time where health and social problems either start or begin to peak. Accordingly, Healthy People 2020 supports the ideation that academic success and achievement are strong predictors of lower rates of risky behavior and high rates of wellness across the life span. School health programs can reduce the prevalence of health risk behaviors among youth and have a positive effect on academic performance ([Center for Disease Control and Prevention](#)) ([Healthy People 2020, Office of Disease Prevention and Health Promotion](#)).

CDC Whole School, Whole Community, Whole Child (WSCC) Model

When educational and community-based programs work together in an organized collaborative process, focusing on asset building rather than risk-taking behavior, they can create positive opportunities for youth. One example of asset building is Local Education Agency (LEA) implementation of the Centers for Disease Control and Prevention (CDC) [Whole School, Whole Community, Whole Child \(WSCC\) Model](#). This model expands on the ten elements of the CDC coordinated school health (CSH) approach and encourages the LEA and community to unify to build on existing resources while developing new ones. This approach creates a broader foundation and strengthens sustainability where resources may be sparse. HIV/AIDS Advisory Councils can use the [WSCC Model Informs HIV, STD, and Pregnancy Prevention | Adolescent and School Health \(CDC\)](#), to inform local-level decision-making.

[The Coalition for Community Schools](#) recently released a framework (2017) that highlights strategies for how schools can engage the community, and how community schools can support new provisions of the [Every Student Succeeds Act \(ESSA\)](#) to create opportunities to ensure equitable access to high-quality education and a healthy school environment. A community school as the hub of a neighborhood can unite educators, community partners, and families alike to provide youth with top-quality academics, enrichment, health education, and opportunities to learn and thrive.

As described in [New York's Every Student Succeeds Act \(ESSA\) plan](#), NYSED will continue to develop and build upon existing evidence-based guidance and resources to enhance efforts to build and maintain positive and healthy school climates inclusive of parent and community involvement as an interconnected domain. A positive school climate promotes school safety, student self-esteem, emotional well-being, mental health, and lower incidences of substance abuse, student absenteeism, and suspensions.

NYSED continues to promote initiatives to foster youth engagement and positive decision-making impacting student achievement, safety, and well-being through the provision of:

- [Social Emotional Learning materials](#) that support the state's ESSA plan priorities and promote a positive school climate. The resources outline benchmarks and frameworks for educators to implement Social Emotional Learning practices in their schools and classrooms.

NYSED Guidance for HIV/AIDS Prevention Education

Section 3

Information for Parents and Communities

- [Mental Health Education Resources](#) that can assist young people and their families and result in positive decision-making and life-long success.

Creating Collaborating Partnerships

Another critical and important topic is the importance of confidentiality in the creation of a safe/supportive learning environment. This becomes especially important when students may reveal the HIV status of themselves or a friend or family member. The [Family Educational Rights and Privacy Act \(FERPA\)](#) is a Federal law that protects the privacy of student records and applies to all schools receiving funds under an applicable program of the United States Department of Education.

Family-School-Community Partnerships

Family-school-community partnerships are a shared responsibility, and reciprocal process whereby schools and other community agencies and organizations engage families in meaningful and culturally appropriate ways, and families take the initiative to actively supporting their children’s development and learning: [Family, School, and Community Partnerships: National Center on Safe and Supportive Learning Environments \(2019\)](#).

To be effective, partnerships must work together strategically keeping factors of sustainability as a priority. Sustainability encompasses building upon existing resources with leveraging and/or developing new ones. The Department of Health and Human Services Office of Adolescent Health’s [Building Sustainable Programs: The Framework \(February 2014\)](#) offers LEAs ways to create youth health promotion and disease prevention programs that will have lasting effects by outlining a deliberate, thoughtful approach to planning, leading, and collaborating. It identifies sustainability as effectively leveraging partnerships and resources to continue programs, services, and/or strategic activities that result in improvements in the health and well-being of youth. Building an effective, integrated, and sustainable system is an important step towards improving the overall health and well-being of all youth.

Partnerships can take many forms, sometimes with a school as the lead partner and sometimes with a Community Based Organization (CBO) as the lead partner. Some programs choose to incorporate multiple CBOs that work together to deliver services that have been identified as student needs. There are numerous benefits to collaborating with CBOs, which include but are not limited to up-to-date information and materials, joint resource building and sustainability, a joint understanding of services provided by schools, the potential for community referrals, and stakeholders engaging in ongoing and committed collaboration.

Section 3

Information for Parents and Communities

Ultimately, partnerships between teachers, school districts and community-based agencies provide both awareness of important referral resources and opportunities for collaborative education. Even with a topic of age-appropriate, evidence-based, and medically accurate HIV/AIDS prevention education to meet the needs of diverse student populations, there are easily accessible resources to help nurture community involvement in addressing this topic in classrooms and schools. When these partnerships are developed, it is key stakeholders continue working together to develop common ground, language, and understanding to begin building the foundation for future success. The identification of challenging factors facing the group can assist in developing strategies to address these issues and to assist the group in moving forward to accomplish goals. A self-evaluation tool can be used to strengthen a collaborative group, such as the [New Jersey Education Department Collaborative Teams Toolkit](#), which supports evidence-based conversations in schools within a collaborative team structure and approach.

Many NYS CBOs and schools hold a specific interest in collaborating to assist in the implementation of the Board of Education's HIV/AIDS prevention education programs, as there may be potential for applying for grants supporting this collaborative work. Many national and state grant opportunities require or recommend LEAs and CBOs to partner with each other forming coalitions for healthy youth initiatives.

According to the National Association of School Psychologists and Coalition for Community Schools, there are Nine Key Components of High-Quality Partnerships (2016):

- A leadership team comprised of school and community stakeholders
- Assets and needs assessment to address student health and wellness, and a framework for results
- A designated person located at the school to lead the coordination of school–community partnerships
- Clear expectations and shared accountability for the school and community partners
- High-quality health and wellness services that leverage school and community resources
- Ongoing comprehensive professional development for all school leaders, staff, and community partners
- A detailed plan for long-term sustainability
- Regular evaluation of effectiveness through a variety of measures
- A communication plan to share progress and challenges.

Potential Collaborating Partnerships

Listed below are some potential collaborating partners that may be of assistance to LEAs in supporting the HIV/AIDS prevention education program. Before engaging and inviting collaborative partners to assist, it would be recommended to review the LEA's policies to ensure maintaining alignment with approved policies procedures (i.e., parent/guardian notification, clearance protocol):

- Community-Based Organizations and Professionals in the community (e.g., counselors, therapists, workforce development officials, health educators)
- HIV/ AIDS Service Organizations (people living with HIV/AIDS)
- [New York State Department of Health AIDS Institute](#)
- [NYS Local County Health Departments Contact Information](#)

NYSED Guidance for HIV/AIDS Prevention Education

Section 3

Information for Parents and Communities

- Parents/Parent Teacher Associations/Organizations (PTA/PTO)
- Professional National Organizations (e.g., Advocates for Youth, Allan Guttmacher Institute, Center for Family Life Education, Healthy Teen Network, NAMES Project, World AIDS Day, Women/Latino Awareness Days)
- School Pupil Personnel Staff: school nurses, social workers, school counselors, school psychologists, school attendance staff
- Staff from higher education and college student interns and graduates
- Statewide organizations (i.e., Association of Nurses in AIDS Care)
- Teachers from other schools/school districts
- Youth Groups (i.e., Peer Educators, Community Centers)

Appendix

Appendix A –HIV/AIDS Advisory Council Members

Advisory Council Composition

The Regulations of the Commissioner prescribe who must be on the HIV/AIDS Advisory Council. The regulations state that the “council shall consist of parents, school board members, appropriate school personnel, and community representatives, including representatives from religious organizations.” The appointment of this council affords the school board an excellent chance to gain from leadership and guidance from all segments of the community while paying attention to community concerns and values surrounding the teaching of HIV/AIDS.

Required HIV/Aids Advisory Council Members

- **Appropriate School Personnel should** include classroom teachers, health educators and health coordinators who can best address how students learn and how health education curriculum can be delivered in a manner that promotes positive change in a student’s behavior; school nurses and district medical directors who can help educate the HIV/AIDS Advisory Council in its deliberations related to best practices and help combat the persistent misinformation about the nature of HIV/AIDS; school administrators who want to understand the rationale behind the development of the health education curriculum and policies so they can ensure there is a climate maintained that provides supportive leadership in an effective HIV/AIDS prevention education curriculum.
- **Community Members** should include individuals aligned with different segments of the population and with different community organizations. Community membership on the HIV/AIDS Advisory Council provides an opportunity to involve individuals with public health knowledge and background as well as people with diverse views and belief systems (e.g., community-based organizations).
- **Parents** of children at all school levels should be included to ensure diversity. Parents should have a wide range of backgrounds that represent the broad perspective of interests, concerns, experiences, and values present in the parent population within the school district.
- **Religious Organizations** should include those that represent students within the school population beginning with those representing the majority. If religious affiliation is exceptionally diverse, consideration may be given to inviting an existing interfaith council or non-denominational minister.
- **School Board Members** need to be included on this HIV/AIDS Advisory Council so they can understand how the health education curriculum and policies were developed and why decisions about the program were made. Their participation allows them to provide knowledgeable updates to the entire board about the direction and progress of the HIV/AIDS Advisory Council as it develops health education curriculum and policies for the board’s consideration. Questions raised by the board about proposed health education curriculum can be brought back to the HIV/AIDS Advisory Council and addressed before moving forward with its recommendations.

Appendix

Recommended HIV/AIDS Health Advisory Council Members

- **Community-Based Organizations** – especially those working with populations that serve the needs of individuals with HIV/AIDS can provide an important perspective to the group.
- **Medical and Public Health Professionals** – with medical backgrounds (MD, DO, DMD, NP, PA, RN, LPN, MPH, etc.) along with people with public health experience, such as local or State Health Department, public health organizations, hospitals, clinics, health insurance companies, or similar, will provide a variety of perspectives and will help educate non-medical personnel on the HIV/AIDS Advisory Council.
- **Policy Creators** – experienced in developing policies for local, regional, State or national organizations and associations, can provide expertise in policy development, which will benefit the entire committee.
- **Students** – High school students and some middle school students tend to provide a “reality check” to the deliberations of HIV/AIDS Advisory Councils by providing advice about how students perceive their own needs and learning styles.

Appendix

Appendix B – HIV/AIDS Prevention Health Education References and Resources

Resources for Creating HIV/AIDS Prevention Education Programs

- **AIDS info Glossary of HIV/AIDS-Related Terms 2018, 9th Edition**
Provides definitions based on information from government sources, including the National Institutes of Health (NIH), the National Library of Medicine (NLM), the Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA). AIDS info is a service of the U.S. Department of Health and Human Services (HHS) (NIH, 2018).
- **Bringing High-Quality HIV and STD Prevention to Youth in Schools, National Information Provider Network**
Discusses the importance of bringing HIV and STD prevention programs into schools so adolescents can make healthy choices. It also provides information on the CDC's Division of Adolescent and School Health (DASH), which promotes effective prevention through schools; National HIV/AIDS Strategy, (CDC, 2010).
- **CDC Adolescent and School Health Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention**
Evidence-Based Interventions (EBIs) and Best Practices in the *Compendium* are identified by the CDC's Prevention Research Synthesis (PRS) Project through a series of ongoing systematic reviews. Each eligible intervention is evaluated against explicit *a priori* criteria and has shown sufficient evidence that the intervention works.
- **CDC Adolescent and School Health Registries of Programs Effective in Reducing Youth Risk Behaviors**
Various federal agencies identified youth-related programs that they consider worthy of recommendation based on expert opinion or a review of design and research evidence.
- **CDC Characteristics of an Effective Health Education Curriculum**
Provides multiple criteria for evaluating health education curriculum.
- **CDC Health Education and Curriculum Analysis Tool (HECAT)**
An assessment tool to help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula.
- **Effective HIV and STD Prevention Programs for Youth: A Summary of Scientific Evidence, National Information Provider Network**
Discusses the importance of bringing HIV and STD prevention programs into schools so adolescents can make healthy choices. It also provides information on CDC's Division of Adolescent and School Health (DASH). Includes: Effective HIV/STD Prevention Education Programs; Youth Asset-Development Programs (CDC, 2010).

Appendix

- **Health Education Curriculum Analysis Tool (HECAT) CDC, (2012)**
An assessment tool to help school districts, schools, and others conduct a clear and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of an Effective Health Education Curriculum. HECAT results can help schools select, develop or improve appropriate and effective health education curricula, and delivery of health education. It can be customized to meet community needs and conform to the requirements of the state or school district.
- **How Schools Can Support HIV Testing Among Adolescents**
Infographic which provides statistics and information school's role in supporting HIV testing among students and linking them to confidential health services (CDC, 2016).
- **Information for Teens-Staying Healthy and Preventing STDs**
Two-page fact sheet that describes transmission, prevention, testing, and treatment. (CDC, 2017)
- **National Health Education Standards (NHES) (2007)**
The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education.
- **National Health Education Standards Achieving Excellence - Second Edition, PDF 2007**
- **National Institutes of Health Finding and Evaluating Online Resources, January 2018**
Provides an overview of evaluating the accuracy of online health information.
- **National Sexuality Education Standards Core Content and Skills, K–12, Future of Sex Education (FoSE)**
Partnership between Advocates for Youth, Answer and the Sexuality Information and Education Council of the U.S. (SIECUS) that seeks to create a national dialogue about the future of sex education and to promote the institutionalization of comprehensive sexuality education in public schools. (2012).
- **NYCDOE Office of School Wellness HIV/AIDS Curriculum 2012 Edition K-12 Instructional Guide**
Complete HIV/AIDS Curriculum: K-12 instructional guide designed to meet the NYS Education Department and NYC Department of Education mandates for instruction. This edition provides teachers with up-to-date information about HIV and AIDS in NYC. (2012)
- **NYSDOH Youth Sexual Health Plan: Promoting Sexual Health Through Prevention of HIV, STDs, Unintended Pregnancy, Hepatitis C, Drug User Health & Trauma-Informed Care (2018)**
Addresses HIV, STD, and pregnancy prevention issues facing adolescents and young adults and promote positive, healthy, and informed choices regarding sexual health through the provision of accurate sexual health information and quality health services to all NYS youth. Updated 2018.
- **NYSED Commissioner's Regulation §135.3 Health Education**
New York State Department of Education regulation about Health Education and Condom Availability Programs in NYS schools.
- **NYSED Guidance Document for Achieving the New York State Standards in Health Education (2005)**
Provides local educational agencies with a framework for developing health curricula and implementing instructional and assessment strategies. Includes functional knowledge needed at each level of learning.
- **NYSED Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels (2005)**
Reviews Standard 1: Personal Health and Fitness, Standard 2: A Safe and Healthy Environment, Standard 3: Resource Management.

NYSED Guidance for HIV/AIDS Prevention Education

Appendix

- **NYSED Office of Curriculum and Instruction Middle-Level Indicators of Achievement Checklists**
These Middle-Level Indicators of Achievement Checklists of knowledge and skills assess the strengths and limitations of programs to facilitate student achievement of the New York State Learning Standards
- **NYSED Teacher and Principal Practice Rubrics**
As part of the provision of Education Law §3012-c regarding annual professional performance reviews (APPR) of classroom teachers and building principals, NYSED posts lists of ***Approved Teacher Practice Rubrics and Approved Principal Practice Rubrics*** that meet criteria established in our Request for Qualification (RFQ). This list is updated as additional applications are submitted and approved.
- **Promoting Effective HIV and STD Prevention Through Schools**
Fact sheet that reviews the importance of bringing HIV and STD prevention programs into schools. It provides information on how the CDC's Division of Adolescent and School Health (DASH) Resources Benefit Schools. (CDC, 2014)
- **Society of Health and Physical Educators (SHAPE America): Appropriate Practices in School-Based Health Education, 2015**
Guides key stakeholders in school-based health education and articulates best practices to support the implementation of effective health education as a critical component of any school system.
- **Universal Design for Learning Guidelines version 2.2 CAST (2018)**
Is an approach that describes a set of principles for curriculum development that provides all students with equal opportunities to learn. UDL provides a blueprint for creating instructional goals, methods, materials, and assessments that can be customized for individual needs.
- **Youth Risk Behavior Survey (YRBSS)**
Monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults and provides national and NYS data related to unintended pregnancy and sexually transmitted diseases, HIV infection (CDC, Adolescent and School Health).

Appendix

Websites and Resources for Additional Learning for Health Educators

- **CDC Division of HIV/AIDS Prevention, HIV Among Youth Web Page**
Provides an overview of statistics and prevention challenges, and resources specific to youth.
- **CDC DASH Web Page- Sexual Risk Behavior Guidelines and Strategies**
Provides fact sheets and evidence-based strategies to for to help youth adopt lifelong attitudes and behaviors that support health and well-being—including behaviors that can reduce their risk for HIV and other sexually transmitted diseases (STDs).
- **CDC HIV Basics Web Page**
Provides an overview of HIV/AIDS transmission, prevention, testing and statistics and links to additional CDC resources related to risk reduction for youth.
- **National Prevention Information Network (NPIN) School Health**
The NPIN Community is an online space for those engaged in HIV, sexually transmitted diseases (STDs), viral hepatitis, and tuberculosis (TB) prevention. They have a dedicated page for school health. The site requires a free one-time account set up for access.
- **NYS Center for School Health (NYSCSH)**
The NYS Center for School Health is a contracted resource office of the NYS Education Department. The Center's website contains links to both NYSED and NYSDOH resources provided in this document and has dedicated pages for Health Education, Sexual Health and Safety and HIV. They also provide an online learning management system to educate school staff about HIV/AIDS and STDs at www.schoolhealthnylearn.com
- **New York State Department of Health (NYSDOH)**
 - NYSDOH HIV/STD/HCV Prevention and Related Services
 - NYSDOH AIDS Institute
 - NYSDOH Resources on HIV and STD's
 - NYSDOH Youth Sexual Health Plan: Promoting Sexual Health Through Prevention of HIV, STDs, Unintended Pregnancy, Hepatitis C, Drug User Health & Trauma-Informed Care (2018)

New York State Education Department (NYSED) Website Links

- Commissioner's Regulation§ 135.1 Health and Physical Education
- NYSED Student Support Services Curriculum and Instruction - School Health Education Webpage
- NYSED Assessment Process for Review of a Local Education Agencies (LEAs) Condom Availability Plan (CAP) and Approval of the Plan for Training for School Personnel and/or Health Service Personnel Providing Personal Health Guidance to Students (Updated November, 2017)
- Resources to Assist LEAs Choosing to Implement a Condom Availability Program (CAP) Webinar and sample NYSCSH Sample CAP Action Plan Tool (November 2017)

Note: All resources listed above are also available on the NYS Center for School Health Website

NYSED Guidance for HIV/AIDS Prevention Education

Appendix

- **Search Institute Developmental Assets Framework: 40 Developmental Assets**
The Search Institute identified 40 positive supports and strengths that young people need to succeed. Providing these supports to youth strengthens their ability to reach their potential.
- **Sexual Information and Education Council of the United States (SIECUS)**
National, nonprofit organization which develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices.

HIV/AIDS Testing, Reporting Disclosure and Confidentiality

The following resources provide information about testing, reporting, and confidentiality of HIV Related Information as well as disclosure of HIV/AIDS status.

- **HIV/AIDS: Testing, Confidentiality & Discrimination. What You Need to Know about New York Law**
An easy-to-use, comprehensive guide to New York State’s HIV testing, confidentiality, and discrimination laws. This manual provides a detailed explanation of New York’s HIV testing and privacy law (Article 27-F of the Public Health Law), including its relationship to HIPAA’s federal health privacy rules and reviews federal, state, and New York City anti-discrimination laws that protect people with HIV/AIDS.
- **HIV Center for Law and Policy Confidentiality and-Disclosure Page**
This HIV Policy Resource Bank category covers state and federal laws that protect the confidentiality of HIV-related information, the rights, and obligations of people with HIV with respect to disclosure of their HIV status in various settings.
- **HIV Center for Law and Policy Education and Schools Page**
This HIV Policy Resource Bank category includes statutes, agency guidelines, international documents, court decisions, and other materials related to the right of students and school staff with HIV to participate in school classes and activities without imposition of unnecessary restrictions or conditions.
- **Legal Action Center Website**
Legal Action Center is the only non-profit law and policy organization in the United States whose sole mission is to fight discrimination against people with histories of addiction, HIV/AIDS, or criminal records, and to advocate for sound public policies in these areas. They offer webinars, resources and other training materials.
- **NYSDOH: NYS Confidentiality Law and HIV: Public Health Law, Article 27-F Questions and Answers**
Provides an overview of NYS Public Health Law Article 27-F that protects the confidentiality and privacy of anyone who has been tested for or exposed to HIV; HIV infection or HIV/AIDS-related illness; or been treated for HIV/AIDS-related illness. (NYSDOH 4/2012)
- **NYSDOH: Caring for Children with Special Needs: New York State Department of Health AIDS Institute and the New York State Office of Children and Family Services**
This manual is for parents, foster parents and other caregivers raising infants, children, and adolescents with HIV. It provides information and support for some of the day-to-day issues caregivers face including health and legal issues. A section is devoted to Foster Parents. (NYSDOH, 9/2003)

Appendix

- **Teenagers, Health Care the Law A Guide to the Law on Minors' Rights in New York State**
Second Edition Jessica Feierman, Donna Lieberman, Anna Schissel, Rebekah Diller, Jaemin Kim and Yueh-ru Chu, New York Civil Liberties Union
- **Questions and Answers: The Americans with Disabilities Act and Persons with HIV/AIDS**
Provides an overview of rights of those with HIV/AIDS under ADA.
- **U.S. Department of Justice Civil Rights Division Disability Rights Section**
Provides an overview of the rights of those with HIV/AIDS.

Advocacy/Parents

- **Talking with Your Children about Your HIV Status or Your Children's Status**
The Well Project is a non-profit organization whose mission is to change the course of the HIV/AIDS pandemic through a unique and comprehensive focus on women and girls. They are a recognized leader in the fight against HIV, revolutionizing the availability and accessibility of meaningful and relevant information designed specifically for women and girls living with HIV.
- **Questions Kids Ask about HIV (Seattle Children's Hospital)**
Helps parents/guardians answer questions that their children with HIV may have. (Seattle Children's Hospital, 2018)

The AIDS Memorial Quilt | The Names Project

- In June of 1987, a small group gathered in a San Francisco to create a memorial for those who had died of AIDS and help people understand the devastating impact of the disease. This meeting served as the foundation of the NAMES Project AIDS Memorial Quilt. Today, the Quilt is a powerful visual reminder of the AIDS pandemic. More than 48,000 individual 3-by-6-foot memorial panels — most commemorating the life of someone who has died of AIDS — have been sewn together. This is the story of how the Quilt began.

Working with Local Health Departments

- **Local Health Department and School Partnerships: Working Together to Build Healthier Schools. National Association of Chronic Disease Directors (2017). The National Association of Chronic Disease Directors (NACDD)** Partnerships and collaboration with community agencies are essential to helping schools secure the resources and support necessary to address the components of the model. This resource provides insights into how to communicate effectively.

Appendix

Facebook Pages

Facebook pages provide up-to-date news, information, trends, statistics, medical advances, etc. for HIV/AIDS and promotion of global activism.

- [CDC Facebook Page](#)
- [AIDS Research Alliance Facebook Page](#)
- [AIDS Memorial Quilt Facebook Page](#)
- [HIV.gov Facebook Page](#)
- [NYSCSH Facebook Page](#)
- [NYS Education Department Facebook Page](#)